Community Pharmacy Foundation

Advancing the Practice of Community Pharmacy

Completed Grant Synopsis

Evaluation of Ohio Pharmacist Providers Law Impact on Healthcare Utilization

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<table>
<tr><th colspan="2">Objectives</th></tr>
<tr><td colspan="2">In the past several decades, a growing body of literature is recognizing the benefits of pharmacist-led healthcare services in improving clinical and economic outcomes. Despite this evidence, pharmacists are not recognized on a federal level as healthcare providers in the United States. Ohio Medicaid managed care plans began partnering with local pharmacies in 2020 to launch initial programs for implementing pharmacist-provided clinical services. The objectives of this project were to: 1) identify barriers and facilitators to implementing and billing for pharmacist-provided services and 2) describe characteristics of patients who received pharmacists' services billed under the Provider-Status Senate Bill 265 in Ohio Medicaid managed care plan programs.</td></tr>
<tr><th colspan="2">Methods</th></tr>
<tr><td>Design</td><td><u>Aim 1</u>:
• Qualitative study, pharmacists involved in the initial implementation of the Ohio Medicaid pharmacist provider services programs were interviewed using semi-structured interviews.
• The Interview guide was based on the Consolidated Framework for Implementation Research (CFIR). The pharmacists' interview guide was developed to focus on the following CFIR domains: intervention characteristics, outer setting, inner setting, and process.
• Subjects in this study included pharmacists from 12 unique locations that were involved in initial programs.
• The participants in the programs at each site were identified by the Ohio Pharmacists Association, who facilitated the conversations between the sites and payors.
• All potential subjects were invited to participate via email and phone from December 2020 to March 2021
• Interview transcripts were coded for thematic analysis. Identified themes were mapped to the CFIR domains
<u>Aim 2</u>
• Observational, retrospective, and descriptive analysis of one Ohio Managed Care Organization (MCO)s' aggregated pharmacy claims data of adult patients for whom pharmacists billed clinical visits between October 2020 and December 2021.
• A total of 7 independent pharmacies participated in the implementation of this MCO's program.
• We collected information on patients' demographics and clinical characteristics, and pharmacy services billing information (spending per patient for pharmacy claims with CPT codes: 99211-99213, 99201-99203,99441-99443, and G2012).
• Descriptive statistics (e.g., median, interquartile range (IQR), frequencies and proportions) were calculated.</td></tr>
<tr><td>Study endpoints</td><td>• Barriers and facilitators to implementing and billing for pharmacist-provided services
• Patients' demographics and total spending in pharmacy and medical services.</td></tr>
<tr><th colspan="2">Results</th></tr>
<tr><td colspan="2"><u>Aim 1</u>
• Four Medicaid payors partnered with 12 pharmacy organizations, representing 16 unique sites of care.
• Interviews were conducted with 11 participants.</td></tr>
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- The thematic analysis found data fit within the 5 Domains with thirty-two total themes. Pharmacists described the implementation process of their services.
- The primary themes for improvement of implementation process were system integration, payor rule clarity, and patient eligibility and access.
- The three themes that emerged as key facilitators were communication between payors and pharmacists, communication between pharmacist and care teams, and the perceived value of the service.
- The ambulatory care pharmacists identified the ability to use the EHR for patient care documentation, billing, and provider communication as a strong facilitator of process implementation.
- Community pharmacists echoed the need for healthcare information exchange across settings as a place for innovation. While various platforms exist to facilitate the exchange of information across pharmacy settings, these were not readily available for participants in this study.

Aim 2

- In the first 15 months of program implementation, the 7 participating pharmacies billed for 3,656 Medicaid patients who received a pharmacist's clinical visit. This represents, on average, 34 unique patients per pharmacy per month receiving the new service.
- Most patients were females (65.9% n= 2,372), white (88.1% n=3,221) with a mean age of 40 years old (SD=13.9).
- The most frequent primary diagnosis associated with the pharmacy billing claim was a chronic condition (diabetes, COPD, asthma, hypertension, or hyperlipidemia) 6.9%, and opioid dependence 5.9%.
- The median number of pharmacists' claims per patient was 4 (IQR=5).
- Over 80% of patients had two or more visits (n=3,013).
- The most frequently used and reimbursed CPT code for billing pharmacist visits was CPT-99213 (office or other outpatient visit for the evaluation and management of an established patient, 20-29 minutes), used in 86.1% (n=3,150) of patients. The second most frequently used code was CPT-99212 (10-19 minutes visit) in 34.8% of patients (n=1,275).

Conclusion

After the pilot implementation of Provider Status in Ohio, pharmacists billed and got reimbursed for a wide range of billing codes, more frequently for office visits than telephone/internet visits. Based on the median number of claims per patient, pharmacists followed-up with patients more than one visit in most cases. With limited restrictions from the payers, pharmacists providing services were able to meet a wide range of patients with targeted clinical services to meet the patients need.

Findings suggest, payors and pharmacists can work collaboratively to improve patient care opportunities by increasing access with sustainable reimbursement, clear guidelines, and open communication. Continued improvement is needed in system integration, payor rule clarity, and patient eligibility and access.