# Description of patients' characteristics receiving pharmacist-provided clinical services under Ohio Senate Bill 265

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## BACKGROUND

- 2019: Senate Bill (SB) 265 passed in Ohio – allowed pharmacists to bill and reimburse for clinical services
- 2020: Ohio Medicaid pilot program launched implementing provider status
- Pharmacist-provided interventions improve clinical outcomes, reduce emergency department use, and decrease hospital readmission rates

## OBJECTIVE

- To describe characteristics of patients who received pharmacists' services billed under the SB265 in one Ohio Managed Care Organization MCO

## METHODS

- **Study Design**
- Observational, retrospective, and descriptive analysis
- **Data Collection**
- Used an Ohioan MCOs' aggregated pharmacy & medical claims data of Medicaid eligible adult patients for whom pharmacists billed clinical visits between October 2020 and December 2021
- Data came from 7 independent pharmacies who participated in the implementation of this MCO's program.
- **Pharmacy services**
- MCO gave pharmacies autonomy on selecting services to be implemented and type of patients.
- Billed services varied across the 7 pharmacies :
- MTM (CMR with actual follow up on motivational interviewing), Mental health services (PHQ9/GAD7 assessment and adherence counseling), Hypertension management with at home BP cuff, and diabetes and smoking cessation counseling.
- **Data Analyses**
- Descriptive statistics (e.g., median, interquartile range (IQR), frequencies and proportions).
- Outcomes included patients' demographics and total spending in pharmacy and medical services.
- Total healthcare expenditure was measured by calculating the total cost associated with healthcare services utilization related to PCP, ED, and IP.
- The difference between the healthcare utilization and associated cost was calculated before and after the first pharmacist billed visit .

## RESULTS

- In the first 15 months of program implementation, the pharmacies billed for 3,656 Medicaid patients
  - Average 34 unique patients per pharmacy per month
- Demographics
  - Females (65.9% n= 2,372), white (88.1% n=3,221) Mean age of 40 years old (SD=13.9).

**Table 1: Health Care utilization and spending for patient who received pharmacist services**

| Variable | Pre-Index date | Post-Index date | Difference |
|---|---|---|---|
| **Visit Claims/patient** | **Median (IQR)** | **Median (IQR)** | |
| **Primary Care Provider** | 2 (1-4) | 3 (1-5) | 1 |
| **Emergency Department** | 2 (1-3) | 1 (1-2) | -1 |
| **Inpatient** | 6 (3-13) | 5 (3-10) | -1 |
| **Pharmacy Visit** | ---- | 4 (2-7) | -- |
| ***Total spending*** | | | |
| **Primary Care Provider** | $441,356.4 | $491,696.1 | $50,339.70 |
| **Emergency Department** | $1,370,788 | $1,367,487 | -$3,301 |
| **Inpatient** | $4,433,264 | $4,8019,32 | $368,668.0 |
| **Pharmacy Visit** | ---- | $1,517,521 | --- |
| ***Total spending*** | $6,245,408.40 | $8,178,636.1 0 | |
| **Average spending /patient** | **Median (IQR)** | **Median (IQR)** | |
| **Primary Care Provider** | $98.4 ($47.9-$196.5) | $110.1 ($55.9-$203.0) | $11.70** |
| **Emergency Department** | $547.52 ($193.1-$1,193.4) | $551.0 ($195.6-$1,106) | $3.80 |
| **Inpatient** | $5,234.4 ($339.7-%11,676.4) | $4,839.1 ($236.1-$9,626.6) | -$395 |

IQR= Interquartile Range, *Index date=6 months before & 6 months after 1st pharmacist billed visit, **Statistically significantly different using Wilcoxon signed-rank test.

**Table 2: Summary of CPT codes billed for pharmacy services after provider status implementation**

| Billing CPT Codes | Number (%) of claims post Index date | Median (IQR) claims per patient |
|---|---|---|
| **Outpatient visit for the evaluation and management of a new patient** | | |
| **99201: 10 minutes** | 25 (0.7) | 1 (1-1) |
| **99202: 20 minutes** | 358 (9.8) | 1 (1-1) |
| **99203: 30 minutes** | 957 (26.2) | 1 (1-2) |
| **Outpatient visit for the evaluation and management of an established patient** | | |
| **99211: 5 minutes** | 424 (11.6) | 1 (1-2) |
| **99212: 10 minutes** | 1,275 (34.8) | 1 (1-2) |
| **99213: 15 minutes** | 3,150 (86.4) | 3 (1-5) |
| **Telephone evaluation and management service of an established patient** | | |
| **99441: 5-10 minutes** | 121 (3.3) | 1 (1-1) |
| **99442: 11-20 minutes** | 217 (5.9) | 1 (1-1) |
| **99443: 21-30 minutes** | 104 (2.8) | 2 (1-2) |
| **G2012 Brief communication technology-based service 5-10 minutes** | 2 (0.05) | --- |

**Continued results**

- Over 80% of patients had two or more visits with a pharmacist (n=3,013)
- 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%.
- Table 1 shows healthcare utilization and spending how differed from before to after the implementation of provider status.
- The most frequently used and reimbursed CPT code for billing pharmacist's visits was **CPT-99213**, used in 86.1% (n=3,150) of patients (See Table 2).
- The second most frequently used code was **CPT-99212** in 34.8% of patients (n=1,275).

## Discussion

- The CPT codes that were most billed and reimbursed for were 99213 and 99212 - provider codes that represent "outpatient visit for the evaluation and management of an established patient"
- Changes in the number of claims were expected
  - Increase in PCP claims may have occurred because of the expansion of chronic disease management allowed by pharmacists' provider status
  - CPAs – allow pharmacists to engage in interdisciplinary care and therefore more easily refer patients to PCPs in chronic care
- CPT codes that were most billed and reimbursed for were 99213 and 99212
  - Martin et al (2020): CPT codes 99490 and 99487 for chronic care management
    - Clinic-based pharmacists
  - Tran et al (2022): code 96127 for depression screening and G0439 for annual wellness visits
    - Clinic- and hospital-based pharmacists
  - The interventions performed in Martin et al and Tran et al could be grouped into the provider codes – chronic care management

## Limitations

- No control group, potential for bias
- Program implementation occurred during first year of Covid-19, potentially impacting healthcare utilization
- No information available to calculate return on investment

## Conclusion

- Pharmacists providing services were able to meet a wide range of patients with targeted clinical services to meet the patients needs.
- Pharmacists billed and got reimbursed for a wide range of billing codes, more frequently for office visits than telephone/internet visits.

References

This project was supported by The Community Pharmacy Foundation. For further information, please contact: Ana.Hincapie@uc.edu