Oregon's Pharmacist Prescribing and Billing: Sentinel Legislation—Birth Control Prescribing

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Oregon's Pharmacist Prescribing Initiative and Medicaid

- Implementation, Certification, Credentialing/Enrollment and Billing

Nathan Roberts and Paige Clark have No Financial Disclosures to Report

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Learning Objectives

- 1. Assess how changes in the healthcare landscape have created a need for pharmacy *prescriber* status
- 2. Describe the role of pharmacists as prescribers in Oregon and the implications for billing and reimbursement models
- 3. Discuss the credentialing/enrollment and billing mechanics utilized to build a pharmacist prescribing and reimbursement model

The Oregon Model

- Summary
  - Allows women access to hormonal birth control therapies via pharmacist prescribing from any pharmacist who is certified to prescribe.
  - Women complete an evidence-based self-assessment form to screen for contraindications and consideration of various forms of BC.
  - Pharmacists prescribe and dispense the birth control after evaluating the self-assessment form and personally performing a patient assessment including BP.
  - Women can walk into any participating pharmacy and be prescribed hormonal **therapies including oral, ring, depo, and patch**—or be referred to a women's care provider for IUD following the assessment.

The Oregon Model

- National Attention
  - Colorado, Hawaii, Tennessee—utilizing Oregon's language/training/program
  - Others? Many states are calling to ask about our Oregon model, the regulatory aspect, the safety, and how the billing model works.
  - **Other models do not provide reimbursement equivalent to other providers** for assessment examples: California "furnishing", Washington "Collaborative Practice"
  - **While the concept of certified pharmacists prescribing may sound unorthodox, it is the clear path to immediate** *increased access to hormonal therapies* **and therefore an** *immediate public health outcome* **in reducing unintended pregnancies.**
  - Headlines

National Attention

"States Lead Effort to Let Pharmacists Prescribe Birth Control"

The New York Times

"Birth control will be available to women over the counter in Oregon"

Los Angeles Times

"Birth control in Oregon will be available over the counter"

The Seattle Times

"Oregon opts to dramatically expand women's birth control access"

REUTERS

"2 states lead on pharmacist-prescribed birth control"

The Dallas Morning News

"Pharmacists Will Soon Prescribe Birth Control in Oregon"

Pharmacy Times

"Pharmacists in California and Oregon to Prescribe Birth Control"

TIME

"Oregon Legislature uses session to expand birth control access"

The Bulletin

"Access to birth control: Oregon lawmaker would let women skip doctor's visit"

OREGONLIVE The Oregonian

"Oregon Birth Control Law Would Make Access To Contraception Among The Easiest In US"

INTERNATIONAL BUSINESS TIMES

Some Important Aspects:

- *Initial results*, 90% of pharmacist patient evaluations result in a pharmacist prescribing hormonal therapies and roughly 10% result in contraindications leading to referral, or referral for IUD placement.

- 100% of the consultations are to be billed (Medicaid billing---*for the patient consult)* to payers using standard E & M codes, and ICD10 codes with the *pharmacist as the prescriber.*

Is it Safe?

- The American College of Obstetricians and Gynecologists (ACOG), the preeminent authority on women's health issues, officially endorsed making oral hormonal contraceptives available OTC in 2012 and reaffirmed their decision in 2014.
- A study done by the National Institute of Health (NIH) confirmed ACOG's opinion and found that woman were able to accurately self-assess for OTC birth control.
- NIH also references several other studies that affirm the safety of OTC birth control, including a 2008 study in Washington state:
  - *"In a recent study from Washington state, Shotorbani et al. demonstrated that women's responses to a medical eligibility checklist for hormonal contraceptives was just as accurate as a provider's formal evaluation."*

Is it Safe?

- The Oregon Board of Pharmacy and a legislatively mandated advisory council of medical providers worked for several months to develop clear and safe protocols for pharmacists to follow for assessment.
- The required training rapidly evolved into a certification, to assure that those pharmacists who prescribe are fully prepared to conduct a women's care evaluation for prescribing.
- This certification is now available in multiple states, is utilized by multiple chain pharmacies, and is recognized by payers.
- Emergency Contraceptives are already available OTC.

Does Pharmacist Prescribing Hormonal Therapies Impact Women's Health?

- Research at the University of California, San Francisco, estimated that **unintended pregnancies could be reduced by up to 25% if oral hormonal birth control was made available OTC**. *This offers the best alternative to OTC, in today's landscape.*
- Other studies have shown that the requirement to see a doctor and obtain a prescription before accessing birth control can be a substantial obstacle for some women, especially those of lower socioeconomic levels.
- Studies have demonstrated that a *major* cause of poverty is unintended pregnancy. (study)

How Will This Endeavor Impact Women's Health?

- Over 3000 pharmacists are *certified to prescribe* hormonal therapies:
  - multiple states,
  - multiple chains
  - independent pharmacists
  - Colorado pharmacy association 100% endorsement and pharmacists onboarding to certification course
- OSU/OHSU studies underway-and HI, CO, TN all joining studies (more coming) MD, NH
- Anecdotes---bell curve of pharmacists; early adopters, and those more cautious, all prescribing now!
- Liability insurance has not been negatively impacted, as it becomes the scope of practice. Very careful parameters have been established.
- Positively impact public health & **$$$** – freeing up more resources for other services

Why make it Pharmacist Prescribed?

- It ensures affordability for consumers by **remaining a prescription**, which is very important for women of low-socioeconomic backgrounds
- OTC would increase cost (and impact 3rd party payment) **and remove the safety measure of the self-assessment test.**
- It allows pharmacists to bill for the product *and for the assessment*.
  - Medicaid and private payers are covering the full cost of the product and are paying pharmacists for their services.
  - This makes the chain pharmacies much more likely to participate, since it fairly reimburses for professional assessment while accomplishing the state's goals and improving women's health.
- FDA requirements are prohibitive to move these products to OTC status

Why make it Pharmacist Prescribed?

- CA “furnish” language
  - Not clear
  - No payment (for prescribing and assessment, the product might still be covered but that is unclear since it is not FDA approved)

    Unclear, and *administration (depo)* is unclear as well
  - Not FDA approved
- Collaborative Practice Agreements
  - Scalability problems
  - Liability problems
  - Provider participation limited
  - No or *truncated payment* (for patient assessment, the product may be covered)

Why make it Pharmacist Prescribed?

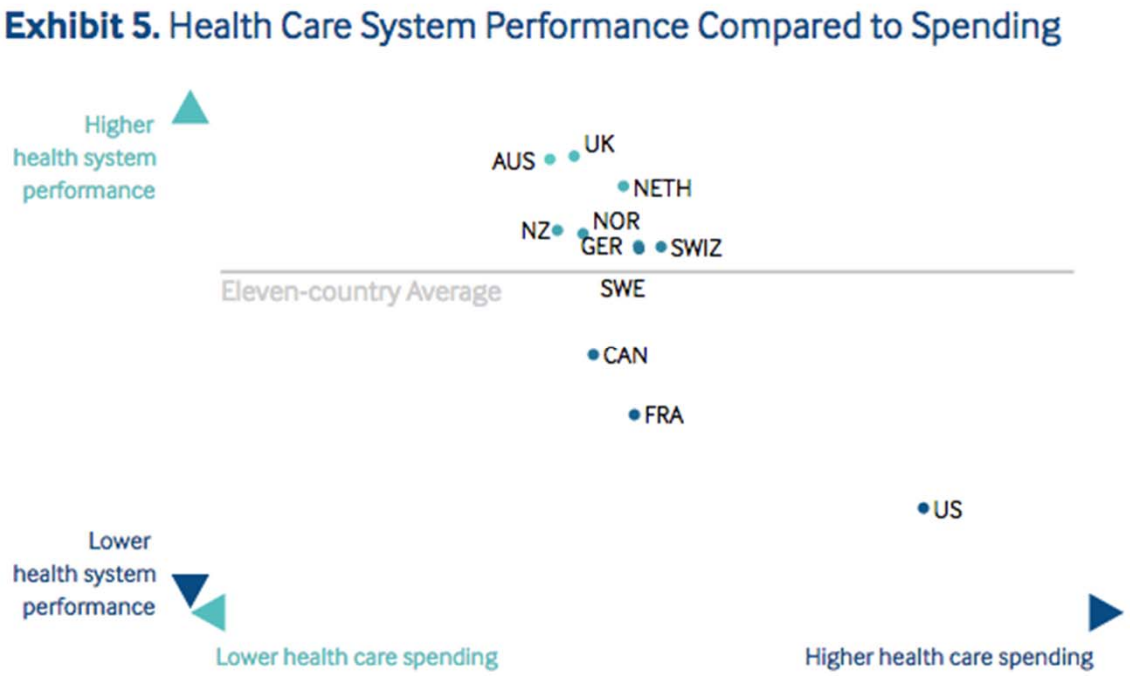
- This is the future of Health Care
  - Pharmacists play a bigger role addressing public health needs
    - Birth control
    - Naloxone
    - Smoking Cessation
    - More POST DIAGOSTIC initiatives coming in Oregon-- to meet legislatively driven public health initiatives
  - Pushing services to new access points and allowing specialists to focus on more complex treatments
  - Increasing access
  - Appreciating the challenges women face in the 21st century (relating to BC)

How We Did It

- This is the future of Health Care
  - Strong Coalitions and Bipartisan Support
  - Unique credibility—legislator is a doctor
  - **Simple and streamlined language**
  - Building relationships with the press
  - Years of diligent work (both on the bill and afterwards on *implementation*)
  - Teamwork throughout Oregon on certification, implementation and billing
  - Exceptional *certification*, that led to *credentialing and enrollment* of pharmacists as paid providers for Oregon Medicaid, Oregon's CCOs and commercial plans.
  - Using established billing codes on the medical side:

Background of the US Healthcare System and the Expanding Role of Pharmacists

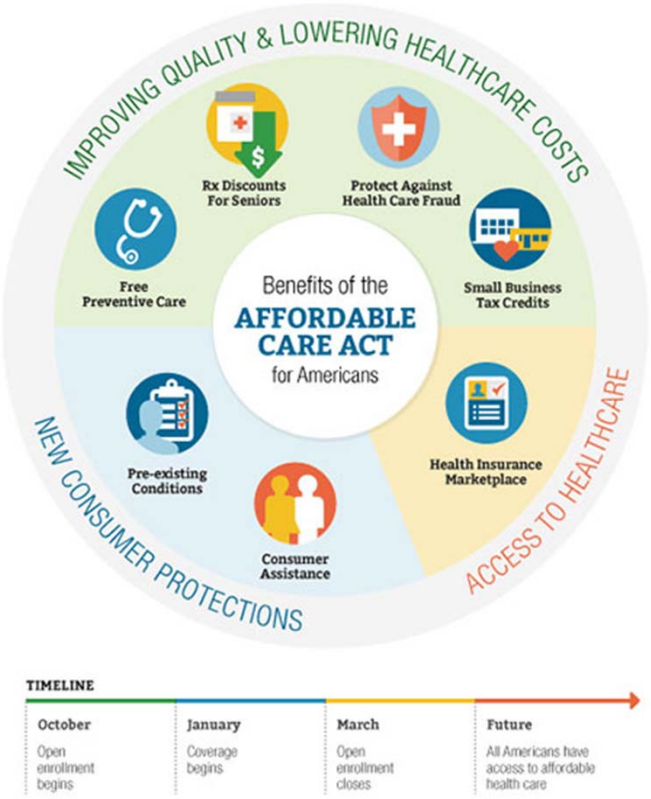
Rising US Healthcare Costs



According to The Commonwealth Fund report *Mirror, Mirror 2017*, the US spends the most on healthcare but is the lowest performing health system compared to 10 other high-income nations

Schneider E, et. al. The Commonwealth Fund. 2017.

Healthcare Reform



Benefits for Women

Providing insurance options, covering preventive services, and lowering costs.

Young Adult Coverage

Coverage available to children up to age 26.

Strengthening Medicare

Yearly wellness visit and many free preventive services for some seniors with Medicare.

Holding Insurance Companies Accountable

Insurers must justify any premium increase of 10% or more before the rate takes effect.

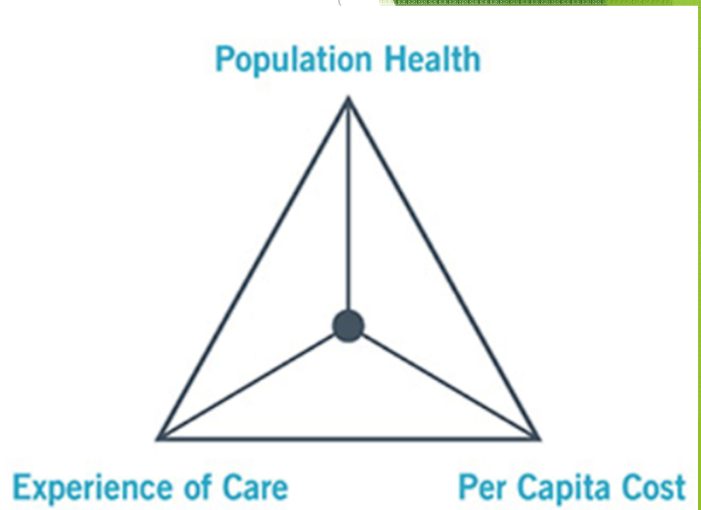
Goals of the Affordable Care Act include:

- Expanding access to healthcare by increasing Medicaid programs
- Decreasing healthcare costs
- Creating new healthcare coverage delivery systems

https://www.healthcarecounts.org/blog/2016/3/23/affordable-care

The Triple Aim Theory

- Three components:
  - *Improved Care*
  - *Improved Health*
  - *Improved Value*
- Guiding concepts to achieve the Triple Aim Theory:
  - System integration and execution
  - Focus on individuals and families
  - Population health management
  - Redesign of primary care services and structures
  - Cost control platforms



Institute for Healthcare Improvement. 2018.

Population Health

- Explicit efforts of health systems to improve the health status of the patients they serve:
  - Medication Therapy Management
  - Wellness Programs: Smoking Cessation, Diabetes Education
  - Chronic Disease Management
  - Creation of Accountable Care Organizations (CCOs)
  - Greater role of preventive medicine
- The goal is reduced cost of healthcare for patients
  - Payment reform is driving population health management
  - **REDEFINING "Top of License work for a pharmacist"**

Sanborn M. Am J Health Syst Pharm. 2017. 74(18) 1400-1401.

Definitions: Provider Status, Prescriptive Authority, Collaborative Practice Agreements and Autonomous Prescribing

What is Provider Status?

- Largely an issue of recognition: the Social Security Act omitted pharmacists from its list of healthcare providers
  - Implications for reimbursement
- Has no bearing on *scope of practice*: the range of services pharmacists can legally provide
  - Determined by state legislatures and implemented by state boards of pharmacy
- Ongoing initiatives at the federal and state levels to achieve recognition as providers

Harper PC. *J Am Pharm Assoc*. 2015;55:203–207.

Collaborative Practice Agreements

- CPAs are agreements between pharmacists and physicians that expand pharmacist scope of practice beyond its usual limits
  - Subject to negotiation
  - Physician oversight, responsibility and liability are required
  - Significant variation in scope and stringency of protocols that pharmacists must follow

Carmichael et al. *Pharmacotherapy*. 1997;17(5):1050-1061.
Pharmacist collaborative practice agreements. NASPA. 2017. Available at: https://naspa.us/resource/cpa-report/

What is Prescriptive Authority?

- The recognized ability to perform a set of medication-related practices:
  - "the selection, initiation, monitoring, continuation, modification, and administration of drug therapy"
- Part of the scope of practice for different health professionals
  - Determined by individual state legislatures
- For pharmacists, prescriptive authority or "prescriber status" is both relatively novel and restricted

Carmichael et al. *Pharmacotherapy.* 1997;17(5):1050-1061.

Framework for Prescriptive Authority

- Generally, states have created mechanisms for pharmacist prescribing using two different models
  1. Collaborative Practice Agreements (CPAs): Agreements between **individual pharmacists and physicians**
  2. Autonomous Prescribing: Statewide extensions of prescriptive authority to pharmacists, usually focusing on specific types of medications—top end responsibility/liability.
- These two models may complement one another

Adams et al. *Annals of Pharmacotherapy*. 2016;50(9):778-784.

Why It Matters For You

- Colorado, Hawaii and Tennessee have already adopted the Oregon Model, and so can your state (Utah….and more…)
- The model was designed to be an off-the shelf program that other states could adopt seamlessly – *clear statutory language*, concise administrative rules, a evidence-based process/protocols, and a nationally available certified training program, utilized by 6 major chain pharmacies in the nation, with **customization by state** and collaboration with colleges of pharmacy in individual states.

- The certification, is what the **credentialing and enrollment** component utilizes for evidence of proficiency and the basis for payment status.

Autonomous Prescribing

- Oregon's examples of autonomous prescribing by pharmacists without direct physician oversight, in contrast to CPAs
- Generally, states have allowed autonomous prescribing for medications to treat conditions that do not require a diagnosis, but which might meet a **public health need and in all cases require patient assessment:**
  - Hormonal contraception—assessment/payment
  - Naloxone—billing is coming (complicated)
  - Tobacco cessation agents—likely coming?
  - Travel medicine—(OHP not covering)

Autonomous Prescribing

To enable autonomous prescribing, states have taken two approaches:

1. Establishment of statewide protocols or procedures that:
   - Direct pharmacist actions, with varying degrees of autonomy
   - Frequently require continuing education specific to that type of prescribing

2. Implementation of unrestricted prescribing for a narrow class of agent, without requiring the pharmacist to adhere to a protocol, provided they abide by practice guidelines—Birth control example

Adams et al. *Annals of Pharmacotherapy*. 2016;50(9):778-784.

Relative Advantages of Prescriptive Authority Models

Collaborative Practice Agreements	Autonomous Prescribing
• Currently, may allow pharmacists to prescribe for a broader range of conditions • Ability to tailor protocols by practice site or health system	• Broad impact to meet public health needs • Statewide consistency, leading to greater public knowledge of the services pharmacists may provide

Adams et al. *Annals of Pharmacotherapy*. 2016;50(9):778-784.
Burns. *Annals of Pharmacotherapy*. 2016;50(9):785-787.

Conclusion

- Our Oregon model allows pharmacists to become certified to prescribe hormonal birth control therapies.
- Pharmacists are certified---then credentialled and enrolled as providers.
- Increasing access to women's hormonal birth control therapies will result in decreased unintended pregnancies
- Pharmacists are an important resource that should be fully leveraged in every state to accomplish intended public health outcomes.
- With correct parameters, pharmacists can serve our patients **safely and effectively** to provide this service to patients in rural and urban settings throughout our nation.

Pharmacists as Prescribers

- Since 2015, Oregon recognizes pharmacists as health care providers
  - This greatly increased the number of services pharmacists can provide to patients *and bill to payers*
  - **Prior to this, pharmacists could only bill MTM codes (99605, 99606) in Oregon**
- Reimbursement for pharmacist services for contraception visits for Oregon Medicaid is equal to that of other providers (physicians, nurse practitioners)
- Pharmacists must have their National Provider Identification number with the designated Pharmacist Clinician taxonomy

Billing for medical visits

- The medical claim (prescribing visit) is separate from the prescription (dispensing) claim
  - Many will have to add a pathway to bill MEDICAL CLAIM (Some DME may be medical)
  - Many organizations will choose to bill Medical Claims through a Clearing House
- Pharmacists must use ICD 10 codes and HCPCS codes (CPT) to bill for services
  - These codes are paired together
  - ICD 10 codes describe the reason for the visit, and the HCPCS (CPT) describes the service provided ("rendered")
  - The most specific ICD 10 codes should be used
- Oregon patient visits for a contraception prescription will be billed as an office visit (99201 or 99212) These codes describe taking a history, conducting a focused exam and making medical decisions.
  - The focused exam includes the pharmacist taking the patient's blood pressure and assessing their overall patient presentation.

ICD = International Classification of Diseases
CPT = Current Procedural Terminology

Examples of medical billing codes for contraception office visits

Procedure Description	CPT Codes
New Patient Office Visit	99201
Established Patient Office Visit	99212
New or established patient receiving a prescription visit and Depo administration at the same time	96372 AND 99201 or 99212
Established patient receiving Depo shot only visit with provider	96372
Established patient receiving Depo shot only visit and no visit with provider	99211

ICD-10 Diagnosis Codes		
Oral Contraceptive	Initial Prescription	Z30.011
	Repeat Prescription	Z30.41
Contraceptive Patch	Initial Prescription	Z30.016
	Repeat Prescription	Z30.45
Contraceptive Ring	Initial Prescription	Z30.015
	Repeat Prescription	Z30.44
Depo shot	Initial Prescription	Z30.013
	Repeat Prescription and shot only visits	Z30.42
General Counseling	Use this code if no prescription is generated from visit	Z30.09

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- Amy Burns, PharmD.; Oregon's Governor Appointed Pharmacy Formulary Committee,
- Oregon Health Authority, Credentialing and Enrollment team
- Rep. Knute Buehler, Senator Steiner Hayward

Champions of the Bills

- **Representative Buehler**
  - Orthopedic surgeon at The Center: Orthopedic & Neurosurgical Care & Research and on the Board of Directors of St. Charles Health System
  - First to introduce to the House floor the idea of allowing pharmacists to prescribe as an amendment to HB2028
- **Senator Steiner Hayward**
  - Family physician at OHSU and Director of the OHSU Knight Cancer Institute Breast Health Education Program
- Overall goals: To provide greater access for reproductive health, decrease unintended pregnancy rates, and increase the public health benefit as a whole

https://www.oregonlegislature.gov/buehler
https://www.oregonlegislature.gov/steinerhaywa
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Contact Info

- Thank you for the invitation to speak to the EMPPA, we are happy to answer your questions, to have follow up conversations or to speak in your state.
- We are eager to provide support to any state that wishes to adopt our model and our state pharmacy, regulatory, Medicaid and legislative leaders are available for support during implementation. Slides are copyrighted.

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