

EXPLORING POLICIES FOR FINANCIALLY SUPPORTED ROLES FOR PHARMACISTS *SETTING THE STAGE*

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Objectives

Sessions IIIa and IIIb

- Evaluate model programs where pharmacists are financially supported in expanded roles.
- Discuss what is needed from government, industry, and health-systems to advance financially supported pharmacy roles in programs.
- Identify groups, organizations, and/or associations best positioned to collaborate toward policies and programs that create a financially stable workforce for direct patient care and beyond.

Current Challenges in our Healthcare System (Providers)

- The National Center for Health Workforce Analysis (NCHWA) projects an overall shortage of 187,130 physicians in 2037
 - Almost 50% will be in primary care
 - Even if we add in nurse practitioners and physician assistants that only gets us to 73% adequacy
- Community-based pharmacy closures
- Pharmacy workforce shortage
- Healthcare and pharmacy deserts
 - This is occurring in both metropolitan and rural areas
 - Affecting some of our most vulnerable patient populations

- <https://data.hrsa.gov/topics/health-workforce/workforce-projections>
- <https://benjaminjolley.substack.com/p/2275-pharmacies-have-closed-so-far>
- <https://www.pharmacytimes.com/view/combating-the-post-pandemic-pharmacy-workforce-shortage>

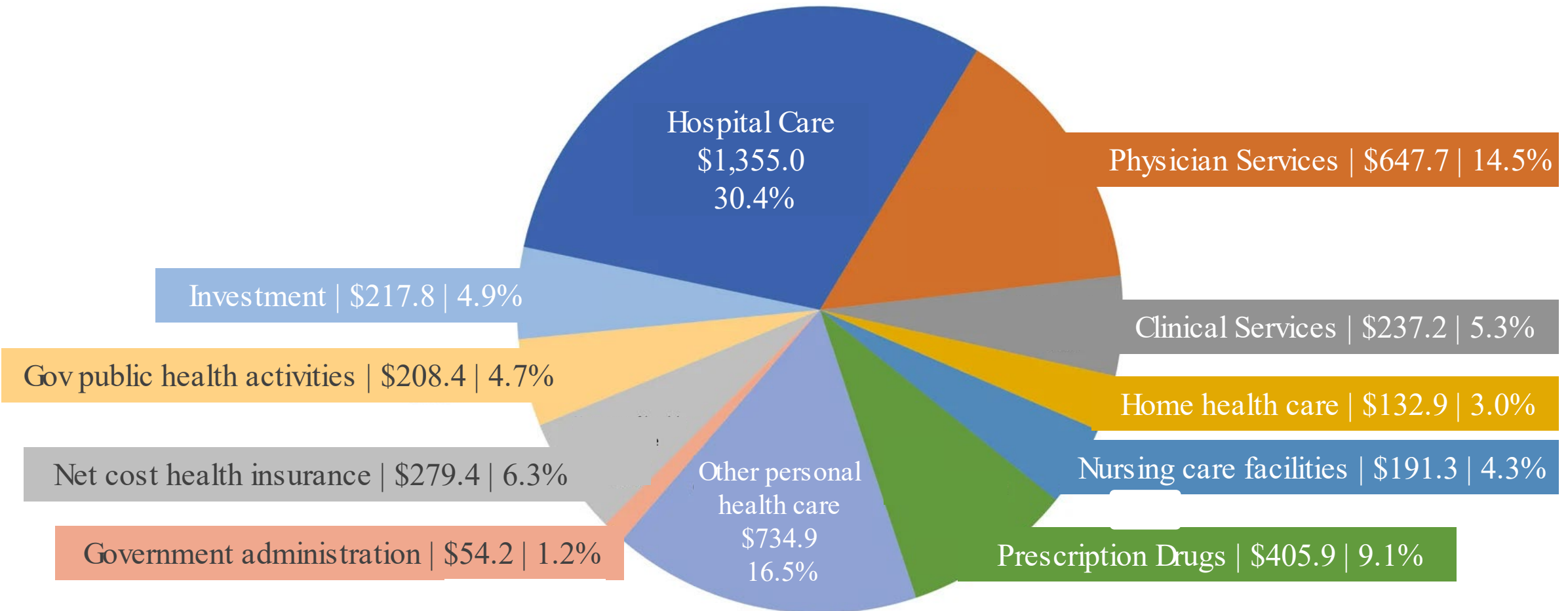
Current Challenges in our Healthcare System (System)

- Practices are siloed
- Sharing of patient information
- Lack of collaboration between provider and organizations
- Lack of appropriate and consistent reimbursement models
- Lack of payment models that supports team-based care
- Many stakeholders with multiple priorities
- Rapid emergence of Artificial intelligence and how to utilize in practice
- Pharmacists are not recognized as providers

- *Res Social Adm Pharm.* 2022 Aug;18(8):3444-3447. doi: 10.1016/j.sapharm.2021.12.005. Epub 2021 Dec 29. PMID: 35016847.
- *J Pharm Policy Pract.* 2024 Sep 6;17(1):2395551. doi: 10.1080/20523211.2024.2395551. PMID: 39253620; PMCID: PMC11382723.
- *Integr Pharm Res Pract.* 2015 Jul 1;4:67-77. doi: 10.2147/IPRP.S63822. PMID: 29354521; PMCID: PMC5741029.
- *Explor Res Clin Soc Pharm.* 2024 Nov 19;16:100542. doi: 10.1016/j.rcsop.2024.100542. PMID: 39687445; PMCID: PMC11647245.

OPPORTUNITIES FOR PHARMACISTS

The U.S. spent \$4,464.6 billion on health care in 2022—where did it go?



OPPORTUNITIES FOR PHARMACISTS

What's not being said?



Pharmacist-Patient
relationships

*Therapeutic relationships
Community pharmacists are
the most accessible providers*



Ensuring that patients are
achieving their therapeutic
outcomes with safe and
effective medications

*This is OUR DOMAIN, OUR
EXPERTISE, OUR TRAINING
We are uniquely educated
and trained as the drug
therapy expert*



Quality patient care

*It's about VALUE not
VOLUME*



Inexpensive drugs can cause costly adverse events and
even death if not appropriately monitored

- Drug Spend in 2019 to top \$370 billion

<https://www.healthleadersmedia.com/finance/pharmaceutical-spending-top-370b-2019>

- Cost of nonoptimized medication therapy
 - \$528.4 billion (2016)
 - 275,689 deaths
- Causes
 - Nonoptimized therapy
 - Non-adherence
 - Under-prescribing
 - Adverse effects
 - New medical problems

Viswanathan M, Golin CE, Jones CD, et al. Interventions to improve adherence to self-administered medications for chronic diseases in the United States: a systematic review. *Ann Intern Med.* 2012;157(11):785-95.

Watanabe JH, Mcinnis T, Hirsch JD. Cost of prescription drug-related morbidity and mortality. *Ann Pharmacother.* 2018;1060028018765159. doi: 10.1177/1060028018765159

My Own Personal Experience

- Wellmark Value-Based Pharmacy Program (VBPP)

- Creation of our own statewide high-performance pharmacy network

- CPESN-IOWA

- ✓ Contracted with Blue Cross Blue Shield—Minnesota

- ✓ MCO's

- Elevance

- Partnering with health systems

- UIHC—Pharmacist to Pharmacist collaboration (community pharmacists collaborating with pharmacists embedded in clinics)

- ✓ Impressive initial findings

J Am Coll Clin Pharm. 2020; **3**:1122-1128

- Standards of Care

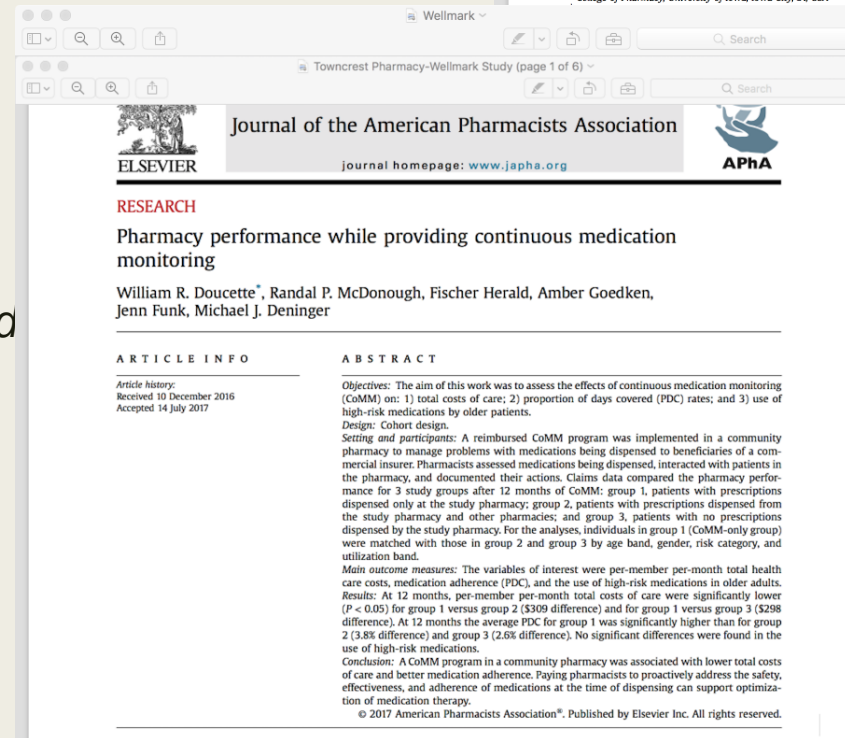
- July 2025



Continuous Medication Monitoring (CoMM): A foundational model to support the clinical work of community pharmacists

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Abstract

Under the Continuous Medication Monitoring (CoMM) approach, community pharmacists identify, resolve, and document drug therapy problems during the dispensing process. To describe the patients receiving CoMM interventions and the pattern of delivery of CoMM interventions, pharmacy dispensing and clinical records were reviewed for patients filling at least one prescription receiving at least one continuous medication monitoring intervention at a community pharmacy from April 2014 through March 2015. The proportion of patients receiving an intervention and the number of interventions per patient were computed. Approximately 2500 patients received 16,986 continuous medication monitoring interventions over the average age of the patients receiving the interventions was 59.1 years, and they filled an average of 3.0 unique medications. An average of 6.8 interventions was delivered to each patient. About 3.0% of interventions addressed drug therapy problems. The pharmacists delivered 3.0 patient education and 3.4 drug therapy problem interventions per patient on average. There are many opportunities to improve patients' medication use that can be identified and addressed under a Continuous Medication Monitoring model. Movement to this model of practice is required to facilitate the shift.

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RSAP 2018;14(1):106-111

JAPhA 2017;57(6):692-7

Key Learnings

- Pharmacists can affect total cost of care
- Patients from all risk group categories can benefit from pharmacists' interventions
- Best care is attained through intra and interprofessional collaboration
- Standard of Care models improves adaptability and encourage professional autonomy, which supports rapid innovation and improved access to patient care
 - In contrast to bright-line regulations
- Shared access to electronic health records can improve patient care and outcomes

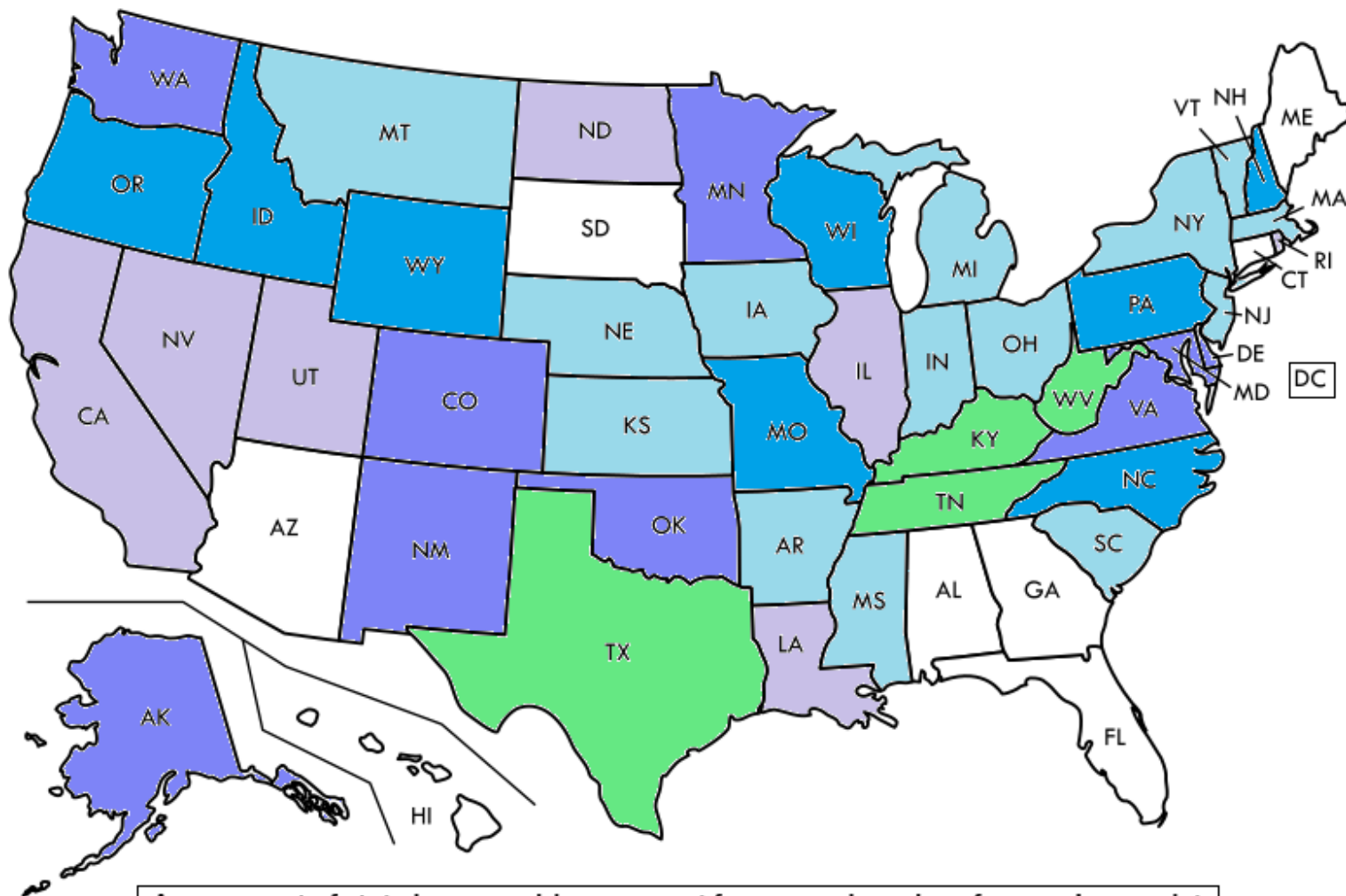
Why Policy is Needed

- Community pharmacies continue to close due to insufficient reimbursement for both product and services
- Pharmacists need to be recognized & paid as providers of primary care services, medication management, and care coordination activities
- Standards of Care regulations for pharmacy practice acts should be the norm in all states
- The need for shared (both read and write) electronic health records
- Development of better payment models that recognize the contributions of each member of the health care team (including pharmacists)



Financially Support Pharmacist Roles

Where are there near-term opportunities
for reimbursement?



States Are the Most Predictable Route to Payment

Assessment of state laws requiring payment for covered services from a pharmacist

	Commercial and Medicaid – any service in scope of practice
	Commercial – any service in scope of practice
	Medicaid – any service in scope of practice
	Medicaid – specific services only
	Commercial and Medicaid – specific services only

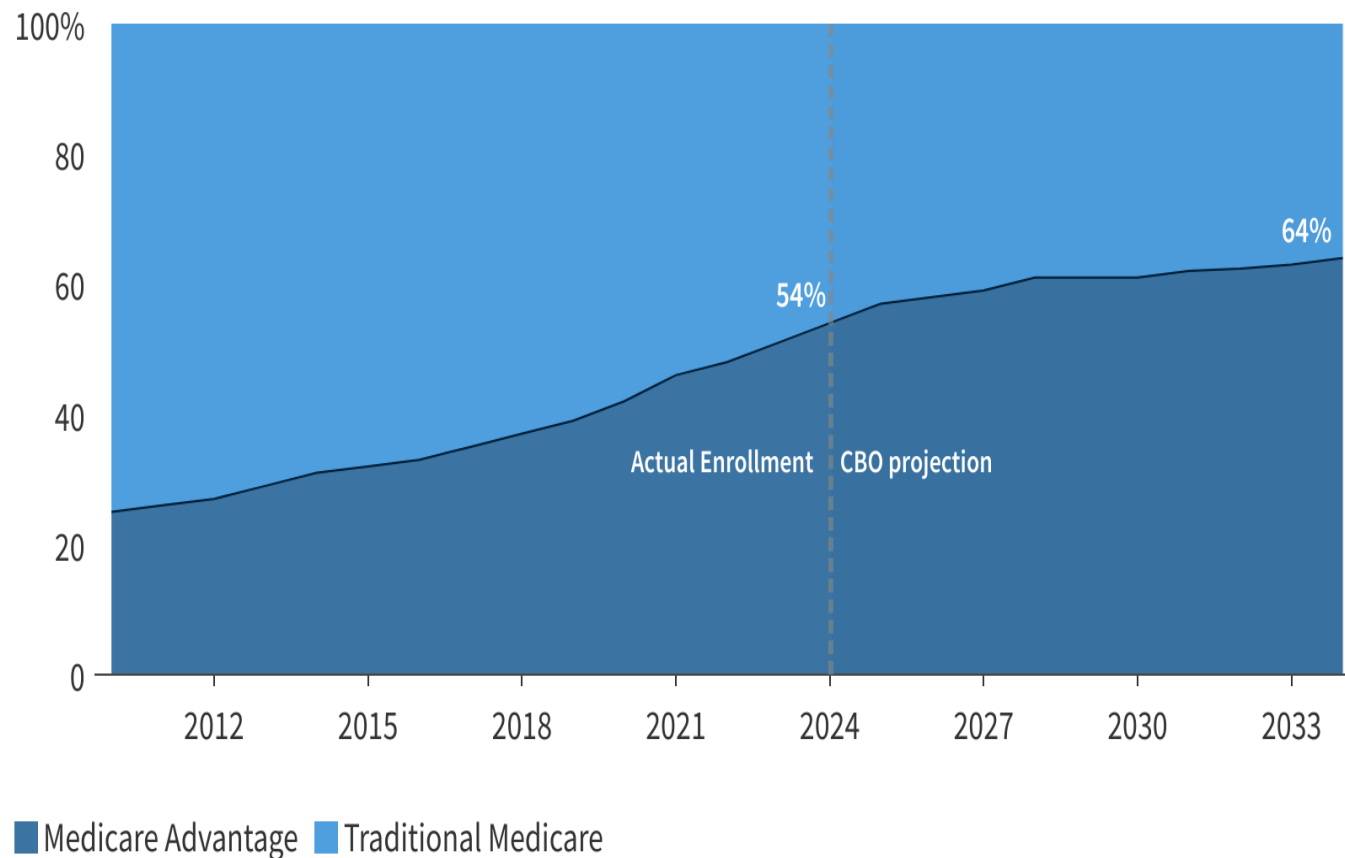
We Can Advance Medicare Payment With or Without Provider Status

Incident-to Billing

- Medicare allows physicians to bill for services provided by pharmacists
- CMS rules limit to the lowest (E/M) code
- Expansion benefits physicians and pharmacists on care team

E/M Billing Code	Payment ¹
99211	\$22.64
99212	\$54.99
99213	\$88.95
99214	\$125.18
99215	\$175.64

We Can Advance Medicare Payment With or Without Provider Status



Medicare Advantage

- MA plans can already recognize pharmacists as providers
- Pharmacists can help payers satisfy network adequacy requirements
- Institutional advocacy needed to include pharmacists in MA contracts