How to be an advocate for current pharmacy issues

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Disclosures

No relevant financial disclosures for this speaker
Objectives

• Explain the importance of advocacy within the profession of pharmacy
• Discuss the process by which public policy can be changed and the role of members of the profession in this process
• Compare current state and national pharmacy issues and describe their relevance/importance

Self assessment questions

Where should advocates for the profession of pharmacy prioritize their efforts?
   a) Scientific knowledge
   b) Social strategy
   c) Scientific knowledge & social strategy
   d) Social strategy & political will
Whose responsibility is it to advocate for the profession of pharmacy and on behalf of patients?

a) Pharmacy organizations  
b) Pharmacists/students  
c) Colleges/schools of pharmacy  
d) All of the above
Advocacy Activity

Name Your Legislators: Senators

Mark Warner
Tim Kaine
Name Your Legislators: Congresswoman/man

- 1st District: Robert Wittman
- 2nd District: Elaine Luria
- 3rd District: Robert "Bobby" Scott
- 4th District: Donald McEachin
- 5th District: Denver Riggleman
- 6th District: Ben Cline
- 7th District: Abigail Spanberger
- 8th District: Donald Beyer
- 9th District: Morgan Griffith
- 10th District: Jennifer Wexton
- 11th District: Gerald Connelly

Name Your Legislators

State Senator

State Representative
Agenda

Set the stage (Why is advocacy important?)

How to change public policy

Overview of current pharmacy issues

How to incorporate advocacy into your professional role
## Healthcare costs

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Source: Commonwealth Fund analysis.

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**How Chaos at Chain Pharmacies Is Putting Patients at Risk**

Pharmacists across the U.S. warn that the push to do more with less has made medication errors more likely. "I am a danger to the public," one wrote to a regulator.
Why is advocacy so important?

What does a pharmacist do?
Advocacy - a tool (or lever) to create change
Advocacy - a tool (or lever) to create change

How to change public policy
Julius B. Richmond Model for Changing Public Policy

Adapted from a slide by the American Academy of Pediatrics

Tobacco Oversight – Scientific Knowledge
Tobacco Oversight – Social Strategy

Figure 1. Trends in Cigarette Smoking among Adults Aged 18 Years in the United States, by Sex, 1955–2007.

Tobacco Oversight – Political Will
Overview of current pharmacy issues

Overview of Current Pharmacy Issues

Professional
- Scope of practice
  - Prescriptive authority
  - Prescription adaption
  - Medication administration
  - Pharmacy technicians
  - Telepharmacy
- Drug prices

Business
- Provider status
  - Payment for cognitive services
- Pharmacy benefit managers
  - Direct and Indirect Renumeration (DIR) fees
- Regulatory compliance
- Workplace issues
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Federal Provider Status
Why Provider Status?

- Many services pharmacists offer, but in many instances, they cannot directly bill payors for those services
  - Comprehensive medication management
  - Chronic disease education and monitoring
  - Long-acting injectables
  - Medication therapy management
  - Medication reconciliation
  - Ordering and evaluating lab tests
  - Prescribing

Pharmacy and Medically Underserved Areas Enhancement Act

- Reintroduced in the 115th Congress
  - HR 592 – 296 of 435 cosponsors
  - S 109 – 55 of 100 cosponsors

The Congressional Budget Office...
Compensating Pharmacists for their Cognitive Services – A Case Study

Improving Patient and Health System Outcomes through Advanced Pharmacy Practice
A Report to the U.S. Surgeon General 2011
Office of the Chief Pharmacist

Economic effects of pharmacists on health outcomes in the United States: A systematic review
Marie A. Crespin-Ruiz, Jonah S. Graf, Zvon, Jeanne Kim Lee, Christina A. Savitt, Marion Slack, Richard N. Herber, Elizabeth Hall-Lipsy, Ivo Abraham, and John Palmer

The Expanding Role of Pharmacists in a Transformed Health Care System

Compensating Pharmacists for their Cognitive Services – A Case Study

Community pharmacist-led clinical services: physician’s understanding, perceptions and readiness to collaborate in a Midwestern state in the United States
Cameron Gordon*, Elizabeth Unni*, Jaime Montuoro* and Diane B. Ogborn*

*Smith’s Food & Drug Stores, Salt Lake City, and *College of Pharmacy, Roseman University of Health Sciences, South Jordan, UT, USA
Compensating Pharmacists for their Cognitive Services – A Case Study

Ohio Provider Status
Senator Matt Dolan’s SB 265 was signed into law in January 2019.

Pharmacists lacked many of the provider recognitions and protections afforded to other health care professionals.

Certain parts of Ohio law recognized pharmacists as providers, pharmacies as providers, and then other parts that explicitly state pharmacists are not providers.

SB 265 ironed out the creases in Ohio law.

The Ohio Pharmacists Association and Ohio pharmacies began investigating CMS data.

Columbus Dispatch began highlighting the controversy.

State lawmakers began questioning Medicaid on discrepancies.

Summer 2018, a state audit revealed $244 million excess by Medicaid managed care PBMs.
Governor Mike DeWine announces reprocurement for all Medicaid managed care plans

Weeks after the Ohio provider status law took effect, Medicaid managed care executives were called out by state lawmakers for their perceived mismanagement of pharmacy benefits
Recent Updates

Details emerge in CareSource network change
dayondailynews.com
**APhA Leadership in Advocacy**

**Collaborator, Coordinator and Leader in Advancing Provider Status Recognition**

- APhA mobilized the pharmacy community in developing a comprehensive response to CMS's "Scope of Practice" request for information.
- The pharmacy community rallied and urged CMS to reduce barriers to enable pharmacists to practice at the top of their license.

**Pharmacy Status Makers**

- **9 National Pharmacy Associations**
  - Includes APhA/NASPA Affiliates and ASHP Affiliates
- **63 State Pharmacy Associations**

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Supreme Court will review an Arkansas law governing pharmacy benefit managers

*By Ed Silverman @Pharmalot / January 11, 2020*
How to incorporate advocacy into your professional role

Big “A” Advocacy

- Capitol Hill/Statehouse Legislator Meetings
- Inviting legislator to school/college of pharmacy and/or pharmacy/practice site
- Legislative Days
- Letter Writing Campaigns
- Social Media Campaigns
- Community Outreach Presentations/Education Campaigns
Little “a” advocacy

- Thoughtful focus of daily responsibilities to promote awareness of a cause through natural social interactions
  - Introducing yourself as the pharmacist/student pharmacist
  - Educating patients about the clinical services you’ve provided
  - Interprofessional education on the clinical services the pharmacist/student pharmacist provides
  - Educating other healthcare professionals and/or patients/the public on advocacy initiatives could increase access to pharmacist/student pharmacist provided care services

Think / Pair / Share

How will you incorporate Big “A” and little “a” advocacy into your responsibilities as a member of the profession of pharmacy?

Where should we be focusing our efforts to advocate for increased patient access to pharmacist provided care services?
Advocacy as a professional obligation: Practical application

“As stewards of this esteemed occupation, all pharmacists do in fact have a moral and ethical obligation to advocate on behalf of patients and are obliged to leave it in a better place than that in which we found it.”

Summary

- The profession of pharmacy and our healthcare system have many opportunities for improvement
- Use the tool of advocacy to leverage your expertise in the profession to create positive change
- Focus your advocacy on the social strategy in addition to changing political will
Where should advocates for the profession of pharmacy prioritize their efforts?

- a) Scientific knowledge
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Whose responsibility is it to advocate for the profession of pharmacy and on behalf of patients?

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