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Pharmacists can help fill the gap.
Pharmacists Can Fill the Gap in Health Care

Millions of Americans lack adequate access to primary healthcare services at the same time that an unprecedented shortage of physicians looms over our healthcare system.

The American Academy of Medical Colleges (AAMC) predicts there will be a shortage of 91,500 physicians by 2020.

AAMC Center for Workforce Studies, June 2010.

Pharmacists are our nation’s most trusted and accessible healthcare professionals, but a barrier prevents them from playing a greater role in patient care.

Pharmacists are not recognized as healthcare providers and therefore are not eligible for payment under Medicare Part B. This unnecessarily limits patients’ access to healthcare services and the valuable contributions that pharmacists can bring to ambulatory clinics, accountable care organizations, patient-centered medical homes, and other team-based healthcare delivery and payment system innovations.

“Medicare and Medicaid compensation policies also limit pharmacists’ ability to practice, particularly within integrated care teams. For example, under Medicare Part B, pharmacists are not included in the statutory definition of providers and, therefore, cannot directly bill for patient care services.”

—National Governors Association

Enabling pharmacists to practice to the full extent of their education and training will improve health outcomes and greatly benefit specific populations, especially those with chronic diseases such as diabetes and cardiovascular disease.

Pharmacists who practice in hospitals, clinics, and other ambulatory care settings provide a wide range of healthcare services. Here’s what pharmacists can do:

- **Transitions of Care:** Pharmacists in hospitals use their expertise to reconcile discrepancies in medication therapy, educate patients on appropriate medication use prior to discharge from the hospital, and follow up with patients to ensure medication adherence.

- **Maintaining Patients’ Care:** Pharmacists in many healthcare systems manage anticoagulation clinics where they adjust the dosage of these important anticlotting medications after a patient is discharged from the hospital.

- **Providing Preventative Care:** Pharmacists practicing in hospital-based clinics provide immunizations, including flu, pneumococcal, or herpes zoster.

- **Improving Medication Adherence:** Pharmacists who are part of accountable care organizations (ACOs) work with physicians and other members of the health care team to improve a patient’s medication adherence. Medication nonadherence is a significant cause of readmissions to hospitals and emergency room visits.

- **Modifying Drug Therapy Regimens:** Collaborative drug therapy agreements allow pharmacists in clinics to start a patient on a medication or adjust the dose of a medication that was prescribed by a physician. Forty-five states permit some form of collaborative practice.

- **Performing Health Care Screenings:** Pharmacists in ambulatory clinics screen patients for high blood pressure, diabetes, or high cholesterol, and refer them to a physician for further assessment or treatment. Pharmacists provide patients with both tobacco-use screening and cessation counseling as well as obesity screening and counseling.
The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 314) introduced by Reps. Guthrie, Butterfield, Young, and Kind and Sens. Grassley, Kirk, Brown, and Casey, provides a solution by amending section 1861(s) of the Social Security Act to allow pharmacists to bill Medicare for services to patients in medically underserved communities.

THE LEGISLATION:

- **Increases access and improves quality** by enabling pharmacists to provide patient care services as consistent with their education, training, and license;

- **Focuses on care for patients** who are otherwise medically underserved; and

- **Promotes cost effective healthcare** by increasing opportunities for early interventions.

Specifically, the legislation focuses on care for underserved beneficiaries in medically underserved areas, medically underserved populations and health professional shortage areas, as designated by the Health Resources and Services Administration. As the shortage of primary care physicians increases, so will the challenges that patients in underserved communities face, especially those related to access to care. This legislation can help address provider shortages and access issues in underserved areas.

The federal legislation would not expand the types of services that pharmacists are permitted to provide. Eligible services would continue to be governed by state laws just as they are for other health professions.

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About ASHP

ASHP is the national professional organization whose more than 40,000 members include pharmacists, student pharmacists, and pharmacy technicians who serve as patient care providers on healthcare teams in acute and ambulatory settings. For over 70 years, ASHP has been on the forefront of efforts to improve medication use and advance healthcare. For more information visit ASHP’s website, ashp.org, or its consumer website, safemedication.com

ASHP is an active member of the Patient Access to Pharmacists’ Care Coalition, a group of more than 25 organizations representing patients, pharmacists, and pharmacies, as well as other interested stakeholders, which is leading efforts to garner support for H.R. 592 and S. 314.