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RESEARCH NOTES

A survey of pharmacists' preparedness for provider status implementation

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ABSTRACT

Objectives: 1) To measure pharmacists' preparedness for the implementation of provider status; and 2) to measure pharmacists' perceived stakeholder readiness for provider status implementation.

Methods: An anonymous 24-item electronic survey was sent to a convenience sample of approximately 1500 licensed Iowa pharmacists. They were contacted by means of their membership in the Iowa Pharmacists Association, 1 of 6 regional associations; Drake University and University of Iowa faculty listservs; and the University of Iowa alumni office. Pharmacists received initial contact through e-mail, private groups on social media, or respective organizations' websites requesting participation. Respondents' confidence to provide clinical skills and perceived preparedness for provider status implementation were measured.

Results: One hundred thirty-two pharmacists completed the survey. Participants perceived high confidence in themselves to serve as providers and low confidence in the preparedness of payers to support pharmacist provider status. Participants reported feeling most confident in obtaining a medication history and past medical history and least confident in obtaining vital signs and providing point-of-care testing.

Conclusion: If provider status for pharmacists becomes law, Iowa pharmacists should expand on initiatives in collaboration with stakeholders to make a smoother transition into provider status. Iowa pharmacists may benefit from educational programming focused on delivering components of clinical services, such as measuring vital signs and point-of-care testing. Future research can be conducted to explain pharmacists' confidence levels as well as intentions to implement provider status services.

According to the American Pharmacists Association's (APhA) Provide Care Campaign, the U.S. health care system spends almost $300 billion annually on medication-related problems. The average 65–69-year-old patient takes 14 prescriptions annually and the average 80–84-year-old takes 18 prescriptions annually.[1] Nearly 50% of patients do not take their medications correctly.[1] To compound these current health care concerns, the number of Medicare beneficiaries is projected to total more than 80 million patients by 2023.[2] As the number of beneficiaries needing health care services increases, the supply of primary care providers in the United States is projected to decrease, especially in medically underserved areas (MUAs).

Pharmacists have demonstrated the ability to improve therapeutic outcomes and cost-effectiveness of medication therapy.[1,3-7] In 2011, the U.S. Public Health Service released a report addressed to the Surgeon General to present evidence and rationale in support of expanded pharmacist responsibilities for patient care services. This groundbreaking report reviewed pharmacist involvement in patient care services, pharmacist-driven patient outcomes, and the sustainability of these services during health care reform.[5] According to a 2010 review and meta-analysis of 224 studies by Chisholm-Burns et al.,

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pharmacists-driven direct patient care services resulted in favorable outcomes for blood pressure, hemoglobin A1C, low-density lipoprotein, hospital length of stay, mortality, incidence of medication errors, and others.[7]

In January 2017, the Pharmacy and Medically Underserved Areas Enhancement Act was reintroduced in the House of Representatives and Senate (HR 592 and S 109, respectively).[1,8] If passed into law, these bills would amend section 1861(s)(2) of the Social Security Act to recognize pharmacists as providers in addition to current providers such as doctors, nurses, dietitians, clinical social workers, and certified nurse midwives.[5,6,8] This amendment would also ensure that pharmacist-provided services would be reimbursable under Medicare Part B.[1]

If this or future pharmacist provider status legislation is successfully passed into law, licensed pharmacists with at least a Bachelor of Science in Pharmacy (BSPharm) or a Doctor of Pharmacy (PharmD) will be reimbursed for practicing within their state of licensure's scope of practice.[1] Areas of practice eligible under the proposed amendment include MUAs, medically underserved populations (MUPs), and health professional shortage areas (HPSAs) designated by the U.S. Department of Health and Human Services' Health Resources and Services Administration.[1,8] Pharmacist provider status would promote expanded access to Medicare beneficiaries for services such as transitions of care, comprehensive care management, continuous therapeutic monitoring, patient and caregiver education, disease state management, and prevention and wellness services.[1,6,8] Pharmacists would be reimbursed similarly to other nonphysician practitioners at 85% of the physician fee schedule.[1]

Passage of legislation to amend the Social Security Act could improve patient outcomes and decrease the burden on current providers. There is, however, potential variability in pharmacists' preparedness to practice as providers. Preparedness for provider status encompasses a wide variety of considerations, such as pharmacists' clinical knowledge, their comfort with the expectations of a provider, current services offered and adequacy of resources at respective practice sites, and knowledge regarding provider status legislation. Other preparedness considerations concerning specific sites include the pharmacy's workflow, pharmacist-to-technician ratios, and documentation techniques and capabilities. On implementation of provider status, the profession must be prepared to improve patient care outcomes and decrease overall health care costs. Currently, it is unknown whether Iowa pharmacists are prepared to practice as providers.

Objectives

The primary objective of the present study was to measure pharmacists' preparedness for the implementation of provider status. The secondary objective was to measure pharmacists' perceived stakeholder readiness for provider status implementation with respect to 5 stakeholders: individual pharmacists, pharmacy sites, patients, prescribers, and payers. This project will have a positive effect on the profession because local and state associations can develop initiatives to assist pharmacists in their transition into provider roles. Moreover, this study will measure and address pharmacists' perceptions of stakeholders' readiness if the law is passed. It is necessary to measure gaps in preparedness for both Iowa pharmacists and stakeholders before pharmacists are recognized to substantiate a smoother transition into provider roles.

Methods

Survey development

An anonymous 24-item electronic Qualtrics (Provo, UT) survey was developed. The survey included 4 sections. The first 3 sections were related to objective 1 and the fourth section to objective 2. Survey sections were as follows: 1) pharmacists' comfort level regarding the provider role; 2) physical pharmacy site readiness including resources and administrative functions; 3) pharmacy site operational readiness including current clinical service offerings; and 4) stakeholder readiness. Where possible, survey questions were adopted from the 2014 National Pharmacist Workforce Survey.[9] Multiple choice and 7-point Likert-type scale (from extremely nonconfident to extremely confident) questions were used.

Twenty-one days before its scheduled release, the survey was pilot-tested with a convenience sample of 10 pharmacists for feedback. The pilot test excluded pharmacists licensed in the state of Iowa to avoid any duplication of data. Researchers asked pilot participants to ensure readability, content, and structure of the electronic survey.

Survey participants

This study's cohort was composed of pharmacists who were members of the Iowa Pharmacists Association, University of Iowa's pharmacy alumni, Drake University and University of Iowa faculty listservs, and 6 local pharmacy organizations. Because individual pharmacists may have been members of multiple listservs, the exact number of individual pharmacists contacted could not be calculated. We estimated that 1500 Iowa pharmacists were asked to participate in this study. Iowa pharmacists not currently practicing in the outpatient or community settings were included in this study to address the entire profession as a whole within the state. There is potential for pharmacists practicing in the inpatient or hospital setting to bill for clinical services once they are recognized as providers under the Social Security Act. It is anticipated that all pharmacists will be affected by provider status legislation at some point. While the authors recognize that provider status legislation will initially affect only those pharmacists practicing in MUAs, MUPs, and HPSAs, 72 (73%) of the 99 counties in the state of Iowa are designated as MUAs.[1]

Survey process

The survey was distributed by 3 methods: e-mail, posting on private social media sites, and via the Iowa Pharmacists Association's weekly Top 5 News e-mail. Participant pharmacists first received correspondence requesting participation in December 2015. One reminder was sent in January 2016 to increase participation. Owing to limited research resources, researchers contacted potential participants only twice, once initially and once as a follow-up reminder. Postcards were not included in survey recruitment owing to the same constraints.