PRACTICE INSIGHTS

PHARMACY-BASED MEDICATION ADMINISTRATION SERVICES SUMMIT

APhA
American Pharmacists Association

NASPA
NATIONAL ALLIANCE OF STATE PHARMACY ASSOCIATIONS

Contents

This Summit and Proceedings Report were developed through collaboration of the American Pharmacists Association and the National Alliance of State Pharmacy Associations.

The American Pharmacists Association gratefully acknowledges the following individuals who served as participants, speakers, and moderators.

Program Planning and Management

American Pharmacists Association (APhA):

Mitchel Rothholz, RPh, MBA
Chief of Governance & State Affiliates; Executive Director, APhA Foundation

Parisa "Risa" Vatanka, PharmD, CTTS
Senior Director Corporate Alliances

National Alliance of State Pharmacy Associations (NASPA):

Rebecca Snead, RPh, CAE, FAPhA
Executive Vice President & CEO

Joni Cover, JD
VP of Strategic Initiatives

Allie Jo Shipman, PharmD, MBA
Director, State Policy

Elizabeth Nelson, CAE
Executive Director, NASPA Services LLC; Senior Director, Communications & Operations

Kim Hsieh
Administrative Coordinator

Savannah Cunningham
Student Intern; Mercer University College of Pharmacy Class of 2022

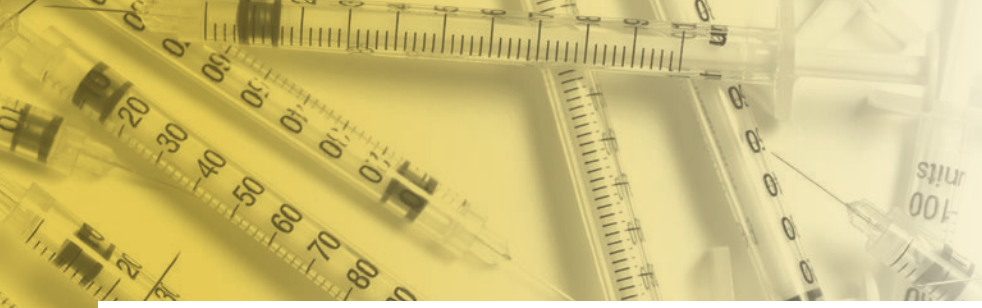
Ali Saleh
APPE Intern; Appalachian College of Pharmacy Class of 2022

Report Writers:

Ali Saleh
Student Pharmacist, Class of 2022
NASPA APPE Intern

Savannah Cunningham
Student Pharmacist, Class of 2022
NASPA Student Intern

Supported By:



Introduction

Pharmacy-based medication administration services (MAS) encompass pharmacist administration of medications, support of patient self-administration, and provision of all related care coordination and care management services. The vision for pharmacists providing MAS is that "Pharmacists are accessible, valued, and recognized members of the MAS neighborhood who are authorized and compensated for providing MAS that support medication regimen adherence and management of identified conditions that improve public health and health outcomes."

To investigate the issues, barriers, challenges, and opportunities for MAS, the American Pharmacists Association (APhA) and National Alliance of State Pharmacy Associations (NASPA) convened a virtual summit on December 14, 2021. This report describes the current landscape, outcomes, and insights from this summit.

GOALS

The goals of the Summit were to:

1. **Build awareness of how pharmacy-based MAS can improve public health by providing patient care services for professionally administered medications, facilitating access to needed services, decreasing stigma, and enhancing collaboration with the health care team.**

2. **Drive adoption of use of available pharmacy-based MAS practice tools/resources and education to catalyze implementation and expansion of pharmacy-based MAS in states where pharmacists have authority to administer medications.**

3. **Advocate for legislative and/or regulatory changes in states where pharmacists do not have authority to administer medications or where the authority has limitations.**

The Journey to Successful Pharmacy-based MAS as a Practice Norm

Moderator:

Parisa "Risa" Vatanka, PharmD, CTTS, Senior Director Corporate Alliances, APhA

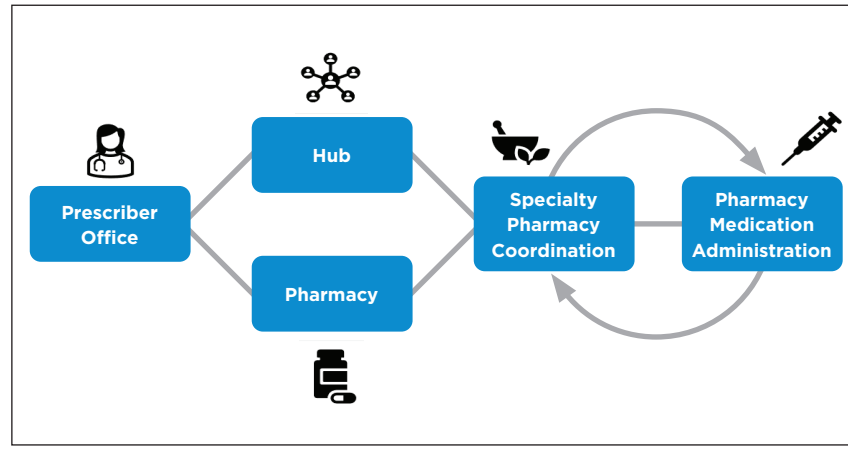
Panelists:

Brian Hille, RPh, Senior Director, National Key Account Manager – Payer, Moderna, Inc. (Former VP Patient Care, Specialty and Wellness Services, Albertsons Companies)

Robert Willis, PharmD, BCACP, Corporate Pharmacy Trainer / Residency Program Director, Albertsons Companies – Denver Division

Katie Carnett, PharmD, Patient Care Pharmacist, Albertsons Companies – Denver Division

Figure 1: ***Medication Administration Services Workflow***



Risa Vatanka asked the panelists to share their diverse backgrounds related to creating and maintaining a successful MAS model. The panelists gave a very informative explanation about the workflow of MAS (Figure 1). In this model, the patient obtains a prescription from a prescriber that requires professional administration and takes it to their local pharmacy, or the prescriber sends the prescription to the hub (a manufacturer supported medication access service). The hub serves as a mechanism that connects patients with pharmacy services. The specialty pharmacy team leads the care coordination and care management which begins with addressing medication affordability (prior authorization, copay assistance programs, foundation support) and coordinating with patient and pharmacy/pharmacist to schedule appointments (identify most convenient location for patient, ensure MAS trained pharmacist at the selected site). The patient will then have the medication administered in their local pharmacy. The local pharmacist reports the MAS to the prescriber, schedules the next appointment, and communicates back to the specialty pharmacy team so reminders can be sent for future appointments.

Panelists shared how pharmacies providing MAS can increase access to care for patients because of extended hours, reduced stigma, and personal relationships built with patients by pharmacy team members. Specific stories and examples from the panelists illustrated the meaningful impact that their personal experiences with MAS had on patients in their communities. This included receiving a personal note from a patient's mother who attributed her son's success in college to the availability of the pharmacy to administer his medication consistently. Another panelist shared about a patient on Vivitrol for alcohol dependency who missed an appointment but was able to reschedule on an off day to continue building a strong relationship. These stories reflected an overall theme of patients coming in with apprehension but expressing their comfort and excitement to continue receiving MAS at that specific pharmacy by the end of the first appointment.

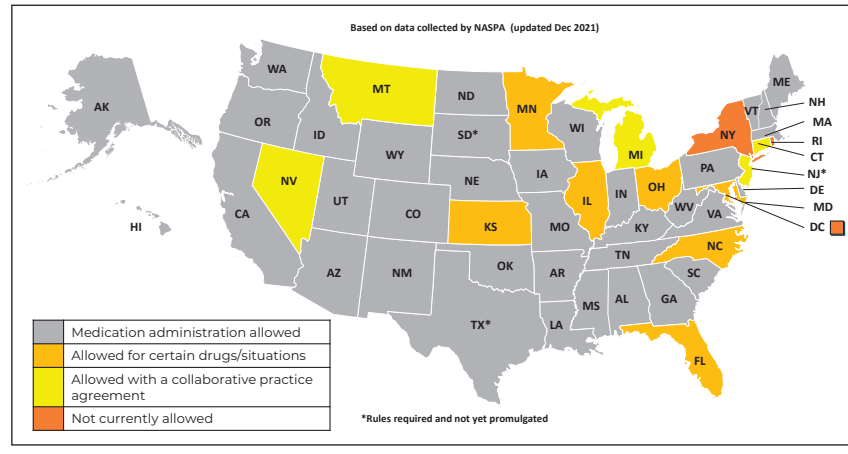
Overview of State Scope of Practice Related to Pharmacy-Based MAS

Presenters:

Allie Jo Shipman, PharmD, MBA, Director, State Policy, NASPA

Savannah Cunningham, Student Intern, NASPA, Mercer University Student Pharmacist Class of 2022

Figure 2: *Pharmacist Authority to Administer Medications*

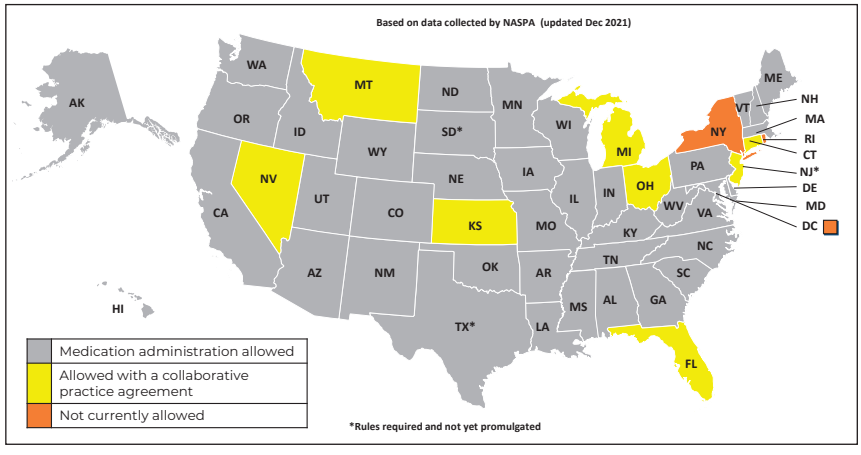


Savannah Cunningham provided statistics regarding MAS as a background to the discussions throughout the summit. By 2023, the U.S. could see a shortage of as many as 55,200 primary care physicians. The U.S. has 7,578 designated Health Professional Shortage Areas (HPSAs) and only 45% of the primary care needs in those areas are currently being met. Clinic closures and reduced hours during the COVID-19 pandemic have exacerbated the issues and strained access to care. However, 90% of patients live within 5 miles of a community pharmacy, presenting a tremendous opportunity for pharmacists to fulfill patient needs. Moreover, pharmacists are knowledgeable providers and many patients struggling to inject themselves with self-administered injectables because of poor flexibility, lack of dexterity, or fear of needles could benefit from pharmacist support. Pharmacists can improve adherence to therapy through scheduling administration of injectable medications at convenient times for patients, providing patient reminders for appointments, and communicating to prescribers that the injectable medication has been administered.

In numerous states, pharmacists can currently administer a variety of medications, including those listed below:

- **Antipsychotics**
- **Anticoagulants**
- **Immunological agents**
- **Erythropoietic/hematopoietic**
- **Androgen**
- **Calcium regulators**
- **Vitamin B12**
- **Naltrexone**
- **Antineoplastic agents**

Figure 3: *Pharmacist Authority to Administer Long-Acting Antipsychotics*



Allie Jo Shipman provided further insight into the current authority to administer medications that pharmacists possess in various states (Figure 2). Current updated maps can be found on the NASPA website. Most states currently allow pharmacists to administer medications, though some states (seen in orange in Figure 2) can only administer certain drugs in certain situations, such as Florida and North Carolina. Others allow pharmacists to administer medications only with collaborative practice

agreements (seen in yellow in Figure 2). Currently, only New York, Rhode Island, and the District of Colombia do not allow pharmacists to administer medications.

Figure 3 shows pharmacist authority to administer long-acting antipsychotics by state. Most states allow pharmacists to administer long-acting antipsychotics, though some require a collaborative practice agreement (seen in yellow in Figure 3). Only New York, Rhode Island, and the District of Columbia do not allow pharmacists to administer long-acting antipsychotics.

Allie Jo Shipman then expanded on the states that allow MAS only in certain situations or for certain drugs. Examples of these include Florida requiring a physician protocol and patient-specific prescription for long-acting antipsychotic medications, Maryland only allowing medication administration for self-administered drugs or maintenance injectable medications, and Minnesota allowing some drugs only in the context of first dosage and medical emergencies. Additional legislative and regulatory barriers identified for pharmacists providing MAS include additional education or certification requirements, requirement of board of pharmacy authorization, and patient age restrictions.

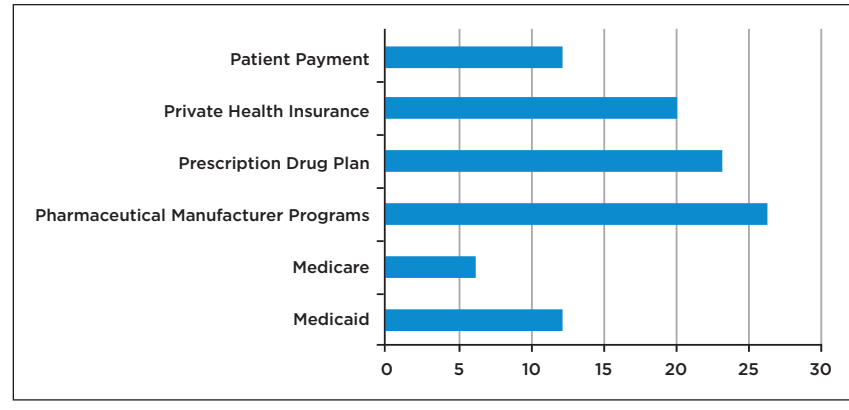
Overview of Available Resources to Support Implementation of Pharmacy-based MAS and Current Payment Models for Pharmacy-based MAS

Presenters:

Parisa "Risa" Vatanka, PharmD, CTTS, Senior Director Corporate Alliances, APhA

E. Michael Murphy, PharmD, Advisor for State Government Affairs, APhA

Figure 4: ***Sources of Reimbursement for Medication Administration Services***



Source: American Pharmacists Association, Unpublished survey data: 2017.

Risa Vatanka started this segment of the discussion by giving an overview of the professional education and practice resources developed by APhA to support implementation and scaling of pharmacy-based MAS. APhA has a dedicated medication administration services website that houses these practice tools and resources, including the Practice Guidance for Pharmacy-Based Medication Administration Services and customizable tools for service implementation. The Practice Guide includes five practice principles: the pharmacist role, empowering patients and caregivers, pharmacist education/training, documentation and communication, and collaboration and coordination. The Pharmacy-Based Medication Administration Services continuing education training program provides the opportunity for pharmacists to get adequate training for all medication administration techniques above and beyond typical immunization training.

Michael Murphy expanded on payment for MAS. Payment models must consider payment for MAS through insurance, patient assistance programs, pharmaceutical manufacturer programs, or patient self-pay. Benefit

type may be pharmacy, medical, or both. The point of service for MAS is also a factor, whether at a pharmacy, physician's office, or federally qualified health center/ rural health clinic. Figure 4 shows results from a 2017 survey by APhA regarding current reimbursement for administering medications. Pharmaceutical manufacturer programs were the most common payment method and Medicare was the least common.

Michael Murphy also shared some examples of different states using CPT/HCPCS codes to bill for MAS. Following the passage of House Bill 21-1275 in Colorado, pharmacies can use code 96372 to bill for subcutaneous or intramuscular therapeutic, prophylactic, or diagnostic injection under either the pharmacy or medical benefit. In Ohio, pharmacists who are Medicaid providers can also bill the same code under certain circumstances. According to CMS, monoclonal antibodies should be reimbursed during the COVID-19 pandemic either through Medicare Part B or by the medical or pharmacy benefit of Medicaid and commercial payers.

Breakout Discussions on Implementation/Payment Barriers and Development of Strategies to Address Barriers

Participants were divided into breakout groups to discuss implementation and payment barriers and develop strategies to address those barriers. Each group was asked to come up with 2-3 recommendations to be discussed during the last session.

The breakout groups identified several barriers to implementation and payment:

- **Not knowing if the service will be covered**
- **Lack of consistency in billing and credentialing among payers/insurers**
- **Comfort level of pharmacists providing the service**
- **Comfort level of patients in using pharmacy-based MAS**
- **Lack of acceptance of pharmacists billing on the medical side by payers/insurers**
- **Lack of parity between pharmacist reimbursement level vs. physician reimbursement level for service provided**
- **Inadequate staffing and workforce shortages**

Recommended strategies to address these barriers were collected for discussion during the final session of the Summit.

Breakout Discussions on Legislative/Regulatory Barriers and Development of Strategies to Address Barriers

Participants were split into breakout groups to discuss legislative/regulatory barriers and develop strategies to address those barriers. Each group was asked to come up with 2-3 recommendations to be discussed during the last session.

The breakout groups identified several barriers:

- **Lack of understanding among policymakers about pharmacists' level of education and training around MAS**
- **Additional statutory requirements that other healthcare providers do not have in place**
- **Inconsistency in awareness and/or support from other health care associations, interprofessional groups, and patient-centered organizations**
- **Objections from medical associations or other healthcare professional organizations**

Recommended strategies to address these barriers were collected for discussion during the final session of the Summit.

Prioritizing Strategies for Expansion of Pharmacy-Based MAS and Establishing Next Steps

Facilitators:

Mitchel C. Rothholz, RPh, MBA, Chief of Governance & State Affiliates, APhA and Executive Director, APhA Foundation

Rebecca P. Snead, RPh, CAE, FAPhA, Executive Vice President/CEO, NASPA

Mitchel Rothholz and Rebecca Snead summarized the recommendations from the two breakout sessions and encouraged summit participants to discuss and consider how pharmacists can be positioned as a public health solution using MAS and who the champions and partners could be to move pharmacy-based MAS forward.

Consolidated Legislative/Regulatory Recommendations:

- **Take advantage of authority given during the pandemic and share stories/highlight the importance of how pharmacists have helped patients**
- **Be as broad and brief as possible in statutory and regulatory language**
- **Get pharmacy on the same page and speak with one voice**
- **Work with other healthcare providers and patient groups to advocate for changes to increase access**

Consolidated Implementation/Payment Recommendations:

- **Advocate for adequate payment to provide a sustainable ROI for pharmacy-based MAS**
- **Educate pharmacists on how to transition using medical billing and what requirements for credentialing are**
- **Perform a cost-benefit analysis to show that break-even for physicians and pharmacists is similar**
- **Work on developing consistency in billing and credentialing across payers**
- **Empower technicians and support staff to assist with implementation and billing**
- **Fully consider all three "buckets" of implementation: human resources, systems, and physical requirements**
- **Host a Medicaid pharmacy directors/payer summit to continue dialogue and accelerate progress**

Conclusion

Pharmacist provision of MAS can fill a significant gap in patient care, allowing for increased adherence and patient confidence. The vision for pharmacy-based MAS is that pharmacists are accessible, valued, and recognized members of the MAS neighborhood who are authorized and compensated for providing MAS that support medication regimen adherence and management of identified conditions that improve public health and health outcomes. Currently, almost all states and jurisdictions allow pharmacists to administer medications in some capacity. Practice guidance documents, education, and training resources are available for pharmacists and pharmacies to begin implementation. Payment models vary depending on insurer, benefit type, and point of service, and more consistency is needed before full implementation is possible and the vision for pharmacy-based MAS can be achieved. Several recommendations and strategies were identified to address barriers in legislation and regulation as well as implementation and payment of pharmacy-based MAS.

References

1. https://www.pcpcc.org/2020/07/10/new-report-confirms-growing-shortage-primary-care-physicians?language=en
2. https://data.hrsa.gov/tools/shortage-area/hpsa-find
3. https://www.cdc.gov/heartdisease/pharmacist.htm
4. https://naspa.us/wp-content/uploads/2022/02/NASPA-med-admin-maps-Dec-2021.pdf

Appendix 1: Participants

Name	Organization	Representation
Louise Jones	Alabama Pharmacy Association	State Representative
Emily Zadvorny	Colorado Pharmacists Society	State Representative
Kim Robbins	Delaware Pharmacist Society	State Representative
Starlin Haydon-Greatting	Illinois Pharmacists Association	State Representative
Garth Reynolds	Illinois Pharmacists Association	State Representative
Darren Covington	Indiana Pharmacists Association	State Representative
Morgan Conner	Indiana Pharmacists Association	State Representative
Emmeline Paintsil	Iowa Pharmacy Association	State Representative
Aaron Dunkel	Kansas Pharmacists Association	State Representative
Sarah Derr	Minnesota Pharmacists Association	State Representative
Beau Cox	Mississippi Pharmacists Association	State Representative
Marcia Mueting	Nebraska Pharmacists Association	State Representative
Elise Barry	New Jersey Pharmacists Association	State Representative
Penny Shelton	North Carolina Association of Pharmacists	State Representative
Megan Witkowski	North Carolina Association of Pharmacists	State Representative
Mike Schwab	North Dakota Pharmacists Association	State Representative
Brian Mayo	Oregon State Pharmacy Association	State Representative
Danielle Womack	Pharmacy Society of Wisconsin	State Representative
Amanda Bacon	South Dakota Pharmacists Association	State Representative
Anthony Pudlo	Tennessee Pharmacists Association	State Representative
Debbie Garza	Texas Pharmacy Association	State Representative
Jeffrey Bratberg	Rhode Island Pharmacists Association	State Representative
Lauren Bode	Vermont Pharmacists Association	State Representative
Karen Winslow	Virginia Pharmacists Association	State Representative
Sandra Leal	Aetna	Invited Guest
Katie Carnett	Albertsons Companies	Invited Guest/Speaker
Robert Willis	Albertsons Companies (Safeway)	Invited Guest/Speaker
Lynette Bradley-Baker	American Association of Colleges of Pharmacy	Invited Guest
Jasey Cárdenas	American Association of Colleges of Pharmacy	Invited Guest
Gregg Jones	Cardinal Health	Invited Guest
Cheri Schmit	Cardinal Health	Invited Guest
Megan Ehret	College of Psychiatric and Neurologic Pharmacists	Invited Guest
Jordan Reese	Colorado Mental Health Institute at Pueblo	Invited Guest
Rebekah Dant	Costco Wholesale	Invited Guest

Name	Organization	Representation
Michelle Herr	Genoa Healthcare	Invited Guest
Dale Masten	Genoa Healthcare	Invited Guest
Rob Leland	Independent Pharmacy Consultant	Invited Guest
Brian Hille	Moderna	Invited Guest/Speaker
William Cover	National Association of Boards of Pharmacy	Invited Guest
Belawoe Akwakoku	National Community Pharmacists Association	Invited Guest
Hannah Fish	National Community Pharmacists Association	Invited Guest
Laura Churns	Publix Pharmacy	Invited Guest
Summer Kerley	Rite Aid	Invited Guest
Jeremy Faulks	Thrifty White Pharmacy	Invited Guest
Randy McDonough	Towncrest Pharmacy Corp	Invited Guest
Sarah Freedman	Walgreens Co.	Invited Guest
Eric Congdon	Alkermes	Sponsor
Darrell Craven	Alkermes	Sponsor
Veronica Pierni	HealthBeacon	Sponsor
Matthew Martello	Indivior	Sponsor
Scott Schoenborn	Indivior	Sponsor
Chad Schwinn	Indivior	Sponsor
Caroline Fisher-O'Neill	Otsuka	Sponsor
Kelli Strother	Otsuka	Sponsor
Marissa Fuller	Regeneron	Sponsor
Amanda Seeff-Charny	Regeneron	Sponsor
Michael McGuire	Regeneron	Sponsor
Allison Shuster	Pfizer, Inc.	Sponsor
Mark Polizzi	ViiV Healthcare	Sponsor
Andi Clark	American Pharmacists Association	Staff
Chris McKerrow	American Pharmacists Association	Staff
Michael Murphy	American Pharmacists Association	Staff/Speaker
Mitchel Rothholz	American Pharmacists Association	Staff/Speaker
Parisa Vatanka	American Pharmacists Association	Staff/Speaker
Joni Cover	National Alliance of State Pharmacy Associations	Staff
Elizabeth Nelson	National Alliance of State Pharmacy Associations	Staff
Allie Jo Shipman	National Alliance of State Pharmacy Associations	Staff/Speaker
Rebecca Snead	National Alliance of State Pharmacy Associations	Staff/Speaker
Ali Saleh	National Alliance of State Pharmacy Associations	APPE Intern
Savannah Cunningham	National Alliance of State Pharmacy Associations	Staff/Speaker

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