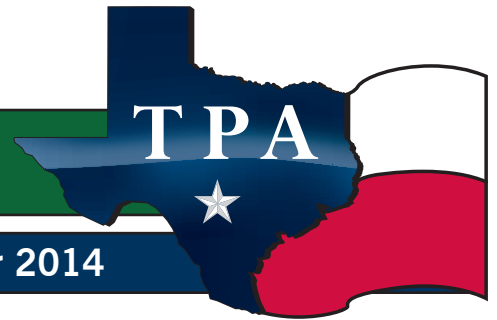


# Texas Pharmacy Association

A Report to the Texas Pharmacy Congress • November 2014



## Advocacy

### Pharmacists Are Highly Trained Healthcare Providers

The current shortage of primary care providers in Texas leaves patients, especially in underserved and rural communities, without appropriate access to healthcare. With continued challenges in the future, such as the aging population and the Affordable Care Act, the lack of access will be even more problematic.

It is essential that pharmacy and other healthcare professions be utilized to help fill this void and expand healthcare access to all patients. Legislative and regulatory changes need to occur before pharmacists are able to provide the type of healthcare services that can alleviate this growing issue. Pharmacists need to be designated as healthcare providers, provided the legislative authority, and have a means to bill for patient services.

Clearly, pharmacists are highly trained and capable providers who can alleviate the growing access problem in the healthcare system. To do so, however, various actions and programs need to be implemented to allow pharmacists to provide these services.

Building on the innovative foundation created in Texas law in 1999, Texas Pharmacy Association (TPA) has already begun working with other organizations and associations in several

arenas. TPA is developing potential legislation to address the following concerns:

- Designation: Pharmacist recognition as a healthcare provider in all delivery settings and under all programs.
- Services: Pharmacist knowledge and training provides the ability for pharmacists to provide additional services.
- Payment: Pharmacist payment for professional services.

#### Designation

It is imperative that pharmacists be recognized as providers. This is the first step to increased involvement in patient care, and acquiring reimbursement. Thirty-four states recognize pharmacists as providers in some fashion, but in Texas the definition of healthcare providers is not consistent. It is important that the Texas legislature affirm that pharmacists are healthcare providers.

#### Services

Pharmacists are highly trained and should be better utilized to increase quality of patient care as well as access to care. Several states allow pharmacists to perform a wider range of duties compared to Texas. Often, pharmacists providing additional services will require additional training which ranges from simple certificate programs to board certification in specialized areas or residency training.

Many states, including Texas, allow collaborative drug therapy management (CDTM). CDTM involves pharmacists and physicians entering into collaborative practice agreements.



In Texas, there are restrictions to certain practice settings for sections of CDTM that pertain to implementation and modification of drug therapy, including prescriptive authority.

#### Payment

A national effort is ongoing to establish pharmacists as providers and establish a payment mechanism at the federal level under Medicare Part B. It is important for Texas to not wait for federal legislation to be passed, but to work toward achieving state-level provider recognition so that Texas pharmacists have leverage in acquiring payment.

A single purpose webpage has been created on the TPA site that focuses exclusively on the Association's initiative



## Advocacy

### Pharmacist Provider Initiative: What is it? (Part I)



TPA's efforts are not the same as the Federal Provider Status issue that has been all over the pharmacy news this year. The "elevator speech" sound-bites for the "Status" effort are often too brief. Yes, it's about being recognized in Medicare as a healthcare provider – but what does all this really mean?

To understand all the hub-bub, some background on Medicare is needed. Here is a very brief introduction to Medicare Part B and exclusion of pharmacists as providers:

Medicare was enacted by Title XVIII in 1966 and guarantees access to health insurance for Americans aged 65 or older. It is currently structured under four sections, Part A (hospital insurance), Part B (medical insurance), Part C (supplement coverage/health plans) and Part D (prescription insurance). Medicare Part B covers two types of services. First are those that are Medically Necessary like lab tests, surgeries, doctor visits and supplies (like wheelchairs and walkers) considered to prevent, diagnose or treat a disease, condition or its symptoms. Second are Preventive Services which prevent illness (like the flu) or detect illness at an early stage, when treatment is most likely to work best.

Prior to the 1960's, pharmacists mainly focused on the safe, effective and efficient distribution of medication to patients. Since then, the pharmacy profession has expanded its scope to include a wide range of clinical services – immunizations, as an example. More so, pharmacists are a member of care teams that have emerged as a standard in hospitals and clinics across the country. Daily, pharmacists provide services recognized under Medicare Part B. While other health care providers, such as physicians, physician's assistants, certified nurse practitioners, qualified psychologists, clinical social workers, certified nurse midwives, and certified registered nurse anesthetists can submit claims

and be paid for those services under Part B, pharmacists are not listed as an eligible provider and can receive only a very basic payment. Many state and private health plans often cite the omission from Medicare Part B as a reason for lack of coverage for beneficiaries or lack of compensation of pharmacists for providing comprehensive, patient-centered care. Omission from Medicare Part B can also result in barriers to optimizing the use of pharmacists' patient care services in emerging integrated care delivery models promoted by the Affordable Care Act (ACA), such as medical homes and accountable care organizations (ACOs).

### Pharmacist Provider Initiative: Why is it Important? (Part II)

#### Why is it important to be recognized as providers in Medicare Part B?

- Pharmacists have comprehensive and unique education and training in the use of medications for the treatment, management, and prevention of diseases to contribute to the health care team. Without the proper provider status recognition and payment models in place, patients and health care providers are often blocked from accessing the benefits achievable through pharmacists' services.

#### What would happen if we do become recognized in Medicare Part B?

- Some pharmacists' patient services are covered and that allows them to be implemented widely (e.g., immunization delivery). Other services have minimal or no coverage and that has limited their implementation - MTM services are good examples of this. Pharmacists can play integral roles in helping patients to meet treatment goals and promoting safe, cost-effective medication use. This would also address the problem that many state and private health plans often citing the omission

from Medicare Part B as a reason for lack of coverage for beneficiaries or lack of compensation of pharmacists for providing comprehensive, patient-centered care.

#### What are the benefits to the society if it happens?

- The impact of inappropriate medication use is staggering. Each year, there are more than 1.5 million preventable medication-related adverse events in the United States. Furthermore, the health care system incurs nearly \$290 billion dollars annually in mostly avoidable costs to treat adverse events from inappropriate medication use. Medication non-adherence alone results in \$100 billion each year in excess hospitalizations.

#### So... why aren't we recognized?

- It's a timing thing. When Medicare was implemented, pharmacy's primary function was to effectively, efficiently and economically distribute prescription medication that a physician had ordered for a patient. Over the past 60 years, political, economic and social opinions have changed. Healthcare is very complex and healthcare provider roles have shifted and expanded. Pharmacy education's focus on clinical services continues to evolve. The Affordable Care Act has redesigned healthcare financing, emphasizing Accountable Care Organizations and other team based delivery models. Most importantly, the benefit of effective utilization of prescription medication has been proven and pharmacists are uniquely positioned and trained as the medication experts. Pharmacists need to be included as a provider in Medicare Part B so payment can be realized to further stimulate availability of these services, ultimately providing cost effective improved treatment outcomes.

*Parts I and II of a six-part series by Kim Roberson,  
R.Ph. Director, Professional Affairs*



## Advocacy

### Charlotte Weller: Pharmacists Have Key Position in Health Care

*The following article is an op ed that ran in the El Paso Times on October 22*

For hundreds of years, the principle role of pharmacists has been dispensing medications. Today however, pharmacists are trained and educated as important members of the health care team, serving as the specialists in the management and effective use of medications and playing an ever-increasing role in face-to-face patient counseling and care.

This training and expertise has become more and more important as medications have become more complex and powerful, requiring greater attention to their use by different types of patients and in conjunction with other medications.

Today, the United States health care system has embraced the use of medications as a cost-effective alternative to more expensive medical procedures and management of chronic conditions. With their extensive education and training, pharmacists can help improve patient outcomes and provide ready access to information to better manage medical conditions.

Pharmacists improve outcomes by counseling patients on specific diseases and the impact of medications on both short-term and chronic conditions.

Where physicians focus on diagnosing and treating diseases, pharmacists specialize in the medications to treat acute and chronic conditions. After six years of college and often post-graduate residencies, pharmacists learn about various disease states and how prescription drugs interact with the body and affect outcomes.

Medication therapy management by pharmacists has shown significant cost savings through the identification of duplicate medications for the same condition, drug interactions that cause medicines to work at cross-purposes or gaps in therapy. Monitoring the interaction of medications also is critical for patient safety.

Additionally, medication therapy management addresses patients' failure to take medications as prescribed, maybe not taking a medicine as directed or taking only partial doses. Failure to take medicine properly adds to health care costs because non-compliant individuals often have more physician or hospital visits.

Lack of compliance may be as simple as not understanding the instructions or the result of an economic issue where the patient cannot afford the prescription and takes half doses, trying to make it last longer. Pharmacists monitor refills and can ask questions to find the problem.

Pharmacists are part of the health care team. The patient's physician directs his/her care, and the pharmacist plays a supportive role, partnering with the physician to make sure the patient is getting the right medications and taking them correctly.

It is not uncommon for patients with chronic diseases to see multiple physicians, and pharmacists may not be aware of all the medications, supplements and over-the-counter outcomes drugs a patient is taking.

That's why it is so important that patients tell each doctor and pharmacist all medications – prescription or not – they take. The pharmacist can function as a



gatekeeper to keep everything straight if patient goes to one pharmacy, which frequently is the case.

Texas Pharmacy Week, which takes place Oct. 19-25, recognizes the important role of pharmacists on the health care team. Patients routinely look to pharmacists to answer questions about medications and suggest non-prescription remedies to minor issues. Like my peers around the state, I chose pharmacy as a profession because I want to help patients feel better, and I enjoy using my knowledge and training to do that.

I join my pharmacy colleagues in thanking our patients for the trust placed in us, and for the opportunity to serve you and make a difference in your life.

Charlotte Weller, Pharm.D., of Tyler is the 2014-2015 president of the Texas Pharmacy Association.



## Advocacy

### Governor Asks TPA to Take Part in Texas Task Force on Infectious Disease Preparedness and Response Public Hearing

In October, **Governor Rick Perry** asked the Texas Pharmacy Association to take part in Texas Task Force on Infectious Disease Preparedness and Response Public Hearing. Pharmacist **Philip E. Johnston**, Director of Pharmacy at St. David's Round Rock Medical Center, represented TPA as an expert witness.

Johnston represented TPA during a hearing held at the capitol on Thursday, October 23. Invited testimony from panelists included:

- Hospitals and Health Systems);
- EMS / Health Authorities)
- and Professional Associations.

The hearing focused on development of recommendations to ensure that Texas is prepared for Ebola and other infectious diseases, and to determine what the best practices are in terms of overall approach to education and actions.

Task Force Director Brett P. Giroir, M.D. introduced the final panel by stating, "Professional associations are incredibly important for disseminating information."

Johnston spoke last, following Shaw' testimony on behalf of



the Texas Hospital Association and Raimer's for the Texas Public Health Association. Shaw applauded Texas Presbyterian Hospital's efforts, and stated that hospitals in Texas are well prepared for Ebola.

"It's important that we share the right information," and not 'over-communicate'," said Shaw. He also pointed out that we are entering flu season, which may have similar initial symptoms, and urged all Texans to get their flu shots.

Johnston, who directs a level II trauma center, said that TPA encompasses all pharmacy practices, and therefore has a unique role in disseminating information.

"TPA is in the best position to help regarding education," he said.

"Though there is no medicine for Ebola, health-system pharmacists can contribute to universal precautions in preventing Ebola. It's incredibly important to ask the right questions when screening for Ebola. For community pharmacists, especially in rural areas, they may be the first contact a patient has with a medical person. So it's important to get the correct information out. TPA is getting information about infectious diseases out to pharmacists so that they, in turn can get the information out to the public. Communication is key. Often pharmacists are the most trusted source of information for their patients."



## Advocacy

### Texas Pharmacy Summit III

Earlier this year the Texas Pharmacy Practice Coalition (TPA, TSHP, and TFDS) hosted the first Texas Pharmacy Summit - an effort that brings together various pharmacy organizations in Texas to discuss issues and challenges that pharmacies and the profession of pharmacy face in today's marketplace. Many of these areas of interest will likely be addressed in the 2015 session of the Texas Legislature.

Texas Pharmacy Summit III was held yesterday, Wednesday, November 19, 2014, in San Antonio.

Participating organizations included:

- Alliance of Independent Pharmacists of Texas (AIP)
- Texas Federation of Drug Stores (TFDS)
- Texas Independent Pharmacy Association (TIPA)
- Texas Pharmacy Association (TPA)
- Texas Pharmacy Business Council (TPBC)
- Texas Society of Health-System Pharmacists (TSHP)
- Texas TruCare Pharmacies

Each organization was asked to have two practicing pharmacist officers, the chief staff person and the lobbyist in attendance.

These key decision makers were present to share their group's legislative priorities. Most of the four hour meeting was devoted to a 'pharmacy family discussion' about what our profession wants to accomplish in the coming year.

This was the last Summit prior to the upcoming session of the Texas Legislature. Starting in late January, the weekly meetings of the Pharmacy Advocacy Group (PAG) - coordinated and chaired by TPA - will resume.

### Great News! Pharmacy's Legal Challenge Reaches the Texas Supreme Court

TPA Amicus Brief on Compounding on for office use

As you may recall, earlier this year, the Texas Pharmacy Association filed a "friend of the court" brief in the Texas Supreme Court in support of the Randol Mill Pharmacy appeal to reverse a decision by the 2nd Court of Appeals that compounding pharmacists do not qualify for existing protections under the Texas Medical Liability Act when filling a physician's order for a compounded medication intended for office use.

The lower court had ruled that unless the pharmacist knows the identity of the patient the physician intends to treat with the drug, the pharmacist did not "dispense" the drug within the definition and intent of the tort reform statute. This ruling results in pharmacists NO LONGER having liability protections regarding compounded medication for office use. The future of this long-standing practice of compounding for office use would be in jeopardy.

Since the Texas Pharmacy Act expressly allows delivery of a prescription drug to an unidentified patient's agent, such as the ordering physician, TPA joined this appeal and filed the aforementioned brief on behalf of its members regarding a pharmacist's continuing status as a health care provider under the tort reform statute.

In May, the Texas Supreme Court ordered the plaintiffs to respond to the pharmacists' arguments on appeal. This mandate was a positive

sign that the Court appeared willing to accept this appeal and rule on the case. On Friday, October 24, the Supreme Court GRANTED the petition for review, and has set oral argument for Wednesday, January 14, 2015. This is very good news since only a few cases actually are accepted by the Supreme Court.



Additionally, the Court also ruled in favor of TPA's involvement by denying the Plaintiff's motion to strike TPA's amicus brief. It is important to note that there has been strong, broad-base support of the Randol Mill Pharmacy case by the pharmacy family including two TPA affiliated organizations, the International Academy of Compounding Pharmacists (IACP) and the Alliance of Independent Pharmacists of Texas (AIP), as well as the Professional Compounding Centers of America (PCCA), American Pharmacies (APrx) and others.

Now that the Court has decided to "take" the case, the final step concerns their disposition of pharmacy's appeal following oral arguments. TPA is steadfast on having the Supreme Court reverse the Court of Appeals and hold that a pharmacist is a "health care provider" under TMLA even when dispensing for a physician's office use when the pharmacist is not aware of the identity of the ultimate user/patient.



## Student Activities

### U of H Students Host Town Hall; Discuss Provider Status

On September 30th, the University of Houston College of Pharmacy students invited 2013-2014 TPA President Carole Hardin-Oliver, TPA Director of Public Affairs Justin Hudman and Texas Pharmacy Business Council's Executive Director Michael Wright to serve on a Provider Status panel. During the town hall, students received important information regarding H.R. 4190 and TPA's Provider Initiative as well as an outline of the 2015 legislative landscape.

Included in the discussion was the need for pharmacists to contact their U.S. House of Representatives to urge them to co-sponsor H.R. 4190. Currently 116 Congressional members have added their names and support to the federal Provider Status bill. Out of that 116 names, only six are a part of the Texas delegation. Texas pharmacists need to urge the other 28 Texas Congressional members to support H.R. 4190. It's important that student pharmacists and practicing pharmacists alike, contact their congressman or congresswoman to urge them to stand with their Texas pharmacists.

### TPA President Charlotte Weller, Public Affairs Director Justin Hudman Meet with P1 students at UNT

2014-2015 TPA President Charlotte Weller joined TPA Director of Public Affairs to visit with about 84 PA students at the University of North Texas Health Science Center College of Pharmacy.

The pair gave students an overview of TPA- who the organization is, and what it does. The presentation focused on the value in being a part of the pharmacy profession—the need

for pharmacists, in a highly regulated industry—to be involved and be a part of what makes their profession work.

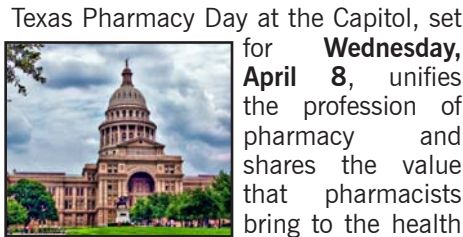
"The students clearly understood the importance of this," said Hudman. "I used the example of the Federal Provider Status bill H.R. 4190. This resonated with them, and helped them to understand that in the legislative process, you have to speak up. The old adage is that the squeaky wheel gets the grease. And if the students don't squeak, and they don't make noise for their profession, they'll just be passed over in the Texas Legislature."

"We plan to hit all colleges of pharmacy at least once before the end of the year. We'll also be reaching out to our local affiliates throughout the fall as well," said Hudman.

Twenty-five students signed up with TPA during the visit, proving that face-to-face interaction can't be underestimated.

"They were very eager, and they saw the value of advocacy and being a voice for the profession," said Hudman. "They're excited about their profession. They're excited about their future and the opportunities they'll have—to help patients, and to help people get better."

### 2015 TPA LEADERSHIP SYMPOSIUM APRIL 6-8 TEXAS PHARMACY DAY AT THE CAPITOL



Texas Pharmacy Day at the Capitol, set for **Wednesday, April 8**, unifies the profession of pharmacy and shares the value that pharmacists bring to the health care team with our elected officials serving in the Texas Legislature. This day provides an opportunity for students and pharmacists to meet and work with their elected officials and in doing so help to shape public policy impacting the profession of pharmacy.

The first step to becoming involved is knowing who represents you and/or your community. Visit [www.fyi.legis.state.tx.us](http://www.fyi.legis.state.tx.us) to enter your location to find your legislator.

Register for the 2015 TPA Leadership Symposium at:  
[www.texaspharmacy.org](http://www.texaspharmacy.org)

### HOTEL INFORMATION

**Sheraton Austin at the Capitol**  
701 East 11th Street  
Austin, TX 78701  
Reservations: 512-478-1111

<b>TPA plans to travel throughout the state hitting college campuses and local affiliates this fall and winter to talk about our Provider Initiative.</b>	
University of Houston College of Pharmacy	9/22/2014
Texas Southern University College of Pharmacy and Health Sciences	9/24/2014
University of Houston College of Pharmacy	9/30/2014
University of the Incarnate Word Feik School of Pharmacy	10/3/2014
University of North Texas UNT System College of Pharmacy	10/6/2014
University of Houston College of Pharmacy	10/24/2014
Texas A&M Health Science Center Irma Lerma Rangel College of Pharmacy	11/13/2014
Texas Tech University Health Sciences Center School of Pharmacy	1/20/2015
University of Texas at Austin College of Pharmacy	2/25/2015





## Association News

### Member Spotlight: Anna Brozick Texas A&M (Kingsville)

How many pharmacists can say that they are classically trained musicians? Anna Brozick can. Brozick, who is the Assistant Professor of Pharmacy Practice, Director of Introductory Pharmacy Practice Experience (IPPE) at Texas A&M (Kingsville), is a French horn player who still plays publicly when she can.

"I've had a unique career path towards pharmacy," says Brozick, a native Houstonian. "I started out bachelors and masters degrees in music— not the most practical career choice."

After a stint teaching high school geometry for three years, Brozick turned her attention towards healthcare.

"I've always had an interest in healthcare, but didn't know what I wanted," says Brozick. "When I realized you didn't have to be knee-deep in blood and guts to be in the field, I began to think that pharmacy would be a good fit. It was an instinctual realization."

#### Pharmacist Fast Track

To become a pharmacist, Brozick got on the fast track, taking 48 undergraduate credits in one calendar year at Houston's Lone Star College so she could start pharmacy school the following fall. In 2003, she started Midwestern University Chicago College of Pharmacy, and as part of an accelerated three-year program, she earned her Pharm.D. in 2006.

For the next five years, Brozick racked up a wide variety of experience, including patient care pharmacist in oncology, home infusion, and hospice; hospice consultant pharmacist; IV clean room supervising pharmacist;

emergency room clinical pharmacist, and community pharmacist.

That career path well-prepared Brozick for her role at A&M.

"I've always had an interest in teaching," says Brozick. "It was a perfect moment because I was ready for more opportunities in my career when the job at A&M opened up. I've had quite a breadth of exposure, so that was a good match. As director, I recruit preceptors— pharmacists and sites to be actively engaged in a teaching of pharmacy students during their rotation experiences. I was a preceptor myself from 2008-11."

Brozick teaches a total of five classes, and says, "For me, the best part is working with students and nurturing their professional development. I'm with them on their first day of classes, and the last day of their third year. Bringing them through professional growth—providing them with academic advice, helping them with how to prepare for exams, career guidance, and talking about their career path."

Brozick has been a TPA member since 2008. And as an active member, she attends meetings, and participated as a presenter at this past summer's conference.

"For me, TPA is about networking— meeting other pharmacists," says Brozick. "I believe TPA is essential to really create one voice for our profession, and to understand the needs of pharmacy not only internally, but to listen to what the external organizations are saying to meet the needs



of patients. I believe in the power of team-based collaboration to move our profession forward."

**Visit [www.texaspharmacy.org](http://www.texaspharmacy.org)  
to see all Member Spotlights**

- Kalyn Marie Acker (Austin)
- Angela Franklin Aguilar, (Austin)
- Lydia L. Aguilera (Edinburg)
- Stephanie Alvarado (San Antonio)
- Bruce Biundo (Houston)
- Michelle Beall (Marshall)
- Stephanie Bishop (Temple)
- Anna Brozick (Kingsville)
- John Russell Carson (San Antonio)
- Ron Cheyne (Granbury)
- Ellen Church (Fort Worth)
- Barry Coleman (Dallas)
- Royce G. Cook (Kerrville)
- Mark D. Comfort (Austin)
- Christopher M. Dembny (Richardson)
- Gay Dodson (Austin)
- Jennifer Fix, (Haltom City)
- Stephanie Garza- (Edinburg)
- Eric Ho (Dallas)
- Marshall A. George (Austin)
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- Lisa Killam-Worrall (Denton)
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- Mark Newberry (Austin)
- Frank North (Houston)
- Oren Peacock (Sasche)
- Mark Peippo (Potttsboro)
- Steve L. Rodriguez (Plano)
- Dennis Song (Flower Mound)
- Allyson Thrall (Houston)
- Anjanette Wyatt (Houston)



# Education

- Live Webinar - Pharmacist Provided Immunizations: 2014 Update and Key Opportunities ..... December 3, 2014
- Live Webinar - Providing Americans with Trustworthy Information on Ebola ..... December 4, 2014
- Live Webinar - Pharmacist Provider: What it Means for Texas Pharmacists ..... December 10, 2014
- 2015 TPA Leadership Symposium ..... April 7-8 2015
- 2015 TPA Annual Conference ..... July 10-12, 2015

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**Save the Date! TPA Conference & Expo • July 10-12, 2015**  
**The Woodlands Waterway Marriott Hotel & Convention Center**



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