



Bridging the "Advocacy" Gap: Applying Lessons Learned from Non-Pharmacy Initiatives to the Achievement of Provider Status

Moderator:

Mindy Burnworth, PharmD, FASHP, FAzPA, BCPS

Professor of Pharmacy Practice

Midwestern University College of Pharmacy

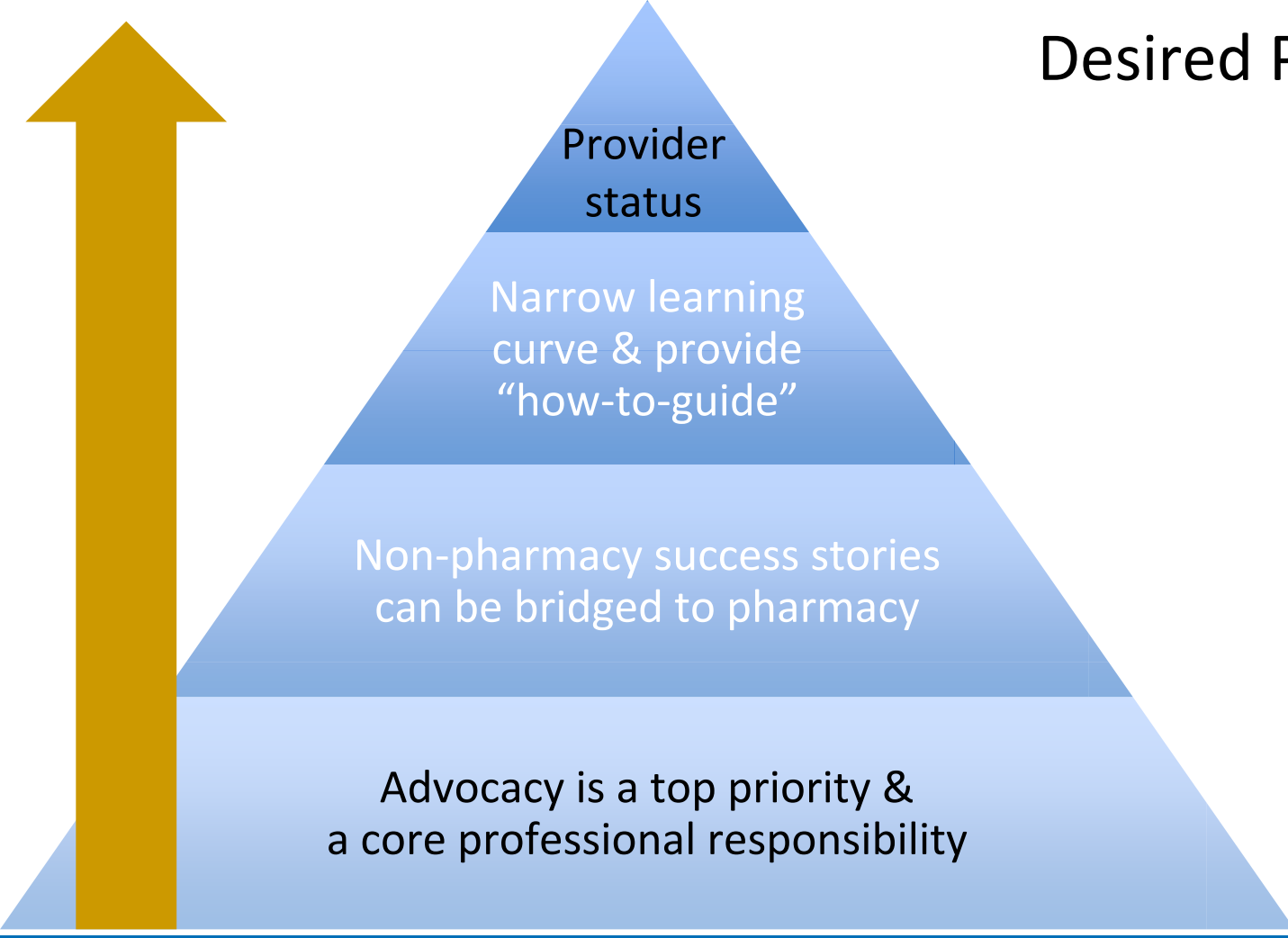
Glendale, Arizona

mburnw@midwestern.edu

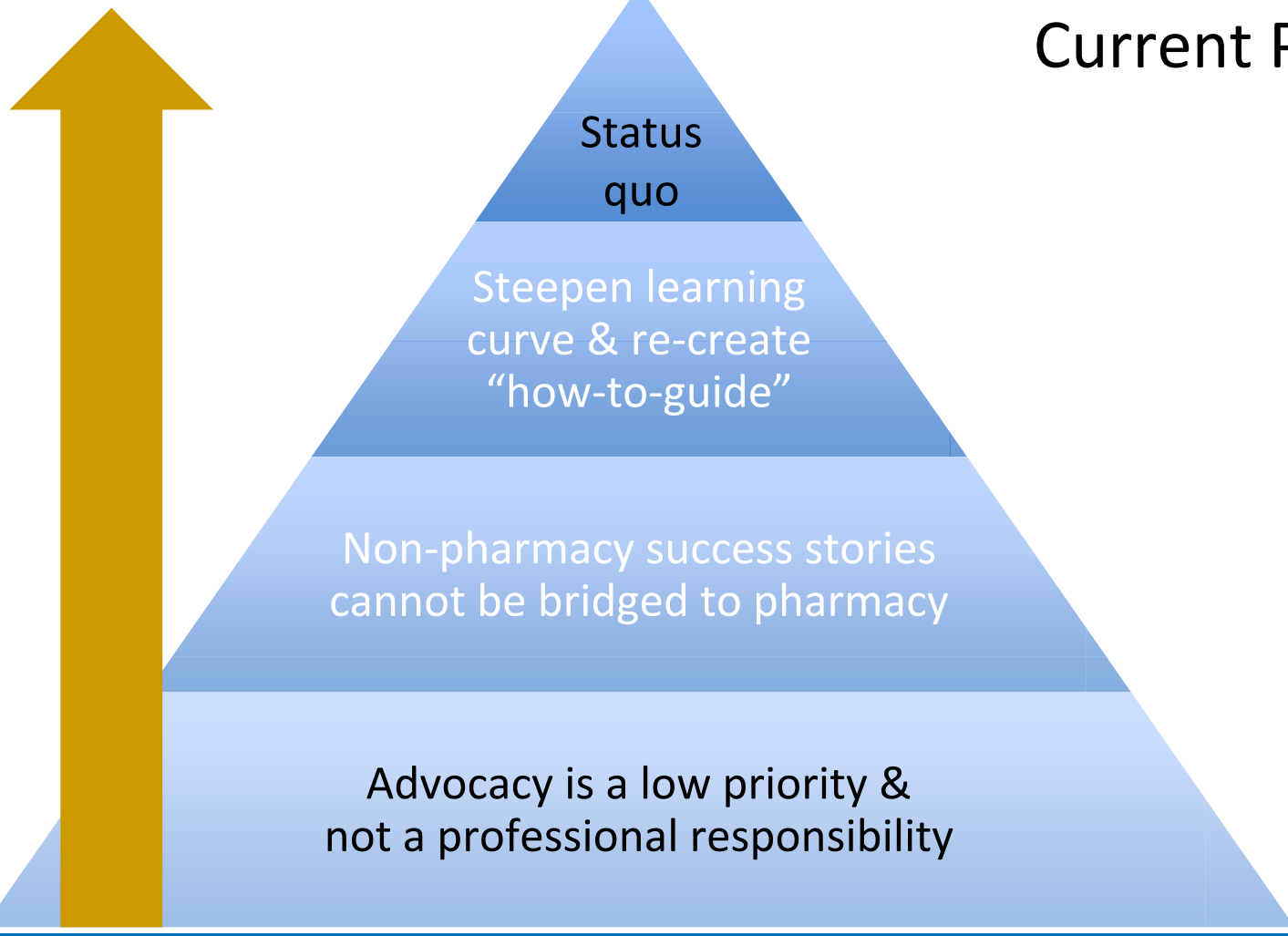
Disclosures

- All planners, presenters, reviewers, and ASHP staff of this session report no financial relationships relevant to this activity.

Desired Practice



Current Practice



Learning Objectives

- Outline the importance of advocacy to the profession of pharmacy
- Apply lessons learned from the National Organization for Rare Disorders advocacy for the Orphan Drug Act
- Apply lessons learned from nurse practitioner efforts to successfully attain provider status
- Identify key strategies that can be used to attain provider status for pharmacists



LO1. Outline the importance of advocacy to the profession of pharmacy

Mindy Burnworth, PharmD, FASHP, FAzPA, BCPS
Professor of Pharmacy Practice
Midwestern University College of Pharmacy
Glendale, Arizona
mburnw@midwestern.edu

ashp

pharmacists advancing healthcare®

TOP
WORK
PLACES
2016

The Washington Post

Rx

Personal

Professional

ashp MIDYEAR 2018
Clinical Meeting & Exhibition



Personal

Professional

How nurse practitioners obtained provider status: Lessons for pharmacists

JOHN MICHAEL O'BRIEN

Pharmacy practice has evolved into a comprehensive set of clinical, consultative, and educational services. Thirty-nine states, the Department of Veterans Affairs, and the Indian Health Service have all recognized the value of pharmacist services in collaborative drug therapy management.¹ However, these services are not recognized under Title XVIII of the Social Security Act.² Inclusion in this section determines reimbursement eligibility under Medicare and is referred to as provider status. The Pharmacist Provider Coalition—made up of the American Society of Health-System Pharmacists, the American Pharmacists Association, the American College of Clinical Pharmacists, the American Society of Consultant Pharmacists, the College of Psychiatric and Neurologic Pharmacists, the American Association of Colleges of Pharmacy, and the Academy of Managed Care Pharmacy—is currently seeking provider status for pharmacists.

Provider status is vital to the recognition and sustainability of a health care profession. Health sys-

Abstract: The history of nurse practitioners, their efforts to achieve provider status, and lessons learned from their activism are discussed.

The nurse practitioner profession arose out of a need to meet a rising demand for primary care services, especially in rural areas. Some nurses and physicians vehemently opposed the nurse practitioner model, but studies documented the value of nurse practitioner services, and the utilization of these practitioners continued to grow. Compensation was provided via salary or per-member-per-month agreements. Nurse practitioners recognized that direct federal reimbursement (provider status) was needed to recognize them as independent health care providers and assign specific monetary values to their services, so they undertook an aggressive lobbying campaign. Contacts on Capitol Hill were exploited, and nursing organizations encouraged nurse practitioners to get involved in grass-roots activism. Nurse practitioners discussed their patients during meetings with their representatives in Congress, and

legislators were invited to make site visits. In 1993, the American College of Nurse Practitioners was formed to unite the profession and move the campaign forward. Ultimately, the Balanced Budget Act of 1997 granted nurse practitioners provider status and authorized them to bill Medicare directly for services furnished in any setting. The key strategies that contributed to this victory were (1) gaining recognition that nursing had the potential to expand its role, (2) documenting nurse practitioners' value, (3) establishing standards in education and credentialing, (4) using professional organizations to empower individuals, and (5) being willing to accept small, incremental gains over time.

The experience of nurse practitioners in obtaining Medicare provider status offers valuable lessons for pharmacists as they pursue the same goal.

Index terms: Health benefit programs; Lobbying; Nurse practitioners; Politics; Reimbursement

Am J Health-Syst Pharm. 2003;60:2301-7

tems must subsidize the nonreimbursable activities of their employed professionals or choose not to offer their services. Also, other public and

private insurers refer to the Social Security Act to define covered medical and health services. Services not covered by insurance are often not es-

JOHN MICHAEL O'BRIEN, PHARM.D., is Manager, Government Affairs, Sankyo Pharma, Inc., Parsippany, NJ; when this article was written he was Executive Resident in Association Management, American Society of Health-System Pharmacists, Bethesda, MD.

Address correspondence to Dr. O'Brien at 5225 Pooks Hill Road, Suite 1827N, Bethesda, MD 20814 (ashpresident@yahoo.com).

The contributions of Nancy Sharp, R.N., M.S.N., FAAN, and

William A. Zellmer, M.P.H., are acknowledged.

Presented at the ASHP Annual Meeting, Los Angeles, CA, June 2, 2001.

Copyright © 2003, American Society of Health-System Pharmacists, Inc. All rights reserved. 1079-2082/03/1102-2301\$06.00.

How ni **Abbey Meyers: The "Mother" of Invention**

Oct 01, 2011 By Jennifer Ringler
Pharmaceutical Executive



Abbey Meyers Founder,
National Organization of Rare
Disorders

In 1982, the medication Abbey Meyers' son was taking to treat his Tourette's syndrome was only available as part of a clinical trial. The drug, from Johnson & Johnson, was initially intended to treat another, more common disease—so when the drug didn't show enough promise for its intended indication, Meyers' son was suddenly out of options. "One day my son's physician said, 'The company has stopped developing the drug. There are not enough people with Tourette's to make it a

big enough market," she recalls. "And that struck me as really odd, because it was Johnson & Johnson, which had such a great reputation for being the company that takes care of babies."

Meyers refused to take no for an answer. She called other families with rare diseases, sent letters to major publications, and ruffled feathers. Others heard her story and shared similar experiences, where their children—because their disorders weren't common enough to bank on—were not getting the medication or treatment they needed.

J&J eventually got wind of the hoopla and called a meeting with Meyers. The drug company's position was: "We are responsible to our stockholders, and we can't develop a drug for such a small number of people." Looking back, Meyers says, "I thought to myself, I own stock. Not in J&J, but I'm a stockholder like everybody else. I don't want to invest in any company that is so callous that they would let children suffer."

Pharmacy practice into a comprehensive, clinical, consultational services. The Department of and the Indian Health all recognized the best services in collaborative management. services are not Title XVIII of the Social Security Act in this reimbursement Medicare and is provider status. The Provider Coalition—made up of the American Society of Homeopaths, the American Association of Clinical Pharmacists, the American Society of Consultant Pharmacists, the College of Psychiatric Pharmacists, the Association of College and the Academy of Pharmacy—is currently working on provider status for pharmacists. Provider status recognition and support for health care profes

JOHN MICHAEL O'BRIEN
Sanikyo Pharma, Inc.,
he was Executive Resi
Society of Health-Syste
Address correspond
Suite 1827N, Bethesda,
The contributions

Oct 01, 2011 By Je
Pharmaceutical ExecAbbey Meyers Fo
National Organiza
Disordersbig enough mar
because it was
being the compMeyers refused
diseases, sent li
heard her story
children—beca
on—were not geJ&J eventually c
The drug comp:
and we can't de

back, Meyers says, "I thought to myself, I own stock. Not in J&J, but I'm a stockholder like everybody else. I don't want to invest in any company that is so callous that they would let children suffer."

Pharmacy pra
into a comp
clinical, cons
national services. ↑
the Department of
and the Indian H
all recognized the
cist services in colla
apy management.
services are not i
Title XVIII of the S
Inclusion in this s
reimbursement i
Medicare and is r
vider status. The P
Coalition—made i
can Society of He
macists, the Ame
Association, the A
Clinical Pharmact
Society of Consul
the College of Psy
rologic Pharmact
Association of Coll
and the Academy
Pharmacy—is cur
vider status for pha
Provider status
ognition and su
health care profes

JOHN MICHAEL O'BRIEN
Sanikyo Pharma, Inc., ↓
he was Executive Resi
Society of Health-Syste
Address correspond
Suite 1827N, Bethesda,
The contributions i

Format: Abstract ▼

Send to

[J.Pharm Pract.](#) 2013 Jun;26(3):165-70. doi: 10.1177/0897190013482333. Epub 2013 Apr 3.

Igniting the fire within: a primer on political advocacy for pharmacy professionals.

Gohlke AL,¹ Murphy KM, Cannell ME, Ray DB, Burnworth MJ.

Author information

Abstract

Due to the expanding role of pharmacy in health care, it is imperative that pharmacy professionals work together to advocate for the profession. An English-language only literature search was conducted of the PubMed and Medline databases using the key words advocacy, grassroots, political action committee, lobbying, politics, political action, legislation, letter writing, pharmacy, pharmacist, Capitol Hill. Up-to-date information regarding pharmacy-specific advocacy was limited and difficult to locate. Information from the literature search was supplemented with interviews of professionals actively engaged in advocacy, personal experience, and Web sites of national pharmacy organizations. This primer ignites the fire for political advocacy within pharmacy professionals by reinforcing the significant impact that advocacy has on the profession and by providing information on how to become involved. The primer provides a comprehensive "pocket guide" of resources combined into an easy-to-use reference for pharmacy professionals and outlines a structured approach on how to become a pharmacy advocate, ranging from a minimal level of involvement to master political activist, and to promote interest among pharmacy professionals to become more engaged with advocacy. Even a small act of advocacy or volunteerism can transform a spark into a raging fire.

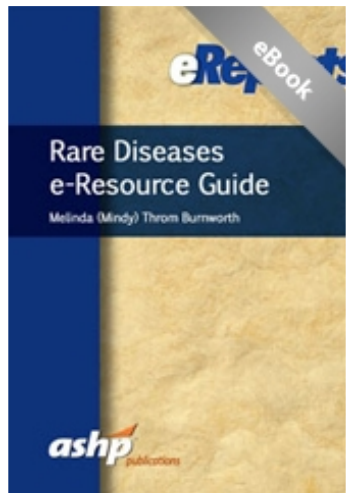
KEYWORDS: grassroots; pharmacy; political advocacy; politicsPMID: 23553545 DOI: [10.1177/0897190013482333](#)

[Indexed for MEDLINE]



Personal

Professional



advocacy

noun | ad·vo·ca·cy | \ 'ad-və-kə-sē \

Popularity: Top 20% of words | Updated on: 6 Aug 2018

Definition of ADVOCACY

: the act or process of supporting a cause or proposal

ASHP Statement on Advocacy as a Professional Obligation

Source: Council on Public Policy

To approve the ASHP Statement on
Advocacy as a Professional Obligation.



House of Delegates

Policies Approved by the 2018 ASHP House of Delegates

ASHP Statement on Advocacy as a Professional Obligation

Position

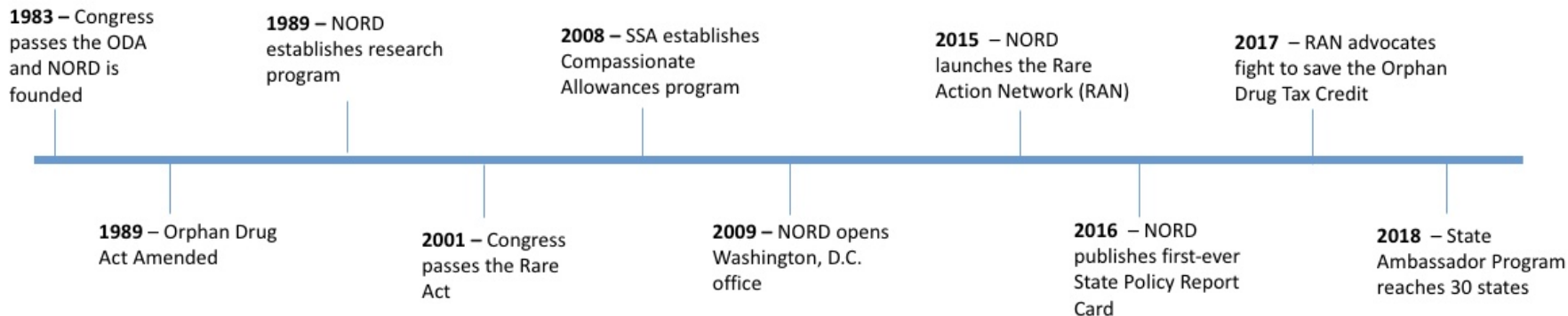
ASHP believes that a pharmacists have a professional obligation to advocate on behalf of patients and the profession. Pharmacists should stay informed of issues that affect medication-related outcomes and advocate on behalf of patients, the profession, and the public. These issues may include legal, regulatory, financial, and other health policy issues, and this obligation extends beyond the individual practice site to their broader communities. ASHP recognizes that to fulfill this obligation, training and education is needed. ASHP urges all pharmacists to accept this responsibility and to be advocates both within and outside the profession, in the community, and in society as a whole to strengthen the care of our patients.



LO2. Apply lessons learned from the National Organization for Rare Disorders advocacy for the Orphan Drug Act

Tim Boyd, MPH
Director of State Policy
National Organization for Rare Disorders
Washington, DC
tboyd@rarediseases.org

NORD Advocacy Timeline



What was the Problem?

- In the decade before 1983, only 10 new treatments were brought to market by industry for diseases that today would be defined as rare.
- A total of 34 orphan therapies approved by the FDA



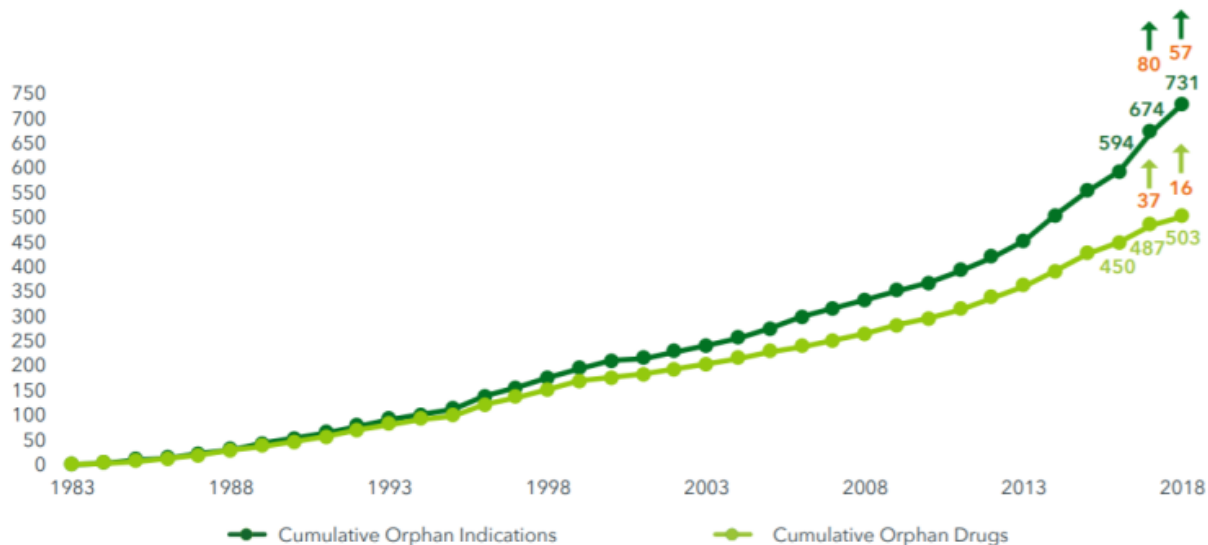
What Does the Orphan Drug Act Do?

1. Allows companies to claim a tax credit of up to ~~50%~~ 25% of their qualified clinical testing expenses
2. Orphan Drug Clinical Trials Grant Program: Approximately \$18 million in grants per year
3. FDA User Fee exemption
4. Market exclusivity (7 years)



Did It Work?

Exhibit 3: Number of Orphan Indications and Orphan Drugs 1983-2018



Source: FDA Orphan Drug Database; Drugs@FDA Database, FDA websites; IQVIA Institute, Sep 2018

Note: The graphic was created using a curated list of orphan indications and approvals based on the FDA Orphan Drug Database. Includes drug approvals through Aug 2018.

What Did it Take?

- Connecting policymakers to the people affected by the policy
- Multi-stakeholder engagement
- Trusting the experience of patients and families
- Keeping tabs on policy implementation (why NORD was created!)

Orphan Drugs: A Global Crusade

This book of Ms. Meyers memoirs is her effort to document the issues that led to enactment of the "Orphan Drug Act of 1983", and the extraordinary scientific and industrial progress that ensued, including the development of Orphan Drug legislation in other industrialized countries around the world.

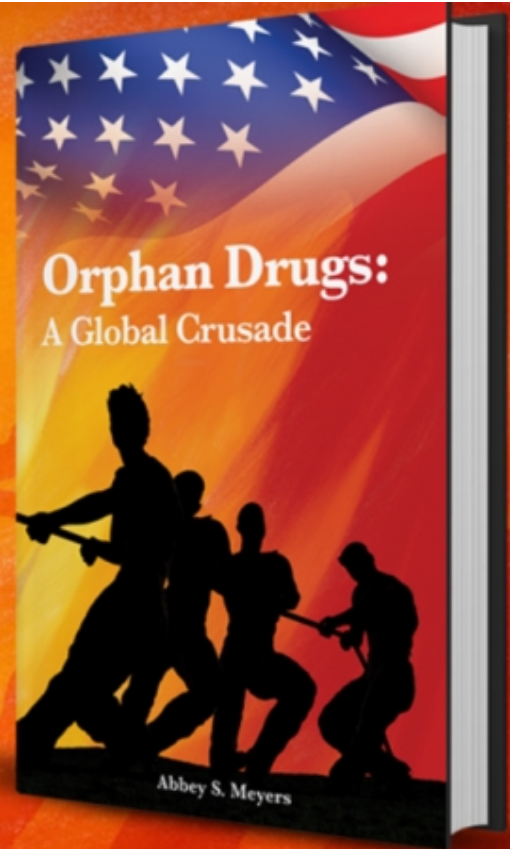


More about Orphan Drugs:
A Global Crusade



Download the electronic
book at no cost

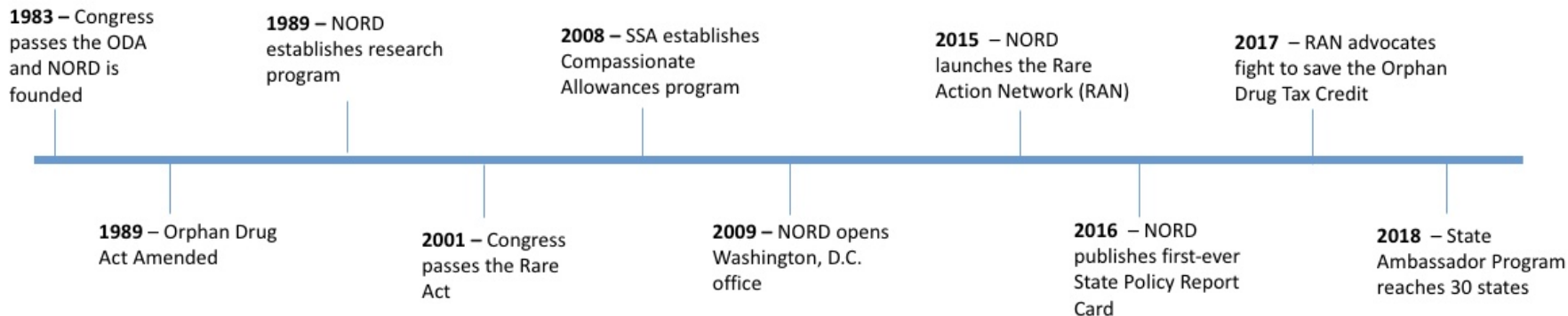
For a printed copy of the soft cover book click on "[Contact Me](#)".
Further details regarding shipping and handling costs will be
returned to you via email.



ODA Legacy Continues Today



NORD Advocacy Timeline



Current Challenges

- 1) Re-engaging new generations of leaders and advocates
- 2) Dealing with success and keep the patient community united
- 3) Re-evaluating the underlying policy
How is it working?
Where can it be improved?

Exercise

- Think-pair-share two "lessons learned" from rare disease advocacy that you can directly apply to the pharmacy profession



LO3. Apply lessons learned from nurse practitioner efforts to successfully attain provider status

John Michael O'Brien, PharmD, MBA
Advisor to the Secretary
U.S. Department of Health and Human Services (HHS)
Washington, DC

NP Advocacy Timeline

Year	Action	Details
1974	S. 3644 introduced by Sen. Inouye, H. Rep. 15867 introduced by Rep. Matsunaga ³⁰	A bill to amend the Social Security Act to provide for inclusion of the services of licensed (registered) nurse practitioners under Medicare and Medicaid.
1977	Rural Health Clinic Act ³¹	Mandated that 50% of services in funded rural health clinics be provided by nurse practitioners, certified nurse-midwives, and physician assistants.
1979	Nurse Training Act	Mandated a study to assess nursing education, recommend distribution in underserved areas, and suggest actions to encourage nurses to remain active in the profession. ¹⁹
1983	Institute of Medicine report: "Nursing and Nursing Education: Public Policies and Private Actions" ¹⁹	Documented the productivity gains and cost reductions achieved by advanced-practice nursing. Recommended federal support for advanced-practice nurse education, modification of state practice acts that inhibit advanced-practice nursing, and payment for advanced-practice nursing services by Medicare, Medicaid, and other public and private payment systems.
1986	Office of Technology Assessment report: "Nurse Practitioners, Physician Assistants, and Certified Nurse-Midwives: A Policy Analysis" ²⁰	"Within their areas of competence nurse practitioners provide care whose quality is equivalent to that of care provided by physicians . . . [Nurse practitioners] are more adept at providing services that depend on communication with patients and preventive action."

NP Advocacy Timeline

1989	Omnibus Budget Reconciliation Act of 1989 ³²	Provided limited reimbursement for nurse practitioners collaborating with physicians in rural areas and established Medicaid payments for pediatric or family nurse practitioners. Created the Resource-Based Relative Value Scale (RBRVS), a mechanism for calculating Medicare payments to physicians, and called for a study on the impact of RBRVS on nonphysician providers.
1991	Primary Care Health Practitioner Incentive Act of 1991 (stalled in committee) ³³	Amended Title XVIII of the Social Security Act to provide for increased Medicare reimbursement of nurse practitioners, clinical nurse specialists, and certified nurse-midwives and to increase the delivery of health services in underserved areas.
1992	Survey evaluating need for unified national organization	Representatives of state and national nurse practitioner organizations acknowledged the need for a national forum to discuss issues common to all nurse practitioners, regardless of their clinical specialty. ⁴²
1993	Invitational Nurse Practitioner Leadership Summit	National Nurse Practitioner Coalition (NNPC) formed to provide nurse practitioners nationwide with information and to support direct involvement in lobbying, advocacy, and health care policy formation. ³⁴
1996	Reimbursement task force created by American College of Nurse Practitioners (ACNP)	ACNP (formerly NNPC) coordinated a national grass-roots effort to spur nurse practitioner involvement in activism. ³⁴
1997	Balanced Budget Act of 1997 ³	Granted provider status to nurse practitioners and authorized nurse practitioners to bill Medicare directly for services furnished in any setting.

Exercise

- Think-pair-share two "lessons learned" from nurse practitioner advocacy that you can directly apply to the pharmacy profession



LO4. Identify key strategies that can be used to attain provider status for pharmacists

Jeff Little, PharmD, MPH, BCPS, FACHE
Chair, ASHP Advocacy and PAC Advisory Committee
Director of Pharmacy
Saint Luke's Hospital
Kansas City, MO
jlittle@saint-lukes.org

Nurse Practitioner Lessons for Pharmacists

- Key strategies that contributed to non-pharmacy victories
 - Gaining recognition that nursing had the potential to expand its role
 - Documenting nurse practitioners' value
 - Establishing standards in education and credentialing
 - Using professional organizations to empower individuals
 - Being willing to accept small, incremental gains over time

Gaining recognition the profession had the potential to expand its role



Improving Patient and Health System Outcomes through Advanced Pharmacy Practice

A Report to the U.S.
Surgeon General 2011

Office of the Chief Pharmacist

2011 USPHS Report to the Surgeon General

- “One of the most evidence-based decisions to improve the health system is to maximize the expertise and scope of pharmacists and minimize expansion barriers of an already existing and successful health care delivery model.”
- Endorsed by the Surgeon General

Documenting value



The screenshot shows the ASHP PAI (Practice Advancement Initiative) website. At the top left is the ASHP PAI logo with the tagline 'Practice Advancement Initiative'. To the right is a 'Google Custom Search' box. Below the logo is a navigation menu with links for Home, Overview, Education, Tools & Resources, Supporting Evidence, and Contact. The main content area features a large image of a file folder with a tab labeled 'Research'. Below the folder, there are 'Print' and 'Share' icons. On the left side, there are two sub-sections: 'Supporting Evidence' and 'Pharmacists and Outcomes'. The 'Pharmacists and Outcomes' section contains a paragraph of text and a bulleted list of three categories: Inpatient/Institutional, Alternative Location, and Outpatient/Ambulatory Care/Retail.

ashp[®] **PAI**
Practice Advancement Initiative

Home Overview Education Tools & Resources Supporting Evidence Contact

Research

Print Share

Supporting Evidence

Pharmacists and Outcomes

Below you will find many valuable articles on the diverse ways in which pharmacists on healthcare teams significantly improve patient care. Researchers, led by Marie A. Chisholm-Burns, Pharm.D., M.P.H., FASHP, found that involving pharmacists in direct patient care activities has favorable effects, including reducing adverse drug events and improving outcomes for patients with chronic diseases. [Learn more about this research.](#)

- **Inpatient/Institutional**
- **Alternative Location**
- **Outpatient/Ambulatory Care/Retail**

Documenting value

↳ US Pharmacists' Effect as Team Members on Patient Care *Systematic Review and Meta-Analyses*

Marie A. Chisholm-Burns, PharmD, MPH, FCCP, FASHP,† Jeannie Kim Lee, PharmD, BCPS,*
Christina A. Spivey, PhD, LMSW,* Marion Slack, PhD,* Richard N. Herrier, PharmD,*
Elizabeth Hall-Lipsy, JD, MPH,‡ Joshua Graff Zivin, PhD,§ Ivo Abraham, PhD, RN,*
John Palmer, MD, PhD,¶ Jennifer R. Martin, MA,|| Sandra S. Kramer, MA,||
and Timothy Wunz, PhD***

(Med Care 2010;48: 923–933)

Establishing standards in education and credentialing

Credentialing and privileging of pharmacists: A resource paper from the Council on Credentialing in Pharmacy

COUNCIL ON CREDENTIALING IN PHARMACY

Am J Health-Syst Pharm. 2014; 71:1891-1900

Establishing standards in education and credentialing

SPECIAL FEATURES

Elevating pharmacists' scope of practice through a health-system clinical privileging process

Am J Health-Syst Pharm. 2016; 73:1395-405

Establishing standards in education and credentialing

- Should provider status legislation include credentialing/education/training standards?

Using professional organizations to empower individuals

- National pharmacy organizations
- State affiliates
 - Provider status legislation
 - Practice act updates

Joint Commission of Pharmacy Practitioners

Pharmacy Collaborating for a Healthy America

MEMBER ORGANIZATIONS



Being willing to accept small, incremental gains over time

- Medically Underserved Areas (MUAs)
- Medically Underserved Populations (MUPs)

Exercise

- Think-pair-share two "lessons learned" from nurse practitioner advocacy that you can directly apply to the pharmacy profession

KEY TAKEAWAYS

- 1) **ADVOCACY IS IMPORTANT FOR THE PROFESSION OF PHARMACY AND A PROFESSIONAL RESPONSIBILITY.**
- 2) **WORK SMARTER, NOT HARDER.**
- 3) **STORIES, STORIES, STORIES.**
- 4) **NETWORK IN NUMBERS.**

Provider Status



It's All About the Patient

Achieving provider status is about giving patients access to the valuable care that you provide. Becoming a "provider" in the Social Security Act means that pharmacists can participate in Part B of the Medicare program and bill Medicare for services that are allowed under their state scope of practice.

Personal

Professional



Bridging the "Advocacy" Gap: Applying Lessons Learned from Non-Pharmacy Initiatives to the Achievement of Provider Status

Moderator:

Mindy Burnworth, PharmD, FASHP, FAzPA, BCPS

Professor of Pharmacy Practice

Midwestern University College of Pharmacy

Glendale, Arizona

mburnw@midwestern.edu