

Q & ACA

Helping patients navigate health reform changes

By Jim Frederick

As the massive changes wrought by the Affordable Care Act reach a crescendo in early 2014, who are Americans turning to for help navigating the complexities of a health system in transformation? In many cases, it's to the nation's most accessible health-and-wellness providers: community pharmacists.

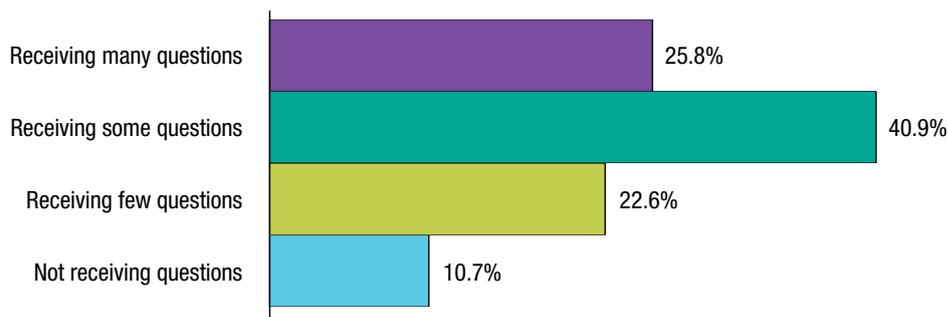
Those professionals are more than willing to help. But despite early pledges from Department of Health and Human Services Secretary Kathleen Sebelius that "our pharmacy partners are helping their customers make informed healthcare decisions" around health reform, many pharmacists are still grappling with the ACA's complexities themselves, and some may feel almost as confused about what it means for their practices and the health system as their patients are.

"I feel like I'm not prepared at all," said one pharmacist for a major supermarket pharmacy chain. "I just have the understanding from what's out there in the media. I've looked at the ACA a little and some of the work we've done with our residents as to what some of the impact could be as far as preventive care, how we can have an impact with some of the cognitive services and open up our scope of practice a little bit," the pharmacist said. "But I feel totally inadequate about the nitty-gritty about enrollment, and what's covered and not covered."

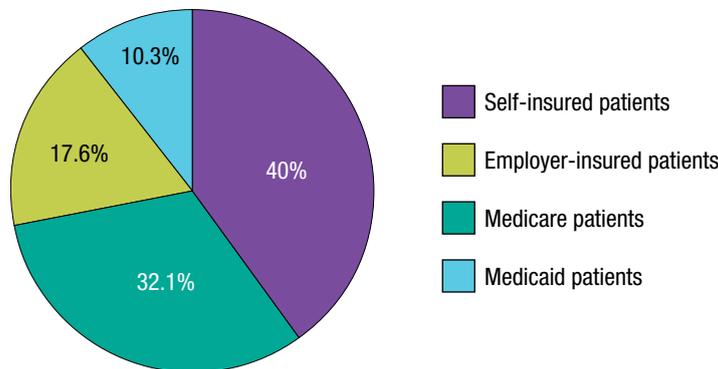
The accelerating implementation of health reform has handed pharmacists, in particular, a double-edged sword. On the one hand, the law is elevating their status as health professionals by establishing new models for outcomes-based patient care, such as collaborative care and wellness initiatives involving teams of pharmacists, physicians and other health professionals, as well as medical homes and accountable care organizations. But pharmacists also are being called on to guide millions of Americans through a maze of regulations amid a health system that's still in rapid transformation mode.

"People ask us all kinds of questions because

ARE YOU RECEIVING QUESTIONS THESE DAYS RELATED TO HEALTH REFORM AND THE AFFORDABLE CARE ACT?



IN GENERAL, FROM WHOM ARE YOU GETTING THE BULK OF THE QUESTIONS?



Source: *Drug Store News* fielded an online survey from Jan. 13 to 17, with 348 pharmacists responding.

I guess they think we know," said one pharmacy manager. "We know drug therapy, but we don't really know what the nuances of an insurance plan are."

"It's interesting that the ACA may have pharmacists be providers for things like smoking cessation or diabetes services," he added. "But as far as answering patients' questions about what [health reform] looks like for them, I really don't have any idea."

Like the rollout of the Medicare Part D drug benefit program in 2006, the step-by-step unveiling of the health reform law has been fraught with missteps, uncertainty and confusion — some of which was almost inevitable with so big a change. Then, as now, community pharma-

cists found themselves being thrust into the role of information resource and guide for patients stymied by the complexity of the drug benefit plan and in urgent need of help to navigate the changes.

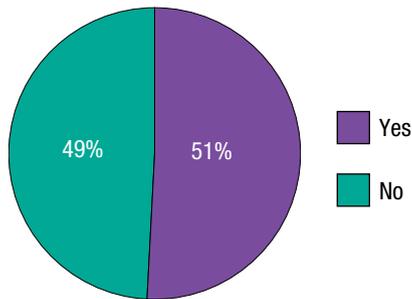
Today, that need is orders of magnitude greater. The confusion surrounding implementation of the Medicare drug benefit program eight years ago pales in comparison with the problem-plagued rollout of the ACA, particularly with its creation of state-based health exchanges where millions of Americans have sought insurance coverage, many for the first time.

A massive technology fix by the HHS has overcome many of the initial snags that frustrated Americans' early attempts to enroll

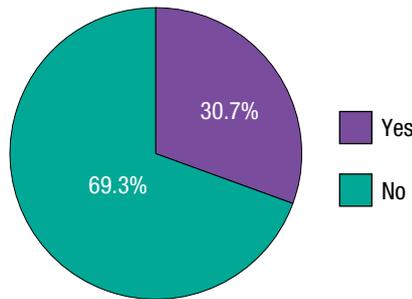
Do you take the new state-sponsored plan?

Are my co-pays going up?

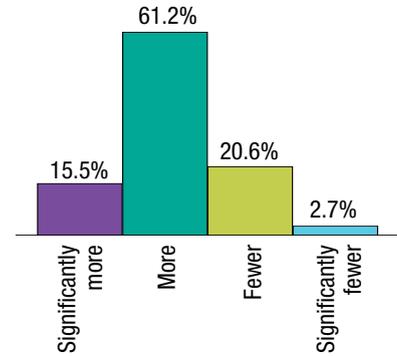
ARE YOU OFFERING MORE COMPREHENSIVE MEDICATION REVIEWS (CMRS) TO YOUR PATIENTS?



ARE YOU GETTING QUESTIONS FROM PATIENTS ABOUT CMRS?



WOULD YOU SAY YOU GET _____ QUESTIONS FROM PATIENTS ABOUT GENERIC OR PREFERRED BRAND DRUG SWITCHING THAN YOU DID A YEAR AGO?



in coverage plans through the exchanges at Healthcare.gov. But millions of Americans are still struggling with questions over enrollment, and millions more are still without any coverage. What's more, the sweeping health reform law has a far more profound impact on the nation's health system than did the rollout of Part D, with far wider-ranging effects as a transforming agent of change.

That puts pharmacists at or near the epicenter of patients' engagement with the new health coverage framework mandated by reform.

"Pharmacists are the frontline professional healthcare individuals that patients come to within their communities during times of change and need for advice, assistance and expertise," said Tim Weippert, EVP pharmacy for 87-store Thrifty White Pharmacy. However, he added, "pharmacists are resourceful and work to engage other members of the healthcare team, such as physicians, physicians' assistants, nurse practitioners and nurses."

"Patient engagement warrants this collaboration," he added.

Weippert said the Plymouth, Minn.-based chain worked hard to prepare its practitioners for the changes ushered in by the sprawling health reform law. Its pharmacists, he told *DSN Collaborative Care*, "were prepared to work with their patients to make sure they had access to their medications and [to assist] them with any questions and concerns about their insurance coverage and other questions." To that end, company pharmacists had access to "resources available internally and externally to them to assist their patients ... with the end goal of taking care of their patients' needs."

Patients are coming to Thrifty White phar-

macy counters with many questions about coverage options, eligibility and costs, Weippert said. Among them, he said, are these:

- "Where can I get information on the health reform law, including websites that will tell me about options?"
- "Who can help me choose the right insurance plan?"
- "I have coverage and my plan is on file, but my medication is no longer covered, even though I was told it would be."
- "I have coverage, but because of enrolling late, my eligibility hasn't been loaded into my plan's system yet. What do I do now?"

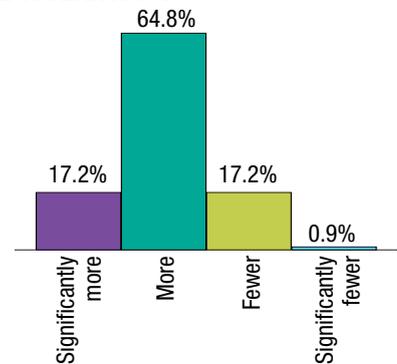
According to one pharmacy manager, the chief concern voiced by his patients is: "How much is this going to cost me on this plan?" But retail pharmacists, he said, are not really equipped to answer that question.

"We have to be honest with them and say we don't really know. There's no worldwide system out there that we can go to plug in their drug to that plan and see what [cost or eligibility] comes out. I don't see anyone from the health exchanges emailing us as providers and saying, 'Here's this resource where you can direct the patient.' I haven't seen anything like that," he said.

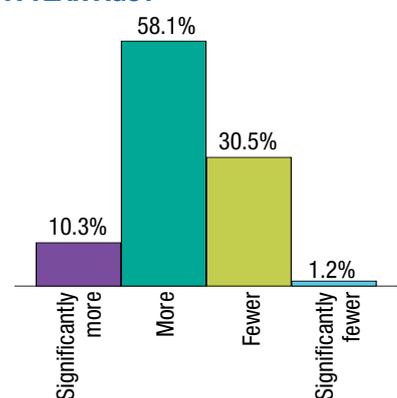
That dearth of answers, said the pharmacy manager, "causes frustration on our part because we feel inadequate in providing information, as well as on the patient's part because they don't have the answers."

Another sticking point for pharmacy is the stubborn lack of progress on established modes of reimbursement from health plans and payers for the time and effort it takes pharmacists to provide counseling on health reform's new

WOULD YOU SAY YOU GET _____ QUESTIONS FROM PATIENTS ABOUT OVER-THE-COUNTER DRUGS THAN YOU DID A YEAR AGO?



WOULD YOU SAY YOU GET _____ QUESTIONS FROM PATIENTS ABOUT VITAMINS AND MINERALS THAN YOU DID A YEAR AGO?

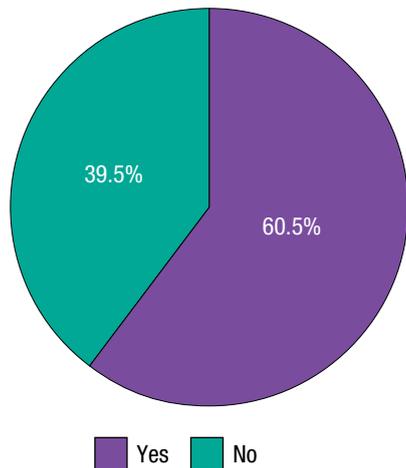


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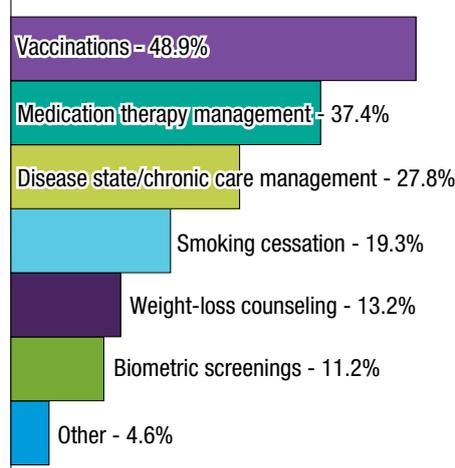
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Is your pharmacy a preferred pharmacy?

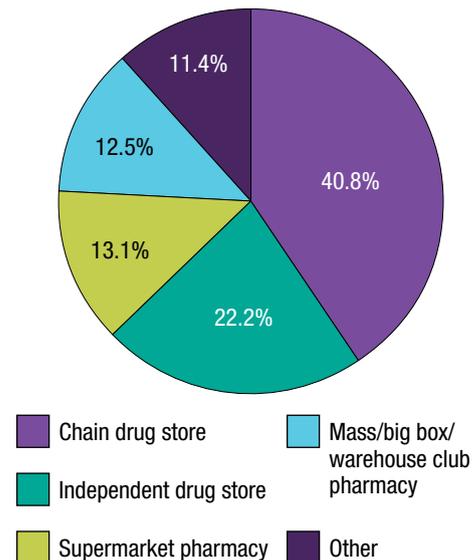
IS THE STORE YOU WORK IN OFFERING MORE PREVENTIVE CARE AND WELLNESS SERVICES THAN IT DID A YEAR AGO?



IF YOU ANSWERED "YES" TO THE PREVIOUS QUESTION, SELECT ALL THAT APPLY.



PLEASE DESCRIBE THE TYPE OF PHARMACY YOU WORK IN.



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CONTINUED FROM PAGE 2

coverage options and preventive health services. "Each January serves to highlight the role that community pharmacists play in helping patients navigate their health plan, whether it is a new plan or changes to an existing plan," said Kevin Schweers, VP public affairs for the National Community Pharmacists Association. "This work by community pharmacists is vital every year, but it is particularly essential and more visible now with the advent of these new plans and new enrollees.

"These services as front-line providers are not accounted for in the current reimbursement system," Schweers added. "So these services and the early days of the new plan year further illustrate the need for fair and equitable compensation for community pharmacies by health plans and PBMs."

Despite the challenges and confusion posed by the ACA's far-reaching effects, pharmacy leaders widely endorse the view that pharmacists are critical to the success of health reform. In general, they foresee a new era of collaborative care involving pharmacists, clinicians and other community caregivers.

"Insurers are looking to work with cost-conscious provider partners in the exchanges," said Carol Kelly, SVP government affairs and public policy for the National Association of Chain Drug Stores. "This provides an opportunity for

pharmacies to demonstrate the value they can provide in achieving better health outcomes while reducing overall costs. Additionally, new delivery model adoption will necessitate a greater role for pharmacists in medicine and healthcare management."

What's more, the expected addition of some 30 million newly eligible Americans added to the insurance coverage rolls "as a result of the ACA," coupled with "the projected shortage of primary care physicians," Kelly said, "will provide an opportunity to expand the role of pharmacists and other non-physician health professionals in order to meet the demands of newly insured patients."

Added NCPA CEO B. Douglas Hoey: "Helping patients sort through new or revised health insurance coverage is business-as-usual for independent community pharmacies year-round and especially each January. Now more than ever that is the case with the advent of these new health plans."

Kelly said the ACA rollout is the most challenging healthcare initiative she has ever witnessed. "I served as the director of policy for the Centers for Medicare and Medicaid Services during [the launch of Medicare Part D during the Bush administration], and saw up close and personal how difficult these major initiatives are to implement for the federal government," she said. "The program was not popular initially

and was criticized for being confusing and expensive for seniors.

"Over time, the Part D program has come in significantly under projected budgets through competition in the marketplace and has become seen as exceedingly valuable for America's seniors," Kelly said. "Time will tell if the efforts of the Obama administration, admittedly on a much larger scale, are deemed as successful."

As the ACA rollout goes on, "it's vitally important for pharmacists to get involved in teams and interact with other providers in the community ... with legislators ... and with their patients," added Brian Gallagher, director of pharmacy services for Marshall University's health department and formerly SVP government affairs for the American Pharmacists Association. "We've got to make a transition from being tied primarily to product dispensing to cognitive services. This healthcare reform bill gives us a lot of wonderful opportunities, or we run the risk of being marginalized as a profession."

"We've got 200,000 to 2 million pages of regulations coming out of this," he said. "We need pharmacists in the community to be delivering the message [about health reform's options] and to be understanding what the message is. APhA can take the lead in that, but we can't be in every community. So our members need to do that." 

Which plan is best for me?

Can I keep taking the same medications?

IN YOUR OWN WORDS, PLEASE DESCRIBE THE MOST COMMON QUESTIONS YOU AS A PHARMACIST ARE RECEIVING FROM PATIENTS THESE DAYS AS THEY RELATE TO HEALTH REFORM AND THE AFFORDABLE CARE ACT?

- Anything that is different from last year is attributed to ACA; I receive mainly questions about deductibles and co-pays.
- How is this going to affect me?
- Questions about the new insurance cards
- Am I going to have to pay more money for my prescriptions? Will I still be covered for all of my prescriptions? Have I chosen the best health insurance option for myself, or is there a better option?
- Are my drugs covered? Do I have a co-pay?
- Will I have to switch providers?
- Who am I covered under, and what is covered?
- Can I use your pharmacy?
- Why are the deductibles so high? I pay so much for insurance to begin with.
- How do I get covered?
- Why aren't my birth control pills covered?
- Will my doctor's visits, hospital visits and lab work be covered?
- Why is my premium going up?
- What is my penalty if I don't sign up for the exchange?
 - Can I get anything better?

Should I change plans?

- Why haven't I met my deductible yet?
- Can I still sign up?
- What happens if I get a job that offers insurance after I have already signed up through the exchange?
- Why are my prescriptions not free? Why isn't this covered?
- How does my insurance work?
- Why am I receiving calls and letters to try to get me to change to another coverage?
- What is my maximum out-of-pocket?
- Can I get a brand-name medication?
- Why would my plan have gone up if I'm covered through work?
- What is the ACA?
- Will my Schedule D drug costs change?
- What do I do if the website isn't working?
- Why was my good private health plan canceled?
- Do you take the new state-sponsored plan?
- What about previous conditions?
- Why is the ACA necessary for everyone?

- What age groups does the legislation impact?
- Are there different tiers of coverage?
- Will there be coverage of MTM services?
- Do I need to apply for coverage?
- Where can I get a reasonably priced plan with good coverage?
- Is there any effect on Medicare or Medicaid?
- Do you take my insurance? I pay X amount per month for the insurance, so why do I still have pay X for this prescription?
- What coverage will I lose?
- How can I sign up if I don't speak English or have a computer?
- Can I be denied?
- Am I covered?
- Where can I go for assistance?
- What type of coverage is provided? What are my options?
- What plan is best for me?

- Does Obamacare have something to do with my co-pay?
- Can I afford the plan for my whole family now?
- Will Obamacare be cheaper than employer-based insurance, and if so, are the services provided comparable?
- Why are you not a preferred pharmacy?
- When will my coverage start? What if I don't have an ID card yet?
- Will it be easier or more difficult for me to get my meds?
- Is it OK to not enroll and pay the penalty?
- Is there a doughnut hole in the ACA?
- Where is my ID card?
- How am I not on file when I signed up a month ago?
- How has ACA affected pharmacy staff?
- How soon does coverage start after signing up?
- Do you have any handouts describing the program? How can I access the website?
- Can I enroll even though I am eligible for other insurance through my employment?
- What plans will give the best network of physicians and hospitals, as well as the most inclusive formularies?
- Why is this so terrible?
- Is the site working yet?
- When does ACA go into effect?

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Will I have to switch providers?

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- Can I get a 90-day supply?
- How secure is the website? Is it easy to navigate?
- Do you understand this mess?
- What if I can't afford the insurance or the tax penalty?
- How is this impacting pharmacy?
- Are there any more affordable medications on my plan?
- How much will I save on my medications?
- Do I have to use mail order?
- Where do we find answers? The website is vague.
- I'm not sure what insurance I have, but I know I have insurance; can you help me locate it?

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How do I get covered?

Does this effect Medicare and Medicaid?

- Do you feel that deductibles and co-pays will continue to increase?
- What does "preferred network" mean in terms of cost?
- What do you think about Obamacare?
- What do you do if you don't like the plan you signed up for?
- How does the state plan differ from the federal plan?
- Do I need to fear having coverage?
- Why do you have to request a prior authorization?
- Why aren't all medications covered?
- Will I be able to use my independent pharmacy?
- Will the co-pay and deductible be the same at all pharmacies?
- Who decides what medications are covered?
- How has the ACA changed Medicare Part D plans?

What if I haven't received my ID card yet?

What if I don't sign up?

When will my coverage start?

THE IMPACT OF ACA ON PHARMACY

The Affordable Care Act is focused on patient outcomes and total cost of care. Under the ACA, health systems and physician groups are joining together to form accountable care organizations that will work as teams to provide coordinated medical care for eligible Medicare Part D beneficiaries.

Pharmacists will play an important role in ACOs by providing medication therapy management to ensure that patients are receiving appropriate and safe medication therapy. Because MTM also addresses potential interactions with other prescribed and OTC medications, pharmacists should proactively prevent adverse events in addition to managing the patient's level of adherence. The goal of MTM in the ACO, in addition to reducing overall healthcare costs, is to manage safe and appropriate therapy, improve adherence to protect the patient against preventable health problems, and lower such associated costs as emergency room visits. Often a CMR is conducted by appointment and requires that the community pharmacist spend additional time with patients and away from work-

flow. The technician, as a valuable member of the pharmacy team, may be assigned additional responsibilities within the legal scope of the technician's practice to enable the pharmacist to spend more time on such direct patient care activities as CMR appointments.

The ACA provides an opportunity for pharmacists to become more involved in direct patient care for Medicare beneficiaries. In time, pharmacists will play an even greater role on the medical care team for non-Medicare Part D patients and receive the appropriate recognition and compensation for their professional services, as the ACA phases in other projects that involve the pharmacist as a knowledgeable member of the medical care team. These activities provide additional opportunities to better serve patients in the pharmacy, generate revenue and increase pharmacy profits.

To learn more about how the ACA impacts the pharmacy — including provisions to be implemented in 2014, drugs included in health plans, Star ratings and the basics of how ACA works — visit www.CEdrugstorenews.com/040100014002H03P.