



Pharmacists and Unmet Need

Background

Millions of Americans lack adequate access to primary health care and this is only expected to get worse as demand increases. Over the next two decades, the number of Medicare enrollees is expected to grow from roughly 50 million to over 80 million.ⁱ In addition, approximately 45% of Americans have at least one chronic condition, and 27% have multiple chronic conditions, rates that are expected to continue to rise.^{ii,iii} Further, the Congressional Budget Office (CBO) estimates that an additional 25 million individuals will potentially be gaining health coverage under the Patient Protection and Affordable Care Act (PPACA). Factoring all of this in, the Association of American Medical Colleges projects that, by 2020, there will be more than 91,000 fewer doctors than needed to meet demand, and the impact will be most severe on underserved populations.

In the face of this anticipated shortage, pharmacists are conveniently accessible health care professionals who, in coordination and collaboration with other health care team providers, are capable of playing a greater role in the delivery of health care services. While pharmacists remain committed to assisting patients with access and information related to their prescription medications, pharmacists today are providing a broad spectrum of services, within their scope of practice, including conducting health and wellness testing, managing chronic diseases and performing medication management, administering immunizations, and working in and partnering with hospitals and health systems to advance health and wellness and helping to reduce hospital readmissions.

Access to pharmacists' care

Physicians and certain non-physician health care professionals are reimbursed under Medicare Part B for providing necessary health care services. With very limited exceptions, pharmacists' services are not reimbursed in this fashion. The lack of

reimbursement of pharmacists for services provided within their state scope of practice unnecessarily limits patient access to certain health care services and the contributions pharmacists can make to their health care and outcomes. Enabling pharmacists to practice at the top of their education and training, and be better integrated into the patient's health care team, will improve health outcomes and greatly benefit specific populations, especially those with chronic disease such as diabetes and cardiovascular disease.

Medically Underserved Communities

The Department of Health & Human Services' Health Resources Services Administration (HRSA) designates communities with unmet health care need as Medically Underserved Areas (MUAs), Medically Underserved Populations (MUPs), and Health Professional Shortage Areas (HPSAs), based on a number of factors. A description of each follows:

- MUAs identify geographic areas that have too few primary care providers, high infant mortality, high poverty, and a high elderly population.
- MUPs are identified by taking into account the same factors used to identify MUAs, but focus on specific population groups with the same characteristics.
- Health Professional Shortage Areas are areas with shortages of primary medical care, dental or mental health providers.

The Coalition can provide a list of MUAs, MUPs, and HPSAs, within a particular state or legislative district upon request.

Health Disparities

A disproportionate number of patients in certain racial and socioeconomic populations suffer from chronic conditions. For example, according to the Centers for Disease Control (CDC), non-Hispanic black adults are at least 50% more likely to die of heart disease or stroke prematurely than their non-Hispanic white counterparts. And the prevalence of adult diabetes is almost twice as great among poor adults than high income adults. This legislation would improve their access to care.

About Us

The Patient Access to Pharmacists' Care Coalition's mission is to develop and help enact federal legislation that would enable patient access to, and reimbursement for, Medicare Part B services by state-licensed pharmacists in medically underserved communities consistent with state scope of practice law. Our primary goal is to expand medically underserved patients' access to pharmacists' services.

Contact

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ⁱ U.S. Congressional Research Service. Medicare Financing (R41436; September 19, 2013), by Patricia A. Davis

ⁱⁱ Wu S, Green A. Projection of Chronic Illness Prevalence and Cost Inflation. RAND Corporation, October 2000.

ⁱⁱⁱ Anderson G. Chronic care: making the case for ongoing care. Robert Wood Johnson Foundation: Princeton (NJ); 2010. [cited 2011 Jan 19].