

Policy Ideas to Expand Pharmacist Protocols

The following ideas need further analysis to determine the protocols that could be approved and the additional services that could be provided and the potential impact.

Topics for Discussion:

How does data get to the PCP from the pharmacists so the PCP has a complete history on their patient?

Potential HIPPA/Privacy issues if the pharmacy does not have a dedicated space to perform consultation, physical assessment or laboratory/urine collection?

What type of system will the pharmacist use to document visit notes, recommendations, treatment plan, and laboratory results?

Do they need a scheduling system?

Will need a billing system to bill to insurance companies on a HCFA 1500 claim form?

Addressing barriers – staffing, workloads, technology, private consultation rooms

Will parity put members at risk as they use their Pharmacist as a PCP rather than keeping regular appointments with their Physician?

Letter of Direction 78-1 issued by HSD provides requirements for billing these services for Medicaid providers. https://www.hsd.state.nm.us/wp-content/uploads/LOD_78-1-Pharmaceutical-Service-Reimbursement-Parity.pdf

Potential Future Protocols:

1. Injecting long acting antipsychotics
2. Ordering and interpreting therapeutic testing for medications that require it (: A1C testing for patients on antipsychotics)
3. Polypharmacy programs that include de-prescribing
4. Adjust, change drug dosage/formulation, renew or extend a prescription (chronic disease states like diabetes, COPD)
Prescribing in minor ailments