

Statement on Pharmacy Credentialing, Quality Assurance and Medicare Coverage of
Medication Therapy Management Services.

STATEMENT ON CREDENTIALING IN PHARMACY

Approved: 8/15/05

Statement on Pharmacy Credentialing, Quality Assurance and Medicare Coverage of Medication Therapy Management Services.

Purpose of this Paper

- To provide the various Quality Improvement Organizations (QIOs), Prescription Drug Plans (PDPs) and other interested organizations with information regarding the current status of pharmacy credentialing;
- To provide the various QIOs, PDPs and other interested organizations with information regarding the current status of additional education and training required by the states allowing collaborative drug therapy management by a pharmacist;
- To identify the two agencies providing post-graduate pharmacist board certification and to highlight the program(s) providing geriatric certification;
- To encourage state Boards of Pharmacy to specifically recognize geriatric medication therapy management services, as well as disease state management services, within the scope of their collaborative practice acts;
- To encourage state Boards of Pharmacy to establish postgraduate credentialing or education requirements to identify pharmacists qualified to enter into collaborative geriatric medication therapy management practice agreements, and
- To encourage QIOs, PDPs, and other interested organizations to include pharmacist geriatric credentialing as a component of their educational, best practice development and quality evaluation of the new Medicare outpatient drug benefit.

Background

With the recent enactment of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), Congress has now recognized the need to assure that medications provided to the Medicare beneficiary are appropriately used to optimize therapeutic outcomes. The language of this legislation explains this pharmacist directed service as:

“A medication therapy management program described in this paragraph is a program of drug therapy management that may be furnished by a pharmacist and that is designed to assure, with respect to targeted beneficiaries described in clause (ii), that covered part D drugs under the prescription drug plan are appropriately used to optimize therapeutic outcomes through improved medication use, and to reduce the risk of adverse events, including adverse drug interactions”¹

This new benefit will be primarily managed by “Prescription Drug Plans” (PDPs). On April 15, 2005 the Centers for Medicare and Medicaid Services (CMS) a summary of TITLE I – MEDICARE PRESCRIPTION DRUG BENEFIT contained the following provision.

“The benefit will be administered by private health plans. Eligible individuals in the traditional fee-for-service Medicare program may obtain the coverage through

¹ http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_public_laws&docid=f:publ173.108

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a stand-alone prescription drug plan, called a PDP. Those enrolled in private health plans under Part C (formerly Medicare+Choice, hereby renamed Medicare Advantage) may only obtain drug coverage through those plans, with two exceptions. Enrollees in a Medicare Advantage Private Fee-For-Service (PFFS) plan that does not offer qualified Part D drug coverage may also enroll in a stand-alone PDP. All enrollees in Medical Savings Account (MSA) plans may also enroll in a stand-alone PDP.”²

Additional provisions of this legislation require PDPs to utilize a Pharmacy and Therapeutics Committee. “P&T committee members must represent various clinical specialties that adequately represent the needs of plans beneficiaries (i.e. include representation of ‘high volume specialists’ in the standard terminology of the industry”). “A majority of the P&T committee members must be practicing physicians, practicing pharmacists, or both. At least one P&T committee practicing pharmacist and one practicing physician must be experts in the care of elderly or disabled persons. At least one P&T committee practicing pharmacist and one practicing physician must be independent and free of conflict with respect to the plan and pharmaceutical manufacturers.”

The final rule, however, did not provide specific guidelines for certain situations and it appears the ultimate standards for this new service will be based on an evolutionary process. By allowing PDPs to design many of the aspects of the new service and eventually establishing industry practice standards, CMS may eventually adopt them as CMS standards.³

To monitor and improve the quality of care provided under this benefit, MMA assigns to the various Quality Improvement Organizations (QIOs) the responsibility for the outpatient drug benefit which is analogous to the responsibility they have for all other Title 18 benefits.

The American Health Quality Association, which represents these independent private organizations, has previously identified the need for quality oversight in its April 8, 2003 submission to the House Committee on Energy and Commerce:

“A Medicare outpatient prescription drug benefit presents an opportunity to improve the quality of life for our nation’s seniors, but also brings the real risk of increased morbidity and mortality associated with an increase in the use of medications. It is reasonable to predict that with an outpatient prescription drug benefit, more seniors will receive more drugs. Expanding access to and availability of drugs, without a complementary investment in quality

² <http://www.cms.hhs.gov/medicarereform/>

³ Senior Care: Medication Therapy Management Services Mary Ann E. Zagaria, PharmD, MS, CGP US Pharmacist Vol. No: 30:04 Posted: 4/21/05
http://www.uspharmacist.com/index.asp?show=article&page=8_1464.htm

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improvement, will exacerbate the unacceptable cost and incidence of hospital and long-term care admissions associated with medication use.”⁴

As drug therapy has become the cornerstone of geriatric care, the public, the healthcare system and payers have become increasingly aware of both the benefits and risks of this growing role of pharmacotherapy in geriatric health care. If increased access to medications results in unacceptable increases in medication-related problems such as adverse drug reactions and interactions America’s seniors will not be well served by this legislation. Through enactment of the Medication Therapy Management provisions of MMA, a pharmacist with the requisite knowledge and demonstrated competencies is recognized as the health care professional best positioned to help the patient, the healthcare system, and payers achieve more efficient and effective drug therapy outcomes.

As pharmacists become more integral to the therapy decision-making and patient-monitoring activities within the health care system, organizations charged with quality improvement and review have the need to better understand and appreciate the breadth and depth of pharmacist education and training. These organizations, as well as other health care providers, the patient, and payers, need current information regarding the current status of credentialing within the profession of pharmacy. A clear understanding of the various credentials available to the contemporary pharmacist will provide a foundation to make educated, rational decisions regarding scope of practice, especially those with demonstrated competencies and expertise in the care of elderly, disabled or those with multiple chronic conditions. Now, given the responsibility for quality improvement and review for this new Medicare out-patient drug benefit, QIOs may find this information especially helpful in providing educational, best-practice and evaluation resources to Medicare, Medicaid, and private payers.

Acknowledgement

In September of 2003, the Council on Credentialing in Pharmacy released “Credentialing in Pharmacy”⁵. The source for much of the information contained in this paper is derived from this document. The Council on Credentialing in Pharmacy (CCP) is a coalition of 12 national pharmacy organizations founded in 1999 to provide leadership, standards, public information, and coordination for professional voluntary credentialing programs in pharmacy. Members of the CCP include the following organizations:

- Academy of Managed Care Pharmacy
- Accreditation Council for Pharmacy Education
(formerly the American Council on Pharmaceutical Education)
- American Association of Colleges of Pharmacy
- American College of Apothecaries

⁴ <http://www.ahqa.org/pub/uploads/writtenRXTestimony.pdf>

⁵ <http://www.pharmacycredentialing.org/ccp/CCPWhitePaper2003.pdf>

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- American College of Clinical Pharmacy
- American Pharmacists Association
- American Society of Consultant Pharmacists
- American Society of Health-System Pharmacists
- Board of Pharmaceutical Specialties
- Commission for Certification in Geriatric Pharmacy
- Pharmacy Technician Certification Board
- Pharmacy Technician Educators Council

Additional resources are identified within the Appendix.

Pharmacist Education

As of June 2004 U.S. colleges and schools of pharmacy will award only the doctor of pharmacy degree. Prior to June 2004, pharmacy graduates are/were eligible to sit for state licensing examinations with a bachelor of science in pharmacy degree or a doctor of pharmacy degree from an accredited professional degree program. However, prior to 2001, an individual who wished to become a pharmacist could enroll in a program of study that would lead to a Bachelor of Science degree in pharmacy (B.S. Pharm. or Pharm. B.S.) and/or a Doctor of Pharmacy (Pharm.D.) degree and many practicing pharmacist still retain the B.S. Pharm. Degree. Initial entry into the profession requires examination by at least one State Board of Pharmacy. Each State Board of Pharmacy mandates periodic License Renewal and state-specific criteria including mandatory continuing education

Currently, all other postgraduate board certification and other credentialing is voluntary for the practicing pharmacist unless the pharmacist enters into a collaborative practice agreement in a state that requires additional postgraduate credentialing or education for these agreements. Figure 1 provides additional information regarding current licensure requirements and postgraduate training, board certification, and other credentialing.

Collaborative Practice Agreements

In 2003, more than 60% of states have legislation (32 of 53 jurisdictions)⁶ and many Federal Health Care Agencies have provisions for an increased level of pharmacy involvement in the collaborative management of patients' drug therapy.⁷ Generally initiated as collaborative practice agreements between one or more pharmacists and physicians, qualified pharmacist working within defined protocols assume professional responsibility of various functions of medication therapy management. Components of

⁶ National Association of Boards of Pharmacy 2005 survey of pharmacy law.

⁷ ACCP Position Statement: Collaborative Drug Therapy Management by Pharmacist—2003
Pharmacotherapy 2003,23(9):1210-12255

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the agreements may include implementing, modifying, and managing drug therapy according to the terms of the collaborative pharmacy practice agreement.

State-specific mandates for postgraduate education, board certification or other credentialing for pharmacists entering into collaborative practice agreements generally include one or more of the following requirements.

- Commission for Certification in Geriatric Pharmacy board certification(CGP)
- Board of Pharmaceutical Specialties board certification
- American Society of Health-System Pharmacist accredited residency
- Other clinical residency
- Completion of a continuing education certificate program in at least one chronic disease state
- Indian Health Service certification (Pending review for approval)
- Pharm.D degree
- Masters Degree
- Specific number of years of clinical experience
- Board of Pharmacy approved education / training
- Specified annual continuing education

Agencies Providing Postgraduate Pharmacist Certification

Two groups, the Commission for Certification in Geriatric Pharmacy and the Board of Pharmaceutical Specialties offer board certification by examination. The National Institute for Standards in Pharmacist Credentialing, offer continuing education certificate programs to pharmacists.

Commission for Certification in Geriatric Pharmacy (CCGP) <http://www.ccgp.org/>

In 1997 CCGP was created to develop and oversee a board certification program in geriatric pharmacy. CCGP is a non-profit corporation. The CCGP Board of Commissioners currently includes seven pharmacist members, one physician member, one payer/employer member, one public/consumer member, and one liaison member from the ASCP Board of Directors. To earn board certification, candidates are required to be knowledgeable about principles of geriatric pharmacotherapy and the provision of pharmaceutical care to the elderly. Pharmacists who meet CCGP's requirements are entitled to use the designation Certified Geriatric Pharmacist, or CGP. Pharmacists who wish to retain their CGP credential must recertify every five years through re-examination or alternate pathway. CCGP contracts with a professional testing firm to assist in conducting the role delineation or task analysis, and in developing and administering the examination. The resulting process is psychometrically sound and legally defensible; it also meets nationally recognized standards. The CGP certification exams are administered twice a year at multiple locations in the United States, Canada and Australia.

Board of Pharmaceutical Specialties (BPS) <http://www.bpsweb.org/>

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BPS offers board certification in five pharmaceutical specialties: nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pharmacotherapy, and psychiatric pharmacy. Pharmacists who wish to retain BPS certification must be recertified every seven years. A nine-member board that includes six pharmacists, two health professionals who are not pharmacists, and one public/consumer member, directs the BPS. A specialty council of six specialist members and three pharmacists not in the specialty direct the certification process for each specialty. BPS examinations are administered with the assistance of an educational testing firm, resulting in a process that is psychometrically sound and legally defensible. Each of the five specialties has its own eligibility criteria, examination specifications, and recertification process. In 1997, BPS introduced a method designed to recognize focused areas within recognized pharmacy specialties. A designation of “Added Qualifications” denotes that an individual has demonstrated an enhanced level of training and experience in one segment of a BPS-recognized specialty. Added qualifications are conferred on the basis of a portfolio review to qualified individuals who already hold BPS certification. Within the specialty of pharmacotherapy, infectious diseases and cardiology are the two areas of Added Qualifications currently approved by BPS.

Certificate programs, defined as curricular oriented continuing education programs, are offered by a number of universities, professional associations, and the National Institute for Standards in Pharmacist Credentialing (NISPC).

(<http://www.nispcnet.org/index1.html>)

The NISPC was founded in 1998 by the American Pharmacists Association (then the American Pharmaceutical Association), the National Association of Boards of Pharmacy (NABP), the National Association of Chain Drug Stores, and the National Community Pharmacists Association. The purpose of NISPC is to “promote the value and encourage the adoption of National Association of Boards of Pharmacy disease-specific examinations as the consistent and objective means of documenting the ability of pharmacists to provide disease state management services.” NISPC offers certificate programs in the management of diabetes, asthma, dyslipidemia, and anticoagulation therapy. At the time of its founding, the organization's immediate objective was to design a process that would document the competence of pharmacists providing care for patients with these disease states. The NISPC credential was first recognized in the state of Mississippi, where it was used to enable pharmacists to qualify for Medicaid reimbursement as part of a pilot project in that state. NABP developed the competency assessment examinations and oversees their administration. The NISPC tests are administered nationally as computerized examinations, and are available throughout the year.

Multidisciplinary Educational Certificate Programs

Some educational certificate programs are available to professionals from many health disciplines, including pharmacists. Areas in which such certification is available include diabetes education, anticoagulation therapy, pain management, and asthma education.

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Role of Pharmacist Credentialing as a component of the educational initiatives, best practice development, risk management and quality evaluation of the out-patient drug benefit of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003

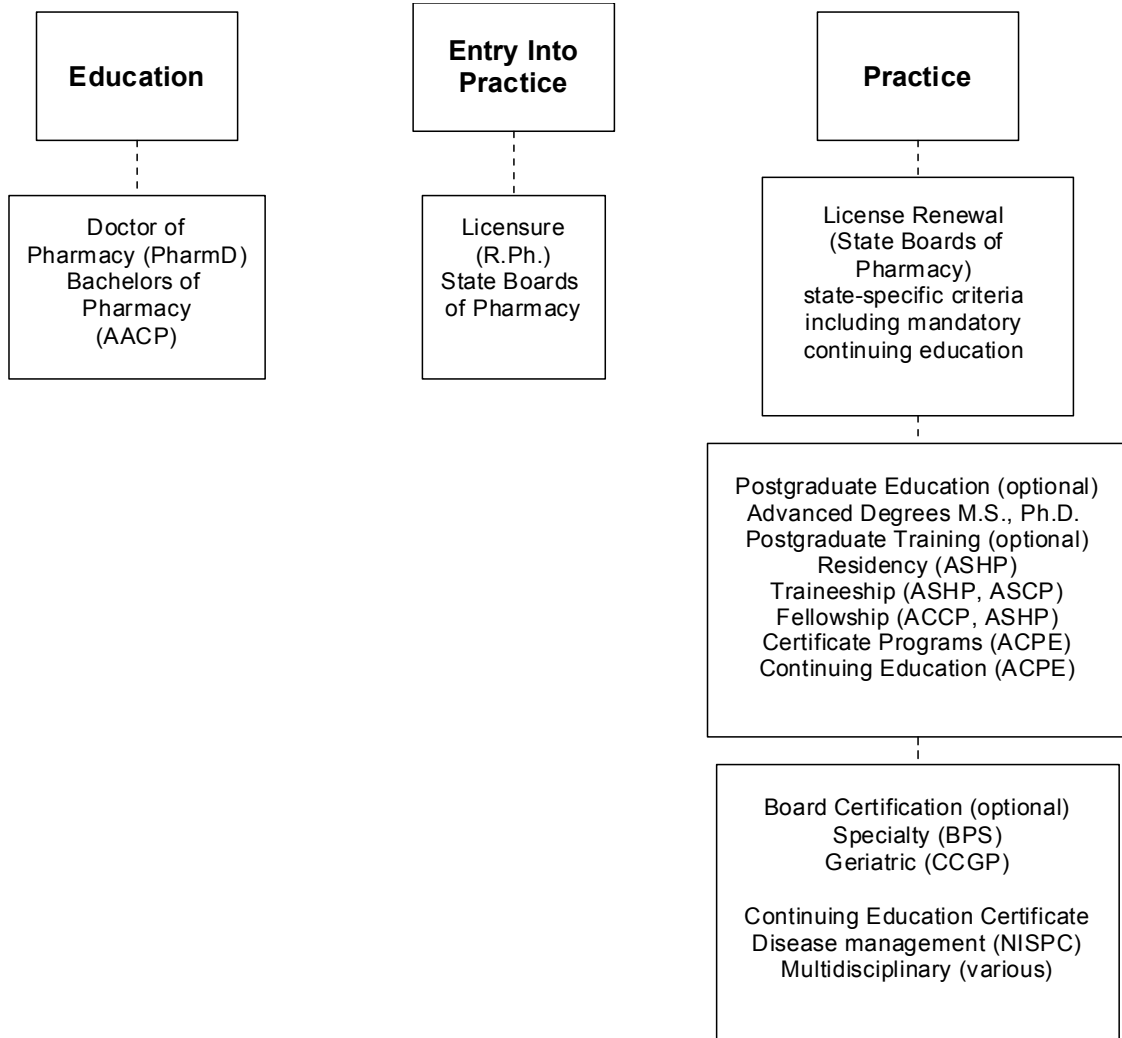
Given the current pace of change, the increasing complexity of pharmacotherapy in the elderly, the expanding clinical role of the pharmacist as identified in the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 and the growing trend toward specialization in pharmacy practice, Quality Improvement Organizations and Prescription Drug Plans should consider pharmacy credentialing in general and specialty certification in particular, as useful tools for the demonstration of specialized competencies, advanced training, and skills for pharmacists providing medication therapy management services. Recognition and support of pharmacist credentialing by Quality Improvement Organizations will assist other health care providers, patients and payers in the differentiation of pharmacist specialty skill.

In addition, a valid credentialing process by which an organization or institution obtains, verifies, and assesses a practitioner's qualifications to provide patient care services is now recognized as an effective risk management tool for all health care organizations.

The inclusion of demonstrated competencies into the overall QIOs or PDP's quality review, best practice development, and educational initiatives is further supported by the presence of State specific mandates for postgraduate education or certification for pharmacist as prerequisites for entering into collaborative medication therapy management practice agreements.

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Figure 1



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Appendix⁸

Glossary

•**Accreditation** is the process by which a private association, organization or government agency, after initial and periodic evaluations, grants recognition to an organization (or a specific program of an organization) that has met certain established criteria.

•**Credential** is documented evidence of qualifications. Pharmacist credentials include diplomas, licenses, certificates, and board certification. These credentials are reflected in a variety of abbreviations that pharmacists place after their names (e.g., Pharm.D. for “doctor of pharmacy,” an earned academic degree; R.Ph. for “registered pharmacist,” which indicates state licensure; and acronyms such as BCNSP for “Board-Certified Nutrition Support Pharmacist,” or CGP for Board Certified Geriatric Pharmacist” which indicates that an individual has demonstrated advanced knowledge or skill in a specialized area of pharmacy).

•**Credentialing** is the process by which an organization or institution obtains, verifies, and assesses a pharmacist’s qualifications to provide patient care services.

•**Certificate** is a document issued to an individual upon successful completion of the predetermined level of performance of a certificate program or of a pharmacy residency or fellowship.

Certificate Program: A structured, systematic postgraduate education and continuing education experience for pharmacists that is generally smaller in magnitude and shorter in duration than a degree program. Certificate programs are designed to instill, expand, or enhance practice competencies through the systematic acquisition of specific knowledge, skills, attitudes, and performance behaviors.

(Wayne- needs work here--- to differentiate board certification and other credentialing) **Board certification** is a voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that the individual has attained the requisite level of knowledge, skill, or experience in a well defined, often specialized, area of the total discipline. Board certification usually requires initial assessment and periodic reassessments of the individual’s qualifications.

- **Fellowship:** A directed, highly individualized postgraduate program designed to prepare a pharmacist to become an independent researcher.
- **Licensure** is an indication that the pharmacist has met minimum requirements established by the state in which he or she intends to practice.
- **Privileging** is the process by which a health care organization, having reviewed an individual health care provider’s credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that organization.
- **Residency:** An organized, directed, postgraduate training program in a defined area of pharmacy practice.

⁸ Adapted from *Credentialing in Pharmacy*, *The Council on Credentialing in Pharmacy*; Washington, DC, September 2003 <http://www.pharmacycredentialing.org/ccp/CCPWhitePaper2003.pdf>

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- **Statement of continuing education credit** is a document issued to an individual following participation in an accredited continuing education program.
- **Traineeship:** A short, intensive, clinical and didactic postgraduate educational program intended to provide the pharmacist with knowledge and skills needed to provide a high level of care to patients with specific diseases or conditions.

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Pharmacy Organizations and Certification Bodies
Pharmacy Organizations

Academy of Managed Care Pharmacy

(AMCP)

100 North Pitt Street, Suite 400

Alexandria, VA 22314

(800) 827-2627

www.amcp.org

American Association of Colleges of

Pharmacy

(AACP)

1426 Prince Street

Alexandria, VA 22314-2841

(703) 836-8982

www.aacp.org

American College of Apothecaries

(ACA)

P.O. Box 341266

Memphis, TN 38184

(901) 383-8119

www.acainfo.org

American College of Clinical Pharmacy

(ACCP)

3101 Broadway, Suite 650

Kansas City, MO 64111-2446

(816) 531-2177

www.accp.com

Accreditation Council for Pharmacy

Education

(ACPE – formerly American Council on
Pharmaceutical Education)

20 North Clark Street, Suite 2500

Chicago, IL 60602-5109

(312) 664-3575

www.acpe-accredit.org

American Pharmacists Association

(APhA)

2215 Constitution Avenue, NW

Washington, DC 20037-2985

(202) 628-4410

www.aphanet.org

American Society of Consultant

Pharmacists

(ASCP)

1321 Duke Street

Alexandria, VA 22314-3563

(703) 739-1300

www.ascp.com

American Society of Health-System

Pharmacists

(ASHP)

7272 Wisconsin Avenue

Bethesda, MD 20814

(301) 657-3000

www.ashp.org

National Association of Boards of

Pharmacy

(NABP)

700 Busse Highway

Park Ridge, IL 60068

(847) 698-6227

www.napb.net

National Association of Chain Drug

Stores

(NACDS)

413 N. Lee Street, P.O. Box 1417-D49

Alexandria, VA 22313-1480

(703) 549-3001

www.nacds.org

National Community Pharmacists

Association

(NCPA)

205 Daingerfield Road

Alexandria, VA 22314

(703) 683-8200

www.ncpanet.org

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Anticoagulation Forum
88 East Newton Street, E-113
Boston, MA 02118-2395
(617) 638-7265

www.acforum.org

Board of Pharmaceutical Specialties
(BPS)
2215 Constitution Avenue, NW
Washington, DC 20037-2985
(202) 429-7591
www.bpsweb.org

Commission for Certification in
Geriatric
Pharmacy (CCGP)
1321 Duke Street
Alexandria, VA 22314-3563
(703) 535-3038
www.ccgp.org

National Asthma Educator Certification
Board
American Lung Association
1740 Broadway
New York, NY 10019-4374
(212) 315-8865
www.lungusa.org

National Certification Board for Diabetes
Educators (NCBDE)
330 East Algonquin Road, Suite 4
Arlington Heights, IL 60005
(847) 228-9795
www.ncbde.org

National Institute for Standards in
Pharmacist
Credentialing (NISPC)
205 Daingerfield Road
Alexandria, VA 22314
(703) 299-8790
www.nispcnet.org

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Additional Resources and References

Quality Improvement Organization Manual

http://www.cms.hhs.gov/manuals/110_qio/qio110index.asp

The American Health Quality Association

http://www.ahqa.org/pub/inside/158_716_2487.CFM?CFID=11332882&CFTOKEN=42581299

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The Council on Credentialing in Pharmacy;
Washington, DC, September 2003

<http://www.pharmacycredentialing.org/ccp/CCPWhitePaper2003.pdf>

Designing a Twenty-First Century Medicare Prescription Drug Benefit.

Subcommittee on Health, April 8, 2003, 10:00 AM

<http://energycommerce.house.gov/108/Hearings/04082003hearing863/hearing.htm>

Designing a Twenty-First Century Medicare Prescription Drug Benefit: Statement of David G. Schulke, Executive Vice President, American Health Quality Association

<http://waysandmeans.house.gov/hearings.asp?formmode=printfriendly&id=431>

ACCP Position Statement: Collaborative Drug Therapy Management by Pharmacist—2003 *Pharmacotherapy* 2003,23(9):1210-12255

American Society of Consultant Pharmacists: Issue Paper Medication Therapy Management Services for Ambulatory Medicare Beneficiaries, The Medicare Modernization Act of 2003

www.ascp.com/medicarerx/docs/ASCPMTMS.pdf

Council on Credentialing in Pharmacy

<http://www.pharmacycredentialing.org/default.htm>

“Medicare Prescription Drug, Improvement, and Modernization Act of 2003”

<http://www.cms.hhs.gov/medicarerereform/>