

PHARMACISTS PROVIDE PATIENT CARE

Provider Status ensures that pharmacists, with their extensive medication expertise, are **recognized** as part of the integrated healthcare team. Provider Status will **increase access** to pharmacist-provided services by ensuring that pharmacists are **equitably paid** for the patient care services they provide.



Patients are **3x more likely** to stay out of the hospital when pharmacists provide clinical services after discharge.⁵



TEAMING UP FOR BETTER PATIENT CARE
Pharmacist Provider Status

Pharmacist interventions for patients with chronic conditions save an average of **\$1,000** per patient per year.³



2/3 of Wisconsin counties have areas considered **medically underserved**.¹

Pharmacists are uniquely positioned to fill these healthcare access gaps.



of people with chronic diseases do not take their medications correctly.⁴



Pharmacy Society of Wisconsin

PHARMACY



Wisconsin spends **\$8,702** per patient annually on healthcare expenditures.²



Improved health outcomes, lower costs, and increased access to care could be a reality for Wisconsinites if pharmacists are fully empowered to serve as patient care providers.

Provider Status: FAQ

What does having “Provider Status” allow pharmacists to do?

Being recognized as healthcare providers allows pharmacists to be a more integral part of healthcare teams and broaden patient access to pharmacist-provided services by making these services reimbursable.

Does Provider Status expand a pharmacist’s scope of practice?

No. Pharmacists in Wisconsin currently have their own scope of practice, as well as the ability to perform any patient-care service delegated by a physician; Provider Status does not broaden what a pharmacist can do without a physician’s delegation.

Why is Provider Status good for patients?

By recognizing pharmacist-provided services, care that will improve patient outcomes and reduce costs will be more accessible to patients across Wisconsin.



TEAMING UP FOR BETTER PATIENT CARE
Pharmacist Provider Status



References:

1. “MUA Find.” HRSA Data Warehouse – Shortage Areas. U.S. Department of Health & Human Services. <https://datawarehouse.hrsa.gov/tools/analyzers/maufind.aspx>.
2. “Health Care Expenditures per Capita by State of Residence.” The Henry J. Kaiser Family Foundation. <https://www.kff.org/other/state-indicator/health-spending-per-capita/?currentTimeframe=0&sortModel=%7B%22collId%22%3A%22Location%22%2C%22sort%22%3A%22asc%22%7D>
3. “Improving Medication Adherence and Healthcare Outcomes Through a Retail Pharmacy Chain.” JCOMP. October 2015.
4. Sabaté, Eduardo. Adherence to long-term therapies: evidence for action. World Health Organization, 2003.
5. Bellone, Jessica M., Jamie C. Barner, and Debra A. Lopez. “Postdischarge interventions by pharmacists and impact on hospital readmission rates.” Journal of the American Pharmacists Association 52, no. 3 (2012): 358-362.