



COVID-19 Town Hall #2 Q & A

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Carol Bugdalski-Stutrud is the current Executive Fellow of the Michigan Pharmacists Association. Before being selected as the Executive Fellow, she was a consultant with MPA and managed our academic detailing program. She has also pursued opportunities for incorporating pharmacists into patient centered medical homes. She has and will continue to be a champion of pharmacists' implementation for clinical services.

Additional Panelists

Farah Jalloul, MPA Director of Professional Development

Brian Sapital, MPA Government Affairs Manager

Larry Wagenknecht, MPA Chief Operations Officer

Q & A

- 1. When will testing be available to pharmacists who work in hospitals? When will they be available to pharmacists and pharmacy technicians in the community? Testing requirements have been less stringent during the past week. Any person, essential employee or not, may go to a portal such as Rite Aid, CVS or Walgreen to determine if they are eligible to be tested. Complete a questionnaire and follow the prompts.**
- 2. How can an independent pharmacy be set up to do testing? There are several steps to follow in order to be set up to do the testing. It is advisable that you conduct an assessment of readiness to perform any of the tests that are available. You will also need to apply for a CLIA waiver or amend the waiver to include the tests that you are performing. Additionally, you will need to secure a partnership with a lab, have the suitable PPE and contemplate your billing platform. You will find many of the outlined steps on the MPA website and be sure to check back as the information is continuously updated to reflect current best practices.**
- 3. Sick patients are coming into the pharmacy and it has been suggested that pharmacists test and vaccinate. Why isn't adequate PPE and reimbursement available to pharmacy professionals? How can pharmacy professionals get PPE? Unfortunately, PPE supplies have been relegated to hospitals and those caring for active COVID patients. While there are more supplies being given to the SEOC (State Emergency Operations Center) the supplies are rationed out to the sites that are in the "hot zone" in Michigan. There has been strides made in PPE production and manufacturing and it is anticipated that supplies will be made available to other "tier" healthcare providers in the near future.**

4. **Is COVID testing covered by all insurances? Medicaid? Medicare Part D Plans? How are Walgreens, CVS and Rite Aid being paid for COVID-19 testing? Should pharmacist demand provider status and then take on this extremely dangerous and costly task of testing for this virus? Medicare Part B is allowing pharmacists to bill for testing supplies and administration of the test. You will need to become a Medicare Part B provider. Check out the website for the steps on "how to" become enrolled and to begin billing. With regards to provider status-this isn't necessary to provide services in the state of Michigan – it's getting paid that is the issue. You could create a collaborative practice agreement with a provider and agree to bill under the provider number until Medicare makes the necessary changes to allow pharmacists to bill for services.**
5. **Is a special certification required to provide COVID-19 testing and if so, how do we get it? Currently there is not a need for a specific certification for administering the test however, it is strongly encouraged that for any one that embarks on this path at the very least, understand how to perform the swab specimen collection and how to don and doff PPE, where applicable. There are video links on the MPA website that demonstrate both of these functions.**
6. **What do antibody-screening test determine? Should a volunteer pharmacist confirm positive antibodies for COVID-19 before volunteering? These tests look at IgG and IgM-antibodies that are present if a person has had COVID or has had exposure to COVID. Studies are being conducted to assess the accuracy of these tests. World Health Organization (WHO) recommends against screening with antibody tests.**
7. **Who should be reporting the test results to the patients and/or the physicians? There are several mechanisms for this to take place. Most common is that the lab shares the results with the physician who in turn shares the results with the patient. If the patient is positive, the physician will then share the best practices for isolation, hand-washing, masking and instruct patient to observe any worsening symptoms that should be referred to a hospital. Pharmacists, especially those in rural areas, are assuming the role of informing patients. They also convey the results and subsequent treatment plan to the providers.**
8. **Is there any process established for pharmacies to share testing result with the State to track the virus? The current protocol is for labs to share data. However, the Michigan Health Information Network (MiHIN) recently provided MPA with a process for pharmacists to report the test results to the State. Please see COVID-19 Update #12 published May 7 for this information.**
9. **More than half of my patients with the virus are either type 1 or type 2 diabetic from my unscientific study. I know it is a comorbidity but it seems my diabetic patients have been hit harder than the nondiabetic patients. Is there any research available about this? Your observational "study" with your patient population is spot on. Here's a very good summary of why this has occurred. [https://www.thelancet.com/journals/landia/article/PIIS2213-8587\(20\)30152-2/fulltext](https://www.thelancet.com/journals/landia/article/PIIS2213-8587(20)30152-2/fulltext)**
10. **Regarding a retail pharmacy at a hospital: We often get patients in our pharmacy who may or may not be positive for COVID in our store. (We really don't have a good**



way of knowing unless patients share their status with us). What PPE and other concerns would you recommend for staff in this pharmacy? We have curbside pickup available also. Here are a few questions to ask in addition to the one presented:

- Has there been any protective shield/guard installed near the checkout and drop-off areas?
- Have you had a chance to review the Best Practices guidelines for Pharmacies that the CDC has established? If not, here's the link <https://www.cdc.gov/coronavirus/2019-ncov/hcp/pharmacies.html>
There are great tips and advice on how to protect you and your staff while operating under these conditions.
- It is good that you have curbside pickup. Would it be feasible to make your pharmacy an ALL curbside pickup and not allow patients into the area? Are there limitations with hospital parking spaces, etc? If you have valet spaces available at your hospital those would be a great resource for curbside expansion, unless you are already utilizing this!
- We imagine that you have already marked the floor with 6 feet apart signs/markers but we also imagine that your facility isn't very big? Is it be feasible for patients to wait outside of the pharmacy in a common hospital hallway?

11. Will the state and/or federal government help in the financial burden that is tagged with the testing setting from equipment, literature, payroll, marketing, etc.? With the CMS announcement from 4/30/2020-the momentum is in the direction of reimbursement to pharmacists for tests, administration of the tests and PPE supplies. Behind the scenes the government is working with the national pharmacy associations to determine the mechanism that should be used for payment. The announcement from CMS leaves us very optimistic that payment models and platforms will be soon to follow. Check back on our website for the latest information regarding how to become a Medicare Part B provider. With regards to liability- It's always wise to have professional liability insurance as I am sure you do, but there is also a clause in the COVID HHS Order that protects pharmacists – similar to the good Samaritan law.