

Advocacy—An Essential Component of Practice

Earlier in my pharmacy career I frequently said that I am an apolitical person—in other words what I really meant was that I didn't want to get involved in discussions with my legislators. I felt that if I practice "good pharmacy" than that should be "good enough" for my advocacy efforts. Now looking back at my younger self, I realize just how naïve and ignorant I was for such beliefs. My advocacy efforts ramped up early in 2013 when in the first two weeks of January I noticed that the effective rate of reimbursement had been reduced by 50% from a major payer in the state—and I had a looming sense of dread and urgency. I needed to do something about this, but what and how. That is when I took to advocating on behalf of my practice, my patients, and my profession. I started with my state legislators by sending a letter that I quoted Lord Acton, "*Power Corrupts; absolute power corrupts absolutely*" to describe the business practices of PBMs that were running roughshod over my pharmacy. I worked closely with my state pharmacy association to structure a message to our legislators to ensure that our message was meaning and impactful. Soon I was meeting with other stakeholders including representatives from my PSAO, the insurance commissioner's office, lobbyists, and lawyers to continue my advocacy in an even more intense level. Eventually, this led to a class action arbitration against the PBM and a challenge to the health plan that hired the PBM to look at pharmacy in a different way.¹ The payer took my challenge and we implemented a pilot program to determine if pharmacists providing clinical services in a community pharmacy can impact the total costs of care—and after twelve months that answer was emphatically YES!!²

But even this is not enough. Today, our advocacy efforts need to be stepped up even more. DIR fees and other PBM practices are continuing to reduce our practice viability, reimbursement for value-added services such as oral antivirals is insufficient, recognition as providers is still debated. When given the opportunity to advocate, I jump at the chance. More recently I was asked to comment about retroactive DIR fees and provided a quote. I was asked several times if I felt comfortable with my quote and if they could attribute it to me and my practice. My answer was that I stand behind all my comments and emphasized that not only is it okay that they attribute it to me, but I am proud to represent my pharmacy, my patients, and my profession.³ Advocacy has become a part of me and my practice. Now's the time for our voices to be heard!

1. https://network.ceimpact.com/posts/why-i-decided-to-sue-a-pbm?utm_source=manual
2. <https://pubmed.ncbi.nlm.nih.gov/28844583/>
3. <https://www.grassley.senate.gov/news/news-releases/grassley-pushes-for-pharmacy-dir-reforms-in-medicare-part-d-promotes-bipartisan-effort-to-lower-prescription-drug-prices>.