CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACY
PROPOSAL IN STP FORMAT

PROPOSAL C

PROPOSAL: To reaffirm, modify and reaffirm, or delete CSHP professional policies which are five (5) years or older

SUBMITTED BY: **Christine Antczak, Susan Cho, Vicky Ferraresi, Ian Ford, Kenn Horowitz, and Nancy Korman**

DATE: **June 6, 2011**

SITUATION:

1. CSHP Professional Policies have been catalogued since 1980.
2. One of the duties of Board of Directors is to review any professional policy that is 5 years old or older. For this review, each professional policy that is five years old was reviewed for applicability and current relevance and recommendations to reaffirm, modify and reaffirm, or delete were outlined.
3. While analyzing professional policies, ASHP's professional policy catalogue was checked for any policies that relate to the topic.

TARGET:

1. A mechanism exists to periodically review CSHP policies for their continued relevance and applicability (CSHP Board of Directors action is generally guided by existing policy.)
2. CSHP's professional policies accurately reflect current practice and professional standards.
3. The annual review process of professional policy is continued as an opportunity for CSHP to reflect the most current and contemporary positions on pharmacy practice and organizational guidelines for our members.

PROPOSAL:

1. The following CSHP professional policies be **reaffirmed** as CSHP professional policy.
2. The following CSHP professional polices to be **modified & reaffirm** as CSHP professional policy.
3. The following CSHP professional policies be **deleted** as CSHP professional policy.

CSHP BOARD ACTIONS:

At its July 8-9, 2011 meeting, the board approved the proposal.

Policy #: **P-200601** Assigned to: **Christine Antczak** Recommended Action: ☐ Reaffirm, ☐ Delete, **X Modify & Reaffirm**

Current Policy Wording	**#2006-01** **Internet: Pharmacy Practice (#2006-01)** Source: HOD 10/29/00 Note: This is former policy #2000-11 approved by the HOD in 2000; modified and reaffirmed by the HOD in 2006 as #2006-01). 1. The California Society of Health-System Pharmacists supports pharmacy practice via the Internet only by sites that adhere to professional standards of pharmacy consistent with our mission and: a) Meet all federal and state regulations and statutes, including those on patient consultation, consumer safeguards (e.g. drug-drug interactions) and good business practice. b) Have been certified as a Verified Internet Pharmacy Practice Site (VIPPS) by NABP and are listed on the NABP Website – www.nabp.org. c) This information is disseminated to consumers. 2. Decisions to utilize the Internet should be predicated on compliance with federal and state laws and regulations, including those on patient consultation and licensure criteria; 3. Where appropriate, CSHP shall initiate and participate in regulatory discussions involving the technological advances of the Internet and implications to the practice of pharmacy in maximizing patient care; 4. CSHP will support activities that disseminate information to consumers and key publics regarding reputable Internet pharmacy sites and drug/disease information on the Internet.
If Modify & Reaffirm, Recommended Wording	1. The California Society of Health-System Pharmacists supports pharmacy practice via the Internet only by sites that adhere to professional standards of pharmacy consistent with our mission and: a) Meet all federal and state regulations and statutes, including those on patient consultation, consumer safeguards (e.g. drug-drug interactions) and good business practice. b) Have been certified as a Verified Internet Pharmacy Practice Site (VIPPS) by NABP and are listed on the NABP Website – www.nabp.net~~www.nabp.org~~. d) This information is disseminated to consumers.

	2. Decisions to utilize the Internet should be predicated on compliance with federal and state laws and regulations, including those on patient consultation and licensure criteria; 3. Where appropriate, CSHP shall initiate and participate in regulatory discussions involving the technological advances of the Internet and implications to the practice of pharmacy in maximizing patient care; 4. CSHP will support activities that disseminate information to consumers and key publics regarding reputable Internet pharmacy sites and drug/disease information on the Internet.
Rationale for Recommendation	The website address has changed.

Policy #: **P-200604** Assigned to: **Vicky Ferraresi** Recommended Action: ❒ Reaffirm, ❒ Delete, **X Modify & Reaffirm**

Current Policy Wording	**# 2006-04** **Precepts of Palliative Care (#2006-04)** Source: HOD 10-28-01 CSHP endorses Last Acts' Precepts of Palliative Care *(Full text of Precepts follows).* **Last Acts** ***Care and Loving at the End of Life*** Precepts of Palliative Care DEVELOPED BY THE TASK FORCE ON PALLIATIVE CARE DECEMBER 1997 Palliative care refers to the comprehensive management of the physical, psychological, social, spiritual, and existential needs of patients. It is especially suited to the care of people with incurable, progressive illness. Palliative care affirms life and regards dying as a natural process that is a profoundly personal experience for the individual and family. The goal of palliative care is to achieve the best possible quality of life through relief of suffering, control of symptoms and restoration of functional capacity while remaining sensitive to personal, cultural and religious values, beliefs and practices. Palliative care can be complementary to other therapies that are available and appropriate to the identified goals of care. The intensity and range of palliative interventions may increase as illness progresses and the complexity of care and needs of the patients and their families increase. The priority of care frequently shifts during this time to focus on the dying process with an emphasis on end-of-life decision making and care that supports physical comfort and a death that is consistent with the values and expressed desires of the patient. Palliative care guides patients and families as they make the transition through the changing goals of care, and helps the dying patient who wishes to address issues of life completion and life closure. Palliative care has become an area of special expertise within medicine, nursing, social work, pharmacy, chaplaincy and other disciplines. However, advances in palliative care have not yet been integrated effectively into standard clinical practice. The fundamental precepts of palliation should be a basic component of the attitudes, knowledge base and practice skills of all clinicians.

The *Last Acts* Palliative Care Task Force believes that acknowledgment and incorporation of the following core precepts into all end-of-life care can serve as a starting point for needed reform.

Precepts of Palliative Care

Respecting Patient Goals, Preferences and Choices
Palliative Care:

- Is an approach to care that is foremost patient-centered and addresses patient needs within the context of family and community.
- Recognizes that the family constellation is defined by the patient and encourages family involvement in planning and providing care to the extent the patient desires.
- Identifies and honors the preferences of the patient and family through careful attention to their values, goals and priorities, as well as their cultural and spiritual perspectives.
- Assists patients in establishing goals of care by facilitating their understanding of their diagnosis and prognosis, clarifying priorities, promoting informed choices and providing an opportunity for negotiating a care plan with providers.
- Strives to meet patients' preferences about care settings, living situations and services, recognizing the uniqueness of these preferences and the barriers to accomplishing them.
- Encourages advance care planning, including advance directives, through ongoing dialogue among providers, patient and family.
- Recognizes the potential for conflicts among patient, family, providers and payers, and develops processes to work toward resolution.

Comprehensive Caring
Palliative Care:

- Appreciates that dying, while a normal process, is a critical period in the life of the patient and family, and responds aggressively to the associated human suffering while acknowledging the potential for personal growth.
- Places a high priority on physical comfort and functional capacity, including but not limited to: expert management of pain and other symptoms, diagnosis and treatment of psychological distress and assistance in remaining as independent as possible or desired.
- Provides physical, psychological, social, and spiritual support to help the patient and family adapt to the anticipated decline associated with advanced, progressive, incurable disease.
- Alleviates isolation through a commitment to non-abandonment, ongoing communication and sustaining relationships.
- Assists with issues of life review, life completion and life closure.
- Extends support beyond the lifespan of the patient to assist the family in their bereavement.

Utilizing the Strengths of Interdisciplinary Resources
Palliative Care:

- Requires an interdisciplinary approach drawing on the expertise of, among others, physicians, nurses, psychologists, pharmacists, pastoral caregivers, social workers, ancillary staff, volunteers and family members to address the multidimensional aspects of care.
- Includes a clearly identified, accessible and accountable individual or team responsible for coordinating care to assure that changing needs and goals are met and to facilitate communication and continuity of care.
- Incorporates the full array of inter-institutional and community resources (hospitals, home care, hospice, long-term care, adult day services) and promotes a seamless transition between institutions/settings and services.
- Requires knowledgeable, skilled and experienced clinicians, who are provided the opportunity for ongoing education, professional support and development.

Acknowledging and Addressing Caregiver Concerns
Palliative Care:

- Appreciates the substantial physical, emotional and economic demands placed on families caring for someone at home, as they attempt to fulfill caregiving responsibilities and meet their own personal needs.
- Provides concrete supportive services to caregivers such as respite, round-the-clock availability of expert advice and support by telephone, grief counseling, personal care assistance and referral to community resources.
- Anticipates that some family caregivers may be at high risk for fatigue, physical illness and emotional distress, and considers the special needs of these caregivers in planning and delivering services.
- Recognizes and addresses the economic costs of caregiving, including loss of income and non-reimbursable expenses.

Building Systems and Mechanisms of Support
Palliative Care:

- Requires an environment that supports innovation, research, education and dissemination of best practices and models of care.
- Needs an infrastructure that promotes the philosophy and practice of palliative care.
- Relies on the formulation of responsible policies and regulations by institutions and by state and federal governments.
- Promotes equitable and timely access to the full array of interdisciplinary services necessary to meet the multidimensional needs of patients and caregivers.
- Demands ongoing evaluation, including the development of research-based standards, guidelines and outcome measures.
- Assures that mechanisms are in place at all levels (e.g., systems, direct care services) to guarantee accountability in provision of care.

- Requires appropriate financing, including the development of new methods of reimbursement within the context of a changing health care financing system.

Precepts of Palliative Care for Children, Adolescents and Their Families

Respecting Patient Goals, Preferences and Choices
Palliative Care:

- Emphasizes family-centered care and addresses the child's needs in the context of the child's physical condition, developmental stage, family, and community.
- Recognizes that the family constellation is defined by the child, the family and their culture and beliefs and encourages child and family involvement in planning and providing care.
- Identifies and honors the preferences of the child and family through careful attention to their values, goals and priorities as well as their cultural and spiritual perspectives.
- Assists the child and family in establishing goals of care by facilitating their understanding of the diagnosis and prognosis, clarifying priorities and providing an opportunity to collaborate with providers on the creation of a care plan. This process takes into account the child's developmental stage, chronological age and the family's wishes.
- Respects the roles of parent or surrogate by presenting a model of shared decision-making.
- Strives to meet the child's and family's preferences about care settings, living situations and services, recognizing the uniqueness of these preferences and assisting the family to work through any barriers to achieving their goals.
- Encourages advance care planning through ongoing dialogue among health care professionals, the child and family.
- Recognizes the potential for conflicts among the child, family, providers, and payers and develops processes to work toward resolution.

Comprehensive Caring
Palliative Care:

- Responds to the inherent human suffering and grief associated with living with serious illness and life-threatening conditions.
- Appreciates differences among children and families regarding the meaning of their experience; for some children and families, this experience can be a period for inner growth.
- Places a high priority on physical comfort and functional capacity, including, but not limited to, expert management of pain and other symptoms, diagnosis and treatment of psychological and spiritual distress, and assistance in remaining as independent as possible, if so desired.
- Provides comprehensive interventions and support to help the child and family adapt to living with serious illness and/or life-threatening conditions.
- Alleviates isolation through a commitment to non-abandonment, ongoing communication and sustaining

relationship.

- Assists with reaffirmation of the child's life and the parents' role in that life as well as helping to bring about completion and closure within the context of family culture and values.
- Extends support beyond the life span of the child to assist the family and others in their bereavement through ongoing support, guidance and remembrance.

Using the Strengths of Interdisciplinary Resources
Palliative Care:

- Requires an interdisciplinary team of knowledgeable, skilled and experienced pediatric health care professionals, who are provided the opportunity for ongoing education, professional support and development.
- Includes a clearly identified, accessible and accountable individual or team responsible for coordinating care to ensure that changing needs and goals are met and to facilitate continuity of care and ongoing communication among team members, the child and family.
- Incorporates the full array of inter-institutional and community resources (e.g., schools, hospitals, home care, hospice) and promotes a seamless transition between institutions/settings and services.
- Determines what services are available for the child and family and that the hospice/palliative care staff are knowledgeable about the unique needs of the seriously ill child and the family.

Acknowledging and Addressing Caregiver Concerns
Palliative Care:

- Recognizes that the well-being of seriously ill or injured children and that of their family caregivers are intertwined.
- Appreciates the substantial physical, emotional and economic demands placed on a family caring for the child at home or during prolonged and/or repeated hospitalizations as they attempt to fulfill care-giving responsibilities and to meet the entire family's needs.
- Provides concrete supportive services to caregivers such as respite care, and around-the-clock availability of expert advice and support by telephone, grief counseling, personal care assistance and referral to community resources.
- Anticipates that some family caregivers may be at high risk for fatigue, physical illness and emotional distress and considers the special needs of these caregivers in planning and delivering services.
- Recognizes and addresses the economic costs of care giving including loss of income and non-reimbursable expenses.
- Acknowledges that family grief begins during the child's illness and continues after a child dies.

Building Systems and Mechanisms of Support
Palliative Care:

- Requires an environment that supports innovation, research, education and dissemination of best practices and models of care.

	▪ Needs an infrastructure that promotes the philosophy and practice of pediatric palliative care. ▪ Relies on the formulation of responsible policies and regulations by institutions and by state and federal governments. ▪ Promotes equitable and timely access to the full array of interdisciplinary services necessary to meet the multidimensional needs of patients and their caregivers. ▪ Demands ongoing evaluation including the development of evidence-based standards, guidelines and outcome measures. ▪ Assures that mechanisms are in place at all levels (e.g., systems, direct care services) to guarantee accountability in the provision of care. ▪ Requires appropriate financing including the development of new methods of reimbursement within the context of a changing health care financing system. See other References not included here: National Hospice and Palliative Care Organization Palliative Care Precepts Crosswalk, JCAHO Standards, CMS (Medicare) Conditions of Participation.
If Modify & Reaffirm, Recommended Wording	~~**Precepts of Palliative Care**~~ **The Pharmacist's Role in Hospice and Palliative Care** Source: HOD 10-28-01 CSHP endorses ~~Last Acts' Precepts of Palliative Care~~ the 2009 Clinical Practice Guidelines for Quality Palliative Care developed by the National Consensus Project for Quality Palliative Care These guidelines are for all health care professionals to help address the growing population of patients with advanced illness. CSHP believes that pharmacists have a pivotal role and should be integral members of all hospice and palliative care interdisciplinary teams. See (www.nationalconsensusproject.org) for the full text of the Clinical Practice Guidelines and the ASHP Statement on the Pharmacist's Role in Hospice and Palliative Care (*www.**ashp**.org/DocLibrary/BestPractices/SpecificSt**Hospice**.aspx*)
Rationale for Recommendation	The original policy is a statement of support for palliative care. It is time to redirect our professional statement to pharmacist involvement in hospice and palliative care. 40 professional organizations have endorsed the 2004 guidelines, and 20 (as of 3/25/11) have endorsed the 2009 guidelines; none of them are pharmacy organizations. Although the guidelines acknowledge the input of 7 pharmacist leaders in the field, there is only passing mention of the pharmacist twice in the document (as an *optional* part of the interdisciplinary team, pages 9 and 72): *…a core group of professionals from medicine, nursing and social work, and may include some combination of volunteer coordinators, bereavement coordinators, chaplains, psychologists, pharmacists, nursing assistants and home attendants, dietitians, speech and language pathologists, physical, occupational, art, play, music, and child-life therapists, case managers, and trained volunteers.*

	Drug therapy is the mainstay of the palliation of pain and other symptoms. Other palliative care cannot take place in the face of unremitting symptoms (e.g. pain or nausea). This is a great opportunity for CSHP to support this practice area and to advocate for pharmacist involvement in these areas of practice.

Policy #: **P-200606** Assigned to: **Susan Cho** Recommended Action: **X Reaffirm**, ❒ Delete, ❒ Modify & Reaffirm

Current Policy Wording	**#2006-06** **Off-Label Use of Medication (#2006-06)** Source: HOD 10/15/2006 1. CSHP supports the practice of prescribing medications for off-label uses that are documented in the medical literature in a system that: a) Maintains patient access to pharmacist review of all medications. b) Protects the pharmacist's right of refusal of an off-label use of a medication. c) Preserves the patient-pharmacist-prescriber relationship. d) Provides adequate patient counseling and education, particularly to patients taking medications for off-label use. e) Recognizes the prescriber's responsibility in assuring the appropriate and safe use of all medications; and f) Encourages evidence-based decision making and prescribing. 2. CSHP opposes efforts to restrict the off-label use of medication when the usage is medically appropriate, evidence-based and in the patient's best interest.
If Modify & Reaffirm, Recommended Wording	
Rationale for Recommendation	

Policy #: **P-200607** Assigned to: **Christine Antczak** Recommended Action: ❒ Reaffirm, **X Delete**, ❒ Modify & Reaffirm

Current Policy Wording	**#2006-07** **Pharmaceutical Care (#2006-07)** Source: HOD 10/15/2006 The California Society of Health-System Pharmacists supports the practice of pharmaceutical care (pharmacist cognitive services) that seeks to achieve optimal therapeutic outcomes for patients and improves their quality of life. This care may or may not occur in conjunction with the provision of a medication product. This care supports collaborative efforts of a multi-disciplinary patient care team, which includes the patient, physicians, pharmacists, nurses, dieticians, respiratory care providers, and others.
If Modify & Reaffirm, Recommended Wording	
Rationale for Recommendation	ASHP has an existing policy under their Governement, Laws and Regulations section titled the ASHP Statement on the Principles of Including Medications and Pharmaceutical Care in Health Care Systems.