

**CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS**

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HOUSE OF DELEGATES  
OCTOBER 4, 2009  
SAN DIEGO, CALIFORNIA

**RECOMMENDATION**

*(May be presented by a Delegate at either session of the House)*

**INTRODUCED BY:** Forrest Shirkey and Pauline Chan  
(Name)

Sacramento Valley Chapter-CSHP  
(Chapter or Division Represented)

**DATE:** October 4, 2009

**SUBJECT:** CSHP to establish a committee to evaluate the problems and issues with current Title XXII regulations. Furthermore, develop/implement pilot demonstration projects, ensuring a quality improvement approach to determine best practices and adoption of these tested procedures as standards of practice, with the goal of influencing both CDPH and the legislature on formulating updated rules and regulations.

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**DESCRIPTION OF CURRENT SITUATION:**

*(Describe problem/concern/issue. Include history and background, facts, opinions, feelings about the situation).*

1. Existing laws Title 22 that governs and regulates pharmacy practices was established long time ago and do not reflect the current pharmacy practices.
2. Numerous attempts have been made to initiate changes to Title 22. However, this process is slow because of the constraints of time, budget, resources and extensive time requirements in the regulatory change and approval process.
3. Quasi-regulatory agencies such as The Joint Commission, has stipulated new lists of recommendations and compliance requirements based on current practices and standards.
4. As a result, pharmacy practices today are expected to comply with current recommendations as well as outdated practice standards established long time ago. Many regulations are redundant and at times contradictory, resulting in excessive paperwork and documentation that does not impact patient care. Furthermore, because of the time and resources devoted to meeting extensive requirements in compliance of all regulations, many innovative clinical practices that target improved patient care are put on hold or faced delayed implementation because of time and resources limitations.

**DESCRIPTION OF DESIRED SITUATION**

*(Outcome, e.g. goals, objectives, targets to be met, how desired situation relates to strategic plan).*

1. We believe that, in order to resolve the current situation, we must continue to 1) dialogue with the appropriate channels our concern with the outdated regulations and laws, and 2) to continue to identify

most efficient ways to meet The Joint Commission’s requirements. Additionally, we propose the third approach, which is to recommend CSHP to form a new committee to use quality improvement approach to study and track key issues based on the Institute of Medicine’s six aims of improvement: that care must be **safe, effective, patient-centered, equitable, timely and efficient**. New practice standards should include these aims. But we cannot hope to achieve these aims until we make fundamental changes to the whole health care system. CSHP would be in the best position to initiate this change, and when appropriate, to coordinate changes with other health care providers in the multi-disciplinary patient care team.

2. **Goals and Objectives:**

- A. Practicing pharmacists in California, through collective efforts of CSHP, will have increased input and influence to the regulatory bodies with the goal of creating future regulatory and compliance standards that is optimal to maintain public safety and maintain highest quality of care. These standards should not be outdated; and shall reflect current practices, taking into considerations of information system advancement, and other technology capabilities and applications.
- B. Future regulatory and compliance standards are based on the Institute of Medicine’s six improvement aims: that care must be safe, effective, patient-centered, equitable, timely and efficient.

**Targets (timeline):**

Target	Description	Who to address	Tentative Timeline
Review proposal and approve concept	<ul style="list-style-type: none"> <li>o Review S-T-P,</li> <li>o Seek additional information as needed</li> </ul>	Board, CSHP staff, proposed members (Sac-Valley CSHP)	November-December 2009
Form committee	<ul style="list-style-type: none"> <li>o Identify thought leaders</li> <li>o Create expert panel list</li> <li>o Seek appointments</li> <li>o Outline schedule and commitment</li> <li>o Develop action plan</li> </ul>	Board and expert panel, CSHP staff	January 2010
Pharmacy Practices Gap analysis: based on IOM six aims	<ul style="list-style-type: none"> <li>o Which pharmacy practice areas are not meeting IOM six aims?</li> </ul>	Expert panel and committee members	January-March 2010
Prioritization of work based on gap analysis	<ul style="list-style-type: none"> <li>o Expert panel to collect testable ideas to use to close the gaps</li> </ul>	Expert panel and committee members, with input from members at large	April 2010
Bring testable ideas to daily practice	<ul style="list-style-type: none"> <li>o From testable ideas, develop pilot demonstration project (as needed) to formulate strategies for best practices based on technology capabilities and applications</li> <li>o Share best practices</li> <li>o Continued dialogue with regulatory bodies to influence change</li> <li>o Dialogue with external organizations (strategic partners)</li> </ul>	Board, CSHP staff, Committee members, input from members at large	April 2010 and ongoing

3. **How desired situation related to strategic plan:**

The proposed committee’s work (desired situation) embraces the CSHP strategic plan goal#2:  
**CSHP advances and promotes the profession of pharmacy.**

- Advocate for the pharmacy profession and patients in public, regulatory, and legislative arenas.
- Assure that members of the pharmacy profession practice to the full extent of their education and training.
- Align educational offerings with emerging issues, future trends and breakthrough developments.
- Promote best practices in pharmacy and recognize those members practicing in an exemplary manner.
- Address the needs of an ethnically and culturally diverse health care population, including both patients and providers.
- Capture, disseminate and promote the use of best practices in organizational programs.
- Expand strategic relationships with external organizations.

**Strategies**

*Key: 1 = Immediate [1 year]; 2 = Intermediate [2-3 years]; 3 = Ongoing [4-5 years]*

<b>Key</b>	<b>Strategy</b>
1	Ensure that statutes and regulations allow members to practice to the fullest extent of their education and training including reimbursement for cognitive services.
1	Enhance the visibility of health-system pharmacy practitioners to other health professions and the lay public including legislators, regulators, and payers.
1	Support member involvement in the legislative and regulatory arena.
1	Share best practices in pharmacy amongst the members.
1	Provide opportunities for education on emerging issues, future trends, breakthrough developments, and cultural diversity.
2	Promote appropriate initiatives related to ASHP 2015, MTM, patient safety, and other emerging issues.
3	Evaluate and assess current and potential strategic relationships to optimize their value to CSHP.
3	Promote research programs that evaluate the impact of the pharmacist in patient care.

**PROPOSED ACTION(S):**

*(Include cost analysis and who should address the issue (Board, specific committee, specific individual(s)?).*

1. CSHP to establish a committee to evaluate the problems and issues with current Title XXII regulations. Furthermore, develop/implement pilot demonstration projects, ensuring a quality improvement approach to determine best practices and adoption of these tested procedures as standards of practice, with the goal of influencing both CDPH and the legislature on formulating updated rules and regulations.

**RESOURCES REQUIRED FOR PROPOSED ACTION(S)**

Financial:           \$?? *(Impact on budget) If it will cost money, how do you propose it be funded?*

*No financial impact*

EVP time:           *Have you asked the EVP (or other staff members who will be affected) for input on how this proposal will impact their time?*

*Have not asked – will need to ask for input*

Staff time: *Will require CSHP staff time to coordinate meetings and disseminate information*

**References:**

**1. Institute of Healthcare Improvement [www.ihp.org](http://www.ihp.org)**

The following is a brief quote from the website:

...Let's look at the other side of the chasm — at the ideal health care outlined by the report's six "Aims for Improvement." To begin with, health care must be **safe**. This means much more than the ancient maxim "First, do no harm," which makes it the individual caregiver's responsibility to somehow try extra hard to be more careful (a requirement modern human factors theory has shown to be unproductive). Instead, the aim means that safety must be a property of the system. No one should ever be harmed by health care again.

Second, health care must be **effective**. It should match science, with neither underuse nor overuse of the best available techniques — every elderly heart patient who would benefit from beta-blockers should get them, and no child with a simple ear infection should get advanced antibiotics. Third, health care should be **patient-centered**. The individual patient's culture, social context, and specific needs deserve respect, and the patient should play an active role in making decisions about her own care. That concept is especially vital today, as more people require chronic rather than acute care. Fourth, care should be **timely**. Unintended waiting that doesn't provide information or time to heal is a system defect. Prompt attention benefits both the patient and the caregiver.

Fifth, the health care system should be **efficient**, constantly seeking to reduce the waste — and hence the cost — of supplies, equipment, space, capital, ideas, time, and opportunities. And sixth, health care should be **equitable**. Race, ethnicity, gender, and income should not prevent anyone in the world from receiving high-quality care. We need advances in health care delivery to match the advances in medical science so the benefits of that science may reach everyone equally.

But we cannot hope to cross the chasm and achieve these aims until we make fundamental changes to the whole health care system.