

OCTOBER 10 & 12, 2008
PROPOSAL D
(REVISED 9/19/08)

PROPOSAL: To Adopt Professional Policies from the CPhA 2008 House of Delegates Session

SUBMITTED BY: CSHP Board of Director's

DATE: March 20, 2008

DESCRIPTION OF CURRENT SITUATION:

1. At the January 2008 Board of Directors meeting, administrative policy 2004-16 was amended directing CSHP delegates to the CPhA House of Delegates to review professional policies adopted at that meeting for possible inclusion into CSHP professional policy.
2. There were thirty-four (34) professional policies that were discussed with action taken at the 2008 CPhA House of Delegates.
3. Of the 34 professional policies discussed, 14 policies have potential to affect health-system practice that is not evident in current CSHP professional policy.
4. Two CPhA professional policies are similar to existing CSHP professional policy, but are worded in such a way that may be more applicable than current language.

DESCRIPTION OF DESIRED SITUATION:

1. To increase activities related to the development of professional policies (Goal 1).
2. Expand strategic relationships with external organizations (Goal 3).

PROPOSED ACTION(S):

1. To **adopt** the following CSHP professional policies as discussed and approved at the 2008 CPhA House of Delegates:

1. Adopt Pharmaceutical Care and Prescription Drug Benefits

CSHP supports the inclusion of pharmaceutical care and prescription drug benefits as necessary components of all health programs.

2. Adopt Emergency Contraception

CSHP supports pharmacists' voluntary involvement in emergency contraception programs, including evaluation and education of patients and prescribing emergency contraception under established and accepted protocols when appropriate.

3. Universal Coverage

CSHP supports healthcare delivery and financing systems, which incorporate the following:

1. Healthcare coverage for all whether multi-payor or single-payor;
2. Allows for the purchase of additional coverage outside the basic plan;
3. Permits patients to choose the healthcare provider of their choice;
4. An independent review board, which includes providers, to make benefit/coverage decisions;
5. A mechanism to advance the continued improvement of health care;
6. The option for providers to balance bill their usual and customary rates;
7. Mechanisms to address fraud in a timely and appropriate manner;
8. A pharmacy benefit package that includes reimbursement for medications and compensation for pharmacist services, such as Medication Therapy Management (MTM);
9. A uniform system for billing and prior authorization procedures

4. Requirement to Utilize

CSHP opposes financial incentives or mandates by prescription plans to utilize mail order.

5. Sustainability

CSHP supports environmentally friendly principles and practices within the profession of pharmacy.

6. Pharmacogenomics

CSHP supports education and application of pharmacogenomics in healthcare.

7. Federally Funded Financial Aid Programs: Graduate and Health Professional Students

CSHP supports the continuation of federal financial aid programs for healthcare students through grants, work-study programs, and low-interest loans.

8. Physician Office Personnel

CSHP supports the use of healthcare personnel who are familiar with medical and pharmaceutical terms for the purpose of good communication to ensure patient safety and reduction of errors.

9. Community Pharmacy Residency Accreditation

CSHP supports the development and implementation of accredited residency programs in community pharmacy practice, which would enable pharmacists to acquire or enhance the skills necessary to meet the needs of their patients. Accreditation of such residencies should be accomplished through a nationally recognized accrediting body in pharmacy.

10. General Standards – Facilities and Equipment

CSHP supports the provision of adequate space, equipment, and supplies for the professional and administrative functions of the pharmacy. Pharmacies shall provide a private area where pharmacists provide clinical services to their patients.

11. Pharmacist Consulting/Patient Adherence

CSHP supports education of the public and healthcare providers about the value of interacting with pharmacists to optimize therapeutic outcomes.

12. Health Facilities Standards – Distribution and Control

CSHP supports that pharmacists shall be responsible for policies and procedures that govern the procurement, distribution, control, administration, and disposal of all drugs, including investigational drugs, used within a health facility. To reduce medication errors and drug waste, systems which provide packaging and control at the unit of use level shall be encouraged in health facilities.

2. To **replace** existing CSHP professional policies with the following:

13. Third Class of Drugs (similar to CSHP P-2004-01)

CSHP supports the creation of an additional category of drugs, which could be dispensed by pharmacists, but without a prescription. This category could consist of:

1. Current legend drugs which have a low potential for abuse but are suitable for furnishing by pharmacists because of their education and background;
2. Certain non-legend drugs for which there have been significant/substantial indications of abuse or public harm;
3. Those drug products under consideration by the Food and Drug Administration (FDA) for approval for patient self-use; further, This category of drugs would be subject to the following: Studies of the level of professional supervision necessary to assure safe and appropriate use by the public; and Advertising of such drugs be in compliance with standards affecting legend drugs.

**CSHP Professional Policy: A Third Class of Drugs
#2004-01A Third Class of Drugs (#2004-01)**

Source: HOD 10/19/97 (Note: This is former policy #8608 approved by the HOD in 1986; modified and reaffirmed by the HOD in 1992 as policy #9226; reaffirmed by the HOD in 1997 as policy #9708; revised & reaffirmed by the HOD in 11-7-04 as #2004-01.)

CSHP supports the establishment of a third class of medications. The third class of medications is a classification allowing access to the medication either directly from a pharmacist or by prescription.

14. Health Facilities Standards – Drug Regimen Review (similar to CSHP P-2006-08)

CSHP supports that pharmacists shall, for each patient, review the following upon initiation of drug therapy and on a periodic basis thereafter:

1. All medications ordered;
2. Information concerning the patient's diagnoses relating to drug therapy; and
3. When appropriate, medication administration records, progress notes, practitioner's notes and consults, and laboratory findings; further

The frequency of such reviews should be based upon the pharmacist's judgment of the patient's diagnoses and need; further,

Upon such review, when necessary, the pharmacist shall make interventions on behalf of the patient to optimize pharmaceutical care and therapeutic outcomes.

**CSHP Professional Policy
#2006-08 Pharmaceutical Care (#2006-08)**

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, dietitians, respiratory care providers, and others.