ASHP Delegate Gotham Town Hall: Pharmacy Issues Relevant to You

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Objectives

• Describe the process of ASHP professional policy development
• Identify 3 ASHP professional policies that will be reviewed at the 2018 Annual Session of the House of Delegates
• Discuss the perspectives of MSHP members on the issues presented
ASHP Professional Policy

• What is a professional policy?
  • ASHP’s official stance on an issue related to pharmacy practice or the use of medications in society
    • Focuses on the right thing to do
    • Serves to improve patient care and advance practice
    • Based on analysis and evidence

• Importance:
  • Helps develop and define pharmacy practice
  • Provides direction to staff from members
  • Provides direction for resource allocation
  • Defines uniqueness of ASHP
  • Serves as an authority for advocacy

Adopted from ASHP Policy Process Overview Slide deck – April 2018 (Bruce Hawkins)

ASHP Professional Policy

• Six types of ASHP Policy
  • Policy Position
  • Policy Statement
  • Practice Guidelines
  • Therapeutic Guidelines
  • Therapeutic Position Statement
  • Endorsed Document

• These ARE intended to be:
  • VOLUNTARY
  • FORWARD-LOOKING

• These are NOT intended to be:
  • Law
  • Regulation
**ASHP Policy Cycle**

**Sources for Policy Development/Initiation:**
- HOD Recommendations
- HOD Resolutions
- ASHP Surveys
- Member suggestions to Standards Mailbox
- ASHP Sections/Forums
- ASHP Councils
- ASHP Commissions

**ASHP Professional Policy Initiation:**

- **COUNCILS/COMMISSIONS:** Create, Draft and Recommend to Board of Directors
  - Council on Education and Workforce Development (Nicole Clark – MA/Chair)
  - Council on Pharmacy Management
  - Council on Pharmacy Practice
  - Council on Public Policy (Chris Fortier – MA/Vice Chair, Melissa Ortega – MA)
  - Council on Therapeutics (Snehal Bhatt – MA/Vice Chair)

- **SECTIONS AND FORUMS:**
  - Section of Ambulatory Care Practitioners
  - Section of Clinical Specialists and Scientists
  - Section of Inpatient Care Practitioners
  - Section of Pharmacy Informatics & Technology
  - Section of Pharmacy Practice Managers
  - New Practitioners Forum
  - Pharmacy Students Forum
  - Pharmacy Technician Forum
Review Process for New Policy

**Board of Directors:**
- Reviews
- Amends
- Recommends policy positions and statements to House of Delegates for approval
- Approves guidelines, therapeutic position statements, and endorsed documents

**House of Delegates:** (led by the Chair of the HOD)
- Review (w/input from constituents)
- Amend (w/input from constituents)
- Approve

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ASHP Policy Positions and Guidelines

- Where can you find them?
  
  www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines
Policies for Review/Discussion

- Student Pharmacist Drug Testing
- Use of CSTDs to Reduce Drug Waste
- Responsible Use of Medication-related Clinical Testing and Monitoring

Student Pharmacist Drug Testing

*Source: Council on Education and Workforce Development (CEWD)*

- To **advocate** for the use of pre-enrollment, random, and for-cause drug testing throughout pharmacy education and prior to pharmacy practice experiences, based on defined criteria with appropriate testing validation procedures; further,

- To **encourage** colleges of pharmacy to develop policies and processes to identify impaired individuals; further,

- To **encourage** colleges of pharmacy to facilitate access to programs for treatment and recovery; further,

- To **encourage** colleges of pharmacy to use validated testing panels that have demonstrated effectiveness detecting commonly misused, abused, or illegally used substances.
Let’s Discuss!

- **Student Pharmacist Drug Testing**
  - What do you think?
  - Any recommendations we should bring back?

Question

Which of the following are recommendations from the ASHP Statement on the Pharmacist’s Role in Substance Abuse Prevention, Education, and Assistance?

A. Provide information and referral to support groups appropriate to the needs of people whose lives are affected by their own or another person’s substance abuse or dependency.

B. Foster the development of undergraduate and graduate college of pharmacy curricula and pharmacy technician education on the topic of substance abuse prevention, education, and assistance.

C. Providing recommendations about the appropriate use of mood-altering substances to health care providers and the public, including those persons recovering from substance dependency and their caregivers.

D. Promote and providing alcohol risk reduction education and activities.

E. All of the above

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**Question**

Which of the following are recommendations from the ASHP Statement on the Pharmacist’s Role in Substance Abuse Prevention, Education, and Assistance?

A. Provide information and referral to support groups appropriate to the needs of people whose lives are affected by their own or another person’s substance abuse or dependency.

B. Foster the development of undergraduate and graduate college of pharmacy curricula and pharmacy technician education on the topic of substance abuse prevention, education, and assistance.

C. Providing recommendations about the appropriate use of mood-altering substances to health care providers and the public, including those persons recovering from substance dependency and their caregivers.

D. Promote and providing alcohol risk reduction education and activities.

**E. All of the above**

*Am J Health-Syst Pharm—Vol 71 Feb 1, 2014*

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**Use of CSTDs to Reduce Drug Waste**

*Source: Council on Pharmacy Practice (CPhP)*

- To **recognize** that peer-reviewed evidence supports the ability of specific closed-system transfer devices (CSTDs) to maintain sterility beyond the in-use time currently recommended by United States Pharmacopeia Chapter 797, when those CSTDs are used with aseptic technique and following current sterile compounding standards; further,

- To **foster** research on standards and best practices for use of CSTDs for drug vial optimization; further,

- To **educate** healthcare professionals, especially pharmacists and pharmacy technicians, about standards and best practices for use of CSTDs in drug vial optimization.
Let’s Discuss!

• **Use of CSTDs to Reduce Drug Waste**
  - What do you think?
  - What are your thoughts about the JC FAQ/Standards Interpretation vs. ASHP position?
  - Do you currently utilize this process?
  - Any recommendations we should bring back?

Question

Leveraging the use of CSTDs to maintain sterility and minimize drug waste is supported in peer-reviewed evidence.

A. TRUE
B. FALSE
Question

Leveraging the use of CSTDs to maintain sterility and minimize drug waste is supported in peer-reviewed evidence.

A. TRUE
B. FALSE

Responsible Use of Medication-related Clinical Testing and Monitoring

Source: Council on Therapeutics (COT)

• To recognize that overuse of clinical testing is an increasingly recognized problem in practice that can lead to unnecessary costs, waste, and patient harm; further,

• To encourage pharmacists to engage in interprofessional efforts to promote the appropriate but judicious use of testing, monitoring, assessment of clinical progress, dose adjustment, and discontinuation of medication therapy, where appropriate; further,

• To promote research that evaluates pharmacists' contributions and identifies opportunities for the appropriate use of procedures and test ordering in healthcare systems.
Let’s Discuss!

- Responsible Use of Medication-related Clinical Testing and Monitoring
  - What do you think?
  - Any recommendations we should bring back?

Question

Pharmacists play an integral role in the governance of clinical testing and monitoring. This policy helps promote research that evaluates pharmacists' contributions.

A. TRUE
B. FALSE
Question

Pharmacists play an integral role in the governance of clinical testing and monitoring. This policy helps promote research that evaluates pharmacists' contributions and identifies opportunities for the appropriate use of procedures and test ordering in healthcare systems.

A. TRUE
B. FALSE

Council on Pharmacy Management Policy Recommendations:

➢ Medication Formulary System Management
  ▪ Minor edits recommended, focusing on criteria for use and comparative effectiveness rather than based solely on economic factors

➢ Manufacturer-sponsored Patient Assistance Programs
  ▪ Minor edits, more emphasis on encouraging other patient care providers to facilitate access to PAPs

➢ Product Reimbursement and Pharmacist Compensation
  ▪ Rewording of policy to emphasize new mechanisms of reimbursement (e.g. white bagging, 340b)

➢ Patient Access to Pharmacist Care within Provider Networks
  ▪ Updated version of a new policy to support/advocate for the issue of pharmacist and pharmacy access to payers

➢ Health Insurance Policy Design
  ▪ Updated policy to include a statement on payer transparency regarding coverage decisions and policies

➢ Pharmacy Accreditation, Certifications and Licenses
  ▪ Updated policy to include certification and licensing organizations, and to advocate that health-system administrators allocate resources to support medication-use compliance and regulatory demands
**Council on Pharmacy Practice Policy Recommendations:**

- **Use of International System of Units for Patient-Related Measurements**
  - New policy to advocate for the standardization of using SI units for dosing and weight measurements

- **Availability and Use of Appropriate Vial Sizes**
  - New policy to advocate that Pharmaceutical manufacturers provide drug products in vials sizes that are appropriate for typical doses and minimize waste

- **Collaborative Drug Therapy Management**
  - Recommendation to sunset this redundant policy (ASHP 1715, 1005 and 0905)

**Council on Public Policy Recommendations:**

- **ASHP Statement on Advocacy as a Professional Obligation**

- **Direct and Indirect Remuneration Fees**
  - New policy to advocate that payers be prohibited from recovering DIR fees

- **Impact of Drug Litigation Ads on Patient Care**
  - New policy opposing drug litigation ads that could lead patients to d/c or modify therapy without consulting their providers

- **Approval of Biosimilar Medications**
  - Updated policy to include a statement to support the development of FDA guidance documents on biosimilar use

- **340B Drug Pricing Sustainability**
  - Policy language updated to strengthen advocacy with state Medicaid programs to ensure reimbursement policies promote 340b program stability
Council on Public Policy Recommendations:

- **Federal Review of Anticompetitive Practices and Price Increases by Drug Product Manufacturers**
  - Updated policy to include a statement to advocate that manufacturers be required to provide public notification in advance of significant price increases

- **Federal Quality Drug Rating Program for Pharmaceutical Manufacturers**
  - New policy developed to advocate for a rating program that incentivizes manufacturers to meet quality and need demands

- **IV Fluid Manufacturing as Critical Public Health Infrastructure**
  - New policy to advocate that IV fluids be recognized as critical public health infrastructure

- **Medical Devices**
  - Policy originally recommended to be discontinued, but updated to reflect current context

- **ASHP Statement on Principles for Including Medications and Pharmaceutical Care in Health Care Systems**
  - Recommendation to sunset policy (redundant with other policy positions)

Council on Therapeutics Policy Recommendations:

- **Ensuring Effectiveness, Safety, and Access to Orphan Drug Products**
  - Updated policy to include a statement regarding the evaluation of using orphan drug status inappropriately to extend patents and decrease competition

- **Rational Use of Medications**
  - Updated policy with language to better support intent

- **Clinical Practice and Application on the Use of Biomarkers**
  - New policy to help guide/support the appropriate use of biomarkers

- **Medication Overuse**
  - Recommendation to discontinue this policy (redundant with other policy positions)
Council on Education and Workforce Development Policy Recommendations:

➢ Clinician Well-being and Resilience
  ▪ New policy to address issues of burn-out, well-being and resilience

➢ Collaboration on Experiential Education
  ▪ Updated policy to include language from policy 0315 (practice sites for colleges of pharmacy)

➢ Practice Sites for Colleges of Pharmacy
  ▪ Replaced with policy above

➢ Promoting the Image of Pharmacists and Pharmacy Technicians
  ▪ Updated policy wording to include ‘acute and ambulatory’ settings

➢ Pharmacy Practice Training Models
  ▪ Updated wording with more contemporary language

Next Stop… DENVER!

thank you!