New York State Council of Health-system Pharmacists

May 2012

BOARD REPORT
Director of Pharmacy Practice
Nicole M. Lodise, Pharm.D.

This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved by the House of Delegates.
I. Responsibility of the Division

1. The charge of the Division of Professional Affairs, as defined in the Constitution and Bylaws of the NYSCHP, is to be responsible for:
   i. Reviewing and developing recommendations for the growth of the Council along professional lines;
   ii. Development of new, and maintenance of existing liaisons with other professional organizations involved in the delivery of healthcare; and
   iii. Creating, developing, monitoring and refining the practice and scope of pharmaceutical services

II. Committees of the Division

1. Professional Affairs

   i. **Purpose:** To respond to the needs of the Council members in matters of Professional Practice and the assurance of quality in the performance of pharmacy services.

   ii. **Committee membership:**

   1. Mark Macchia- Long Island, Co-Chair
   2. Nicole Lodise, Board of Directors, Co-Chair
   3. Andrew DiLuca- Western
   4. Vickie Powell, Past-President
   5. Karen Vitacolonna Falk, Past-President
   6. Henry Cohen, President
   7. Debra Feinberg
   8. Bruce Pleskow
   9. Kristin Humphrey- Central
   10. Kwaku Marfo- NYC
   11. Jessica Farrell- Northeastern
   12. Leza Hassett- Rochester
   13. Tim Mikhailashvili- Royals
   14. Philip Manning- Westchester

   iii. **Meeting Dates:** 6 Meetings were held

   Thursday, September 7, 2011
   Thursday, October 5, 2011
   Thursday, November 2, 2011
   Thursday, December 7, 2011
   Thursday, January 4, 2012
   Thursday, February 1, 2012

   iv. **Status of Objectives:**

   1. Attendance at CCC meetings to advance the 2015 Initiatives and other positions of the NYSCHP for pharmacists practicing in NYS.
2. Reviewed a Collaborative Practice “model agreement” and select agreements from other institutions. The committee recommends distributing this “model agreement” and additional examples out to the NYSCHP membership to assist in CDTM implementation.

3. Developed a position statement on Intern Hours.- see attached, Appendix 1

4. Developed a position statement on Preceptor Training.- see attached, Appendix 2

5. Recommendation 3-11
   a. The NYSCHP collaborate closely with the New York State Board of Pharmacy and Board of Regents to assist in the revision of the somewhat outdated Part 3 component of the NYS Pharmacy License Exam in support of the council’s position to make the Part 3 component more relevant to contemporary pharmacy practice and align more closely with the ASHP PPMI initiative.
   b. PA Committee reviewed this recommendation and supports keeping PS 6-07 supporting the comments above.

6. Recommendation 4-11
   a. NYSCHP advocacy for the incorporation of the CDTM into IT Meaningful Use guidelines.
   b. PA committee to complete this task within the upcoming year (2012-2013).

7. Recommendation 8-11
   a. That the NYSCHP develop guidelines to assist pharmacy departments with implementation of CDTM within 4 months of the bill being signed into law.
   b. PA committee reviewed this recommendation. Additional recommendations are highlighted above regarding distribution of a “model agreement” to assist in CDTM implementation.

8. Recommendation 9-11
   a. That the NYSCHP partner with SED to develop a process to adequately document the extent to which CDTM is implemented in NY State and examine whether and the extent to which CDTM contributes to the improvement of quality of care for patients, reduces the risk of medication errors, and reduces unnecessary health expenditures.
   b. This recommendation is currently being addressed by the NYSCHP Executive committee.

9. Recommendation 10-11
   a. NYSCHP develop a comprehensive program to engage DOPs in the organization as well as at the PPMI
   b. PA committee reviewed this recommendation and will work to complete this task within the upcoming year (2012-2013).

10. Recommendation 12-11
    a. Are we ready to let the entire concept of compounding go away; as it probably will if it is no longer a requirement for licensure. Is NYSCHP
on top of just how much compounding is still going on in institutions and retail establishments? It can't be preserved in a museum—Perhaps we can take on the mission of keeping the centuries of old art of pharmaceutical compounding alive.

b. PA committee reviewed this recommendation and refers to the current PS 6-07 that is approved and being recommended for re-approval.

v. Positions for Sunset Review:

1. **1-07-** The New York State Council of Health-system Pharmacists requires that health-systems in New York State establish and maintain minimum clinical and operational competencies and educational, certification, and leadership training requirements for pharmacists and pharmacy technicians pertinent to the various types of health-system practice settings within the organization and requires pharmacists and pharmacy technicians in all health-system practice settings to continually maintain leadership, clinical and operational competencies appropriate to the area of practice and expertise and requires that health-systems in New York State ensure pharmacists and pharmacy technicians demonstrate, through competency assessment and documentation, clinical, operational and leadership competencies appropriate to the area of practice and expertise and advocates the use of professionally recognized competency assessment tools to routinely assess and document, clinical, operational and leadership competency of pharmacists and pharmacy technicians in health-systems in New York State.
   
   a. PA committee recommended keeping this policy statement.

2. **3-07-** The New York State Council of Health-system Pharmacists supports the pharmacist's active participation in the design, implementation and monitoring of the medication reconciliation process.

   a. The New York State Council of Health-system Pharmacists supports the pharmacist’s active participation in the design, implementation and monitoring of the medication reconciliation process. The following aspects should be considered the responsibility of the pharmacist:

      i. Participate and collaborate in interdisciplinary efforts to develop, implement, maintain, and monitor the effectiveness of the medication reconciliation process

      ii. To be part of the leadership in this interdisciplinary effort and in developing systems to ensure the accuracy and completeness of all medication lists taken at admission and for communication of a reconciled list of medications at any change in level of care and at discharge

      iii. Encourage community-based providers, hospitals, and health-systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care

      iv. Participate in the educational efforts directed toward patients and caregivers on their responsibility to retain an up-to-date and readily accessible list of medications

      v. To collaborate with patients and caregivers in the provision of a personal medication list as part of patient education and counseling efforts

   b. PA committee recommended keeping this policy statement.

3. **6-07-** The New York State Council of Health-system Pharmacists supports the modification of Part III of the NYS Pharmacy Board Exam to include
competency assessment of the application of clinical and operational pharmacy practice knowledge and skills.

a. The New York State Council of Health-system Pharmacists recognizes that pharmacy practice has moved into a more clinical patient-care role requiring more emphasis on direct patient medication management. The New York State Council of Health-system Pharmacists also recognizes the importance for pharmacists to have the competencies and skills to be able to oversee, manage, and participate in aspects of the medication compounding process.

b. PA committee recommended keeping this policy statement.

4. 9-07- The New York State Council of Health-system Pharmacists supports that health-system pharmacy leaders establish policies and procedures for health-system pharmacists responding to advanced cardiac life support and pediatric code life support situations.

a. The role of the pharmacist for medication order review, preparation and dispensing is an invaluable and required service and institutional resource. The presence and inclusion of a licensed pharmacist to the institutional code team of a hospital responding to a, but not limited to, cardiac arrest, respiratory arrest, trauma, toxicologic, and other emergencies, would improve patient safety and optimize therapy.

b. PA committee recommended keeping this policy statement.

vi. Additional agenda items discussed:

1. Targeting 2015 Initiatives:

a. The PA committee discussed the importance of advancing the 2015 goals and acknowledged that multiple committees are working on additional certification programs to advance the 2015 principles as well as boost membership.

2. Support Personnel

i. Purpose: To act as a catalyst for issues regarding the use of support personnel in pharmacy practice. The Committee should function as a Council resource on duties and standards for the employment of support personnel.

ii. Membership

1. No formal committee. Committee goals/objectives were addressed within the PA committee.

iii. Goals/Objectives:

1. To be addressed within the PA committee.

3. Medication Safety

i. Purpose: To develop ways to address issues regarding medication and patient safety in pharmacy practice. The committee should function as a council resource on medication safety issues.

ii. Membership

1. No formal committee. Committee goals/objectives were addressed within the PA committee.
iii. Goals/Objectives:

1. To be addressed within the PA committee.

4. **Attendance at Chapter Meetings** (as Board Liaison) - Attended Northeast chapter meetings held over the 2011-2012 year as available.

Respectfully submitted,
Nicole M. Lodise, Director
Division of Pharmacy Practice

**Attachments:**
Appendix 1- Position statement on intern hours
Appendix 2- Position statement on preceptor training
Appendix 1

Position Statement on Intern Hours:

The New York State Council of Health-system Pharmacists supports the following proposed changes to the New York State Pharmacy Intern Hour Requirements. The NYSCHP supports these changes in light of the following statements:

a) The vast majority of other States require at least 1500 hours of practical experience
b) The 2010 American Pharmacists Association House of Delegates recommended the Standardization of intern requirements
c) The reports of the Institute of Medicine (IOM) noting needed changes in our health care system to improve medication safety and patient outcomes
d) The recent passing of collaborative health care practice legislation in New York State that includes an expanded patient care role for pharmacists
e) With the Medicare Modernization Act of 2003 that establishes the need for medication therapy management services provided by health care providers for high risk patients, Pharmacists now have a unique opportunity to redefine our roles in the health care community

The New York State Council of Health-System Pharmacists supports an increase in the total hours required for Licensure by 500 hours for all candidates by graduation.
Position Statement on Preceptor Training:

The New York State Council of Health-System Pharmacists supports 3 hours focused on teaching included in the 45 hours over the 3 year registration renewal period to be completed by all pharmacists. These hours may be live or non-live. These hours would be included in the 45 hours required per renewal period. The recommended topics for these hours may focus on MTM management, CDTM, student development, mentoring as well as sessions focused on enhancing teaching skills and preceptor development.

The New York State Council of Health System Pharmacists supports this proposed change for all pharmacists as a pharmacy preceptor continuing education requirement. This additional requirement will improve the pharmacy intern education process. The New York State Council of Health System Pharmacists supports these changes in consideration of the proposed increase in intern hours, and believes that these changes will help to fulfill the recognized need for an increase in pharmacist involvement in both medication safety and medication therapy management (MTM).