PSHP President’s Update

PSHP Annual Assembly
October 12, 2016
Matt Scola, PharmD, MHA

Pharmacist Learning Objectives
- Describe the current state and future direction of PSHP
- Identify key metrics for PSHP
- Review key updates from ASHP House of Delegates and other initiatives
- Discuss current trends in pharmacy practice

Pharmacy Technician Learning Objectives
- Identify membership trends for PSHP
- Describe opportunities for Pharmacy Technicians related to the Practice Advancement Initiative
- Review the updated policies from the ASHP House of Delegates related to Pharmacy Technicians
- Discuss changes to Pharmacy Technician training and education

2015-2016 Officers
- Past-President- Jennifer Belavic
- President- Matt Scola
- President Elect- Bill O’Hara
- Treasurer- Dave Cecere
- Secretary- Jennifer Cimoch
- Board Members
  - Elaine Strauss (resigned)
  - Brad Cooper
  - Justin Scholl
  - Lynne Byrne

2015-2016 Chapter Representatives

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<td>Cassandra Redmond</td>
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<td>Lauren Chambers</td>
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2016-2017 Officers
- Past-President- Matt Scola
- President- Bill O’Hara
- President Elect- Jill Rebuck
- Treasurer- Dave Cecere
- Secretary- Jennifer Cimoch
- Board Members
  - Brad Cooper
  - Sejal Patel
  - Thao Huynh
  - Larry Carey
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### 2016 Highlights

- Negotiated new McKenna Management contract
- Provided financial support to local chapters
- Partnered with the North American Center for CME for discounted rate for PSHP members
- Stopped utilizing a storage unit
- Attendance at ASHP Presidential Officers Retreat

### 2016 Highlights

- Consistent newsletter content
- Active Public Relations workgroup
- Increased Facebook activity
- Attendance at Pharmacy Legislative Day in Harrisburg
- Strategic Planning Session
- Letter templates for Provider Status
- ASHP Re-Affiliation

### PAI initiative

- Awarded a grant from the ASHP Foundation to support Practice Advancement Initiatives
- Provides financial support to host a PAI workshop and promote the initiative

### Director of Pharmacy List

- Worked with local chapters, chapter leadership, and members to update a contact list of Director’s Of Pharmacy at health systems across the state
- Used to assist with the PAI and to promote membership in PSHP

### Website Enhancements

- Created Advocacy section on the website
- PAI Resources
- ASHP HOD information
- HOD forum section
- Provider status resources
- Evaluating an electronic legislative support service
Students

- All student societies in PA are officially ASHP Affiliated
- Activity at the local levels
- Encouraged poster submission at Annual Assembly
- Evaluating a student clinical Skills Competition at Annual Assembly
- Newsletter articles

Financial Summary

Summary of the Actions of the ASHP House of Delegates
June 12 and 14, 2016

2015-2016 Delegates

- Nishaminy Kasbekar
- Patricia Kienle
- Bill O’Hara
- Jean Schultz
- Matt Scola
- Alternates
  - Jennifer Belavic
  - Thao Huynh
  - Richard Pacitti

The House of Delegates

Ultimate authority over ASHP professional policies

- One annual session consisting of 4 meetings: 2 meetings at the ASHP Summer Meeting and 2 virtual meetings in the spring and fall
- Reviews policy proposals that have been approved by the Board of Directors
- Most of these professional policy proposals are contained in reports from ASHP councils
1601 - Safety of Intranasal Route as an Alternative Route of Administration

Source: Council on Therapeutics
To encourage the development of institutional guidance and advocate for further research on the pharmacokinetic and pharmacodynamic characteristics of drugs not approved for Intranasal administration; further,
To foster the development of educational resources on the safety of intranasal administration of drugs not approved for that route.

1602 - Drug Product Supply Chain Integrity

Source: Council on Pharmacy Management
To encourage the Food and Drug Administration (FDA) and relevant state authorities to take the steps necessary to ensure that (1) all drug products entering the supply chain are thoroughly inspected and tested to establish that they have not been adulterated or misbranded and (2) patients will not receive improperly labeled and packaged, deteriorated, outdated, counterfeit, adulterated, or unapproved drug products; further,
To encourage FDA and relevant state authorities to develop and implement regulations to (1) restrict or prohibit licensed drug distributors (drug wholesalers, repackagers, and manufacturers) from purchasing legend drugs from unlicensed entities and (2) ensure accurate documentation at any point in the distribution chain of the original source of drug products and chain of custody from the manufacturer to the pharmacy; further,
readily available means to retrieve the name and location of the facility that manufactured the specific lot of the product; further,
To advocate that this readily retrievable manufacturing information be available prospectively to aid purchasers in determining the quality of a drug product and its raw materials; further,
To urge Congress and state legislatures to provide adequate funding, or authority to impose user fees, to accomplish these objectives.
This policy supersedes ASHP policy 1503.

1603 - Stewardship of Drugs with Potential for Abuse

Source: Council on Therapeutics
To advocate for the inclusion of a clinically appropriate indication of use, the intended duration, and the goals of therapy when prescribing drugs with potential for abuse; further,
To encourage pharmacists to engage in interprofessional efforts to promote the appropriate, but judicious, use of drugs with the potential for abuse, including education, monitoring, assessment of clinical progress, and discontinuation of therapy or dose reduction, where appropriate; further,
To advocate that pharmacists lead efforts to prevent inappropriate use of drugs with potential for abuse, including engaging in strategies to detect and address patterns of use in patient populations at increased risk for adverse outcomes; further,
To facilitate the development of best practices for prescription drug monitoring programs and drug take-back disposal programs for drugs with potential for abuse.
1604 - Appropriate Use of Antipsychotic Drug Therapies

Source: Council on Therapeutics

To advocate for the documentation of appropriate indication and goals of therapy to promote the judicious use of antipsychotic drugs and reduce the potential for harm; further,

To support the participation of pharmacists in the management of antipsychotic drug use, which is an interprofessional, collaborative process for selecting appropriate drug therapies, educating patients or their caregivers, monitoring patients, continually assessing outcomes of therapy, and identifying opportunities for discontinuation or dose adjustment; further,

To advocate that pharmacists lead efforts to prevent inappropriate use of antipsychotic drugs, including engaging in strategies to detect and address patterns of use in patient populations at increased risk for adverse outcomes.

1605 – Safety of Epidural Steroid Injections

Source: Council on Therapeutics

To encourage healthcare providers to 1) inform patients about the significant risks and potential lack of efficacy of epidural steroid injections, 2) request their informed consent, and 3) inform patients of alternative therapies and their risks and benefits; further,

To recommend pharmacist involvement in the medication-use process associated with epidural steroid injections when such injections are medically necessary.

1606 - Drug Dosing in Renal Replacement Therapy

Source: Council on Public Policy

To encourage research on the pharmacokinetics and pharmacodynamics of drug dosing in renal replacement therapy; further,

To support development and use of standardized models of assessment of the pharmacokinetics and pharmacodynamics of drug dosing in renal replacement therapy; further,

To collaborate with stakeholders in enhancing aggregation and publication of data on the pharmacokinetics and pharmacodynamics of drug dosing in renal replacement therapy.

1607 - Use of Methadone to Treat Pain

Source: Council on Therapeutics

To acknowledge that methadone has a role in pain management and that its pharmacologic properties present unique risks to patients; further,

To oppose the payer-driven use of methadone as a preferred treatment option for pain; further,

To advocate that pain management experts, payers, and manufacturers collaborate to provide educational programs for healthcare professionals on treating pain with opioids, including the proper place in therapy for methadone; further,

To advocate that all facilities that dispense methadone, including addiction treatment programs, participate in state prescription drug monitoring programs.

1608 - Therapeutic Indication in Clinical Decision Support

Source: Council on Therapeutics

To advocate that healthcare organizations optimize use of clinical decision support systems by including the appropriate indication for medications.

1609 - Pharmacy Technician Training and Certification

Source: Council on Education and Workforce Development

To advocate that Pharmacy Technician Certification Board (PTCB) certification be required for all pharmacy technicians; further,

To advocate that all pharmacy technicians maintain PTCB certification; further,

To support the position that by the year 2020, the completion of a pharmacy technician training program accredited by ASHP and the Accreditation Council for Pharmacy Education (ACPE) be required to obtain PTCB certification for all new pharmacy technicians; further,

To foster expansion of ASHP-ACPE accredited pharmacy technician training programs.

This policy supersedes ASHP policy 1519.
**1610 - Career Opportunities for Pharmacy Technicians**

Source: Council on Education and Workforce Development
To promote pharmacy technicians as valuable contributors to healthcare delivery; further,
To develop and disseminate information about career opportunities that enhances the recruitment and retention of qualified pharmacy technicians; further,
To support pharmacy technician career advancement opportunities, commensurate with training and education; further,
To encourage compensation models for pharmacy technicians that provide a living wage.
This policy supersedes ASHP policy 0211.

**1611 - Developing Leadership Competencies**

Source: Council on Education and Workforce Development
To work with healthcare organization leadership to foster opportunities, allocate time, and provide resources for pharmacy practitioners to move into leadership roles; further,
To encourage leaders to seek out and mentor pharmacy practitioners in developing administrative, managerial, and leadership skills; further,
To encourage pharmacy practitioners to obtain the skills necessary to pursue administrative, managerial, and leadership roles; further,
To encourage colleges of pharmacy and ASHP state affiliates to collaborate in fostering student leadership skills through development of co-curricular leadership opportunities, leadership conferences, and other leadership promotion programs; further,

To reaffirm that residency programs should develop leadership skills through mentoring, training, and leadership opportunities; further,
To foster leadership skills for pharmacists to use on a daily basis in their roles as leaders in patient care.
This policy supersedes ASHP policy 1518.

**1612 - Interprofessional Education and Training**

Source: Council on Education and Workforce Development
To support interprofessional education as a component of didactic and experiential education in Doctor of Pharmacy degree programs; further,
To support interprofessional education, mentorship, and professional development for student pharmacists, residents, and pharmacists; further,
To encourage and support pharmacists' collaboration with other health professionals and healthcare executives in the development of interprofessional, team-based, patient-centered care models; further,
To foster documentation and dissemination of outcomes achieved as a result of interprofessional education of healthcare professionals.
This policy supersedes ASHP policy 1014.

**1613 – Cultural Competency**

Source: Council on Education and Workforce Development
To foster the ongoing development of cultural competency within the pharmacy workforce; further,
To educate healthcare providers on the importance of providing culturally congruent care to achieve quality care and patient engagement.
This policy supersedes ASHP policy 1414.

**1614 - Controlled Substance Diversion and Patient Access**

Source: Council on Pharmacy Management
To enhance awareness by pharmacy personnel, healthcare providers, and the public of drug diversion and abuse of controlled substances; further,
To advocate that the pharmacy profession lead collaborative efforts to reduce the incidence of controlled substance abuse; further,
To advocate that pharmacists lead collaborative efforts by organizations of healthcare professionals, patient advocacy organizations, and regulatory authorities to develop and promote best practices for preventing drug diversion and appropriately using controlled substances to optimize and ensure patient access and therapeutic outcomes; further,
1614 - Controlled Substance Diversion and Patient (cont’d)

To advocate that the Drug Enforcement Administration and other regulatory authorities interpret and enforce laws, rules, and regulations to support patient access to appropriate therapies, minimize burdens on pharmacy practice, and provide reasonable safeguards against fraud, misuse, abuse, and diversion of controlled substances; further,

To advocate establishment of programs to support patients and personnel with substance abuse and dependency issues.

1615 - Protecting Workers from Exposure to Hazardous Drugs

Source: Council on Pharmacy Management

To advocate that pharmaceutical manufacturers eliminate surface contamination on packages and vials of hazardous drugs; further,

To inform pharmacists and other personnel of the potential presence of surface contamination on the packages and vials of hazardous drugs; further,

To advocate that the Food and Drug Administration require standardized labeling and package design for hazardous drugs that would alert handlers to the potential presence of surface contamination; further,

1615 - Protecting Workers from Exposure to Hazardous Drugs (cont’d)

To encourage healthcare organizations, wholesalers, and other trading partners in the drug supply chain to adhere to published standards and regulations, such as ASHP guidelines and United States Pharmacopeia Chapter 800, to protect workers from undue exposure to hazardous drugs.

This policy supersedes ASHP policy 0618.

1616 - Patient Experience

Source: Council on Pharmacy Management

To encourage pharmacists to evaluate their practice settings for opportunities to improve the experience patients have with healthcare services and with the outcomes of their drug therapy; further,

To educate pharmacists and pharmacy personnel about the relationship between patient experience and outcomes; further,

To develop or adopt tools that will (1) provide a system for monitoring trends in the quality of pharmacy services to patients, (2) increase recognition of the value of pharmacy services, and (3) provide a basis for making improvements in the process and outcomes of pharmacy services in efforts to engage patients and improve their experience; further,

This policy supersedes ASHP policy 0104.

1616 - Patient Experience (cont’d)

To facilitate a dialogue with and encourage education of patient experience database vendors to include the value of pharmacists and pharmacy services in the patient experience.

This policy supersedes ASHP policy 0104.

1617 - Automated Preparation and Dispensing Technology for Sterile Preparations

Source: Council on Pharmacy Practice

To advocate that health systems adopt automation and information technology for preparing and dispensing compounded sterile preparations when such adoption is (1) planned, implemented, and managed with pharmacists’ involvement; (2) implemented with adequate resources to promote successful development and maintenance; and (3) supported by policies and procedures that ensure the safety, effectiveness, and efficiency of the medication-use process; further,

To educate patient safety advocacy groups and regulatory agencies on the capabilities and benefits of automation and technology for preparing and dispensing compounded sterile preparations, and to encourage them to establish expectation of adoption by health systems; further,
1617 - Automated Preparation and Dispensing Technology for Sterile Preparations (cont’d)

To foster further research, development, and publication of best practices regarding automation and information technology for preparing and dispensing sterile preparations.

1618 - Integrated Approach for the Pharmacy Enterprise

Source: Council on Pharmacy Practice

To advocate that pharmacy department leaders promote an integrated approach for all pharmacy personnel involved in the medication-use process; further,

To advocate a high level of coordination of all components of the pharmacy enterprise across the continuum of care for the purpose of optimizing (1) medication-use safety, (2) quality, (3) outcomes, and (4) drug therapy.

This policy supersedes ASHP policy 0619.

1619 - Preventing Exposure to Allergens

Source: Council on Pharmacy Practice

To advocate for pharmacy participation in the collection, assessment, and documentation of a complete list of allergens pertinent to medication therapy, including food, recipients, medications, devices, and supplies, for the purpose of clinical decision-making; further,

To advocate that vendors of medication-related databases incorporate and maintain information about medication-related allergens and cross-sensitivities; further,

To advocate that pharmacists actively review allergens pertinent to medication therapy and minimise patient and healthcare worker exposure to known allergens, as feasible; further,

To encourage education of pharmacy personnel on medication-related allergens.

1620 - Promotion of Off-Label Uses

Source: Council on Public Policy

To advocate for authority for the Food and Drug Administration (FDA) to regulate the promotion and dissemination of information about off-label uses of medications and medication-containing devices by manufacturers and their representatives; further,

To advocate that such off-label promotion and marketing be limited to the FDA-regulated dissemination of unbiased, truthful, and scientifically accurate information based on peer-reviewed literature not included in the New Drug Approval process.

This policy supersedes ASHP policy 1120.

1621 - Timely Board of Pharmacy Licensing

Source: Council on Public Policy

To advocate that the National Association of Boards of Pharmacy (NABP) collaborate with boards of pharmacy to streamline the licensure process through standardization and improve the timeliness of application approval; further,

To advocate that NABP collaborate with boards of pharmacy and third-party vendors to streamline the licensure transfer or reciprocity process; further,

To advocate that boards of pharmacy grant licensed pharmacists in good standing temporary licensure, permitting them to engage in practice, while their application for licensure transfer or reciprocity is being processed.

This policy supersedes ASHP policy 0612.

1622 - Inclusion of Drug Product Shortages in State Price-gouging Laws

Source: Council on Public Policy

To urge state attorneys general to consider including shortages of lifesaving drug products within the definition of events that trigger application of state price-gouging laws.
1623 - Home Intravenous Therapy

Source: Council on Public Policy
To support the continuation of a home intravenous therapy benefit under federal and private health insurance plans and expansion of the home infusion benefit under Medicare at an appropriate level of reimbursement for pharmacists’ patient care services provided, medications, supplies, and equipment.

This policy supersedes ASHP policy 0414.

1624 - Ban on Direct-to-Consumer Advertising for Prescription Drugs and Medication-Containing Devices

Source: Council on Public Policy
To advocate that Congress ban direct-to-consumer advertising for prescription drugs and medication-containing devices.

This policy supersedes ASHP policy 1119.

Pharmacist Provider Status

- Pharmacists continue to lack recognition as health care providers in federal law
- Current push to amend the Social Security Act to allow Medicare beneficiaries to access pharmacist provided services under Medicare Part B

Pharmacy and Medically Underserved Areas Enhancement Act

- HR 592 & S314
- Would allow for payment (and recognition as provider) for pharmacy services furnished by a licensed pharmacist
  - Legally allowed to provide the service
  - Service would be otherwise covered if provided by a physician or incident to
  - Occurs in medically underserved areas or medically underserved population

- Allows for payment of 80% of total charge or 85% of established fee, whichever is less
- 292 cosponsors in the House (out of 435)
- 49 cosponsors in the Senate
Pharmacy and Medically Underserved Areas Enhancement Act

Pennsylvania Representatives supporting:
- Barletta
- Boyle
- Brady
- Cartwright
- Costello
- Dent
- Doyle
- Fitzpatrick
- Kelly
- Meehan
- Murphy
- Perry
- Shuster
- Thompson

Pennsylvania Representatives NOT supporting:
- Fattah (D), 2nd District (not on ballot)
- W Phila, NW Phila, Bryn Mawr, Bala Cynwyd
- Marino (R), 10th District
- Williamsport, Scranton, Lewisburg
- Pitts (R), 16th District (not on ballot)
- Chester Co, Lancaster Co, Berks Co
- Rothfus (R), 12th District
- Beaver Co, Allegheny (parts), Cambria Co, Somerset Co, Westmoreland Co

Pharmacy and Medically Underserved Areas Enhancement Act

PA Senators stance:
- Casey- Cosponsor
- Toomey- not yet sponsored

Pharmacist Provider Status

Resources
- Patient Access to Pharmacists' Care Coalition-
  http://www.pharmacistscare.org
- ASHP- http://www.ashp.org/
- APhA- http://www.pharmacist.com

PA Prescription Drug Monitoring Program

The purpose of the PDMP established by Act 191 of 2014 is:
- To be used as a tool to increase the quality of patient care by giving prescribers and dispensers access to a patient’s controlled substance prescription medication history, which will alert medical professionals to potential dangers for purposes of making treatment determinations; and
- To aid regulatory and law enforcement agencies in the detection and prevention of fraud, drug abuse and the criminal diversion of controlled substances.

PA Prescription Drug Monitoring Program

- 49 States have programs in place
- Dispensers report all controlled substance dispenses to the database within 72 hours
- Prescribers
  - Review system prior to prescribing a CS
  - Review system if reason to believe patient is abusing CS
  - Document the review and action taken

Pennsylvania Pharmacy Technician Bill

- PA has one of the LOWEST grades for technician rules and requirements (http://emilyjerryfoundation.org/)
  - Graded as "F"- actual zero points on the scorecard
  - 4 other states listed as "o"
  - 8 states ranked as "F"
  - 18 states ranked as "A" or "B"
- No movement in legislation this past year- Awaiting committee approval

Pennsylvania Pharmacy Technician Bill

- "Pharmacy Technician"- individual who:
  - Registers with SBOP
  - May assist in practice of pharmacy under direct and immediate personal supervision of a licensed pharmacist
- "Pharmacy Technician Trainee"- individual who:
  - Issued temporary permit by SBOP that authorizes individual to perform duties of Pharmacy Technician

Pennsylvania Pharmacy Technician Bill

- Pharmacy Technician Registration
  - Register with SBOP biennially
  - Responsible to licensed pharmacist
  - At least 17 years of age
  - High school diploma or equivalent
  - Completes SBOP approved training program
  - Completes criminal history background check
  - Wear name tag identifying individual as Pharmacy Technician

Medical Marijuana
Post Test Questions

- At the ASHP HOD meeting in June, the group approved a policy asking Congress to ban the use of direct to consumer advertising for medications
  - True
  - False

Post Test Questions

- Membership in PSHP has remained relatively the same over the past 3 years
  - True
  - False

Post Test Questions

- The majority of Representatives from Pennsylvania support the federal bill to grant Pharmacists national provider status
  - True
  - False