Pharmacists’ Objectives

- Describe the pharmacy profession’s efforts in pursuing provider status at the national level
- Describe the areas of focus for ASHP related to opioid overuse
- List two organizations ASHP is working with to promote pharmacist’s concerns and role in opioid overuse
- Describe market place information on the pharmacy workforce, growth in residency training programs and BPS credentialing and identify the future impact on health system practice

Technicians’ Objectives

- Explain how provider status impacts pharmacy technicians’ role in the profession
- Explain the trend of opioid use in the United States over the last decade
- State one group who ASHP is collaborating with regarding opioid overuse
- State what year candidates applying for initial PTCB certification must complete an ASHP-accredited education program

Current Issue Topics

- Provider Status
- Opioid Overuse
- Pharmacy Workforce

Provider Status is About Patients

Achieving provider status is about giving patients access to care that improves:
- Patient safety
- Healthcare quality
- Outcomes
- Decreases costs
Why is provider status important for pharmacists?
- Pharmacists are not recognized under the Social Security Act as health care providers
- New payment systems emphasize quality and outcomes
  - Accountable Care Organizations
  - Medical Homes
- Social Security Act determines eligibility

How Does Provider Status Impact Pharmacy Technicians?
- As the clinical role of pharmacists grows, more will need to be done on the pharmacy operations side
- The role of pharmacy technicians could be elevated due to provider status
- Would expect a robust demand for pharmacy technicians going forward

Patient Access to Pharmacists’ Care Coalition (PAPCC)
- Formed January 2014
- Organizations representing patients, pharmacists, pharmacies and other interested stakeholders
- Drafted H.R. 4190 in 2014
- Facilitated reintroduction of H.R. 592 and S. 314 bills in 2015

PAPCC Objectives
- Mission: To develop and help enact a federal policy proposal that would enable Medicare beneficiary access to, and payment for, Medicare Part B services by state-licensed pharmacists in medically underserved communities
- Primary Goal: To improve medically underserved seniors’ access to pharmacists’ services consistent with state scope of practice laws and regulations

Multi-Stakeholder, Interdisciplinary

The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 314)
- Increases access to healthcare for patients in medically underserved areas
- Promotes cost-effective healthcare by increasing opportunities for early interventions
- Allows pharmacists to provide services authorized by state scope of practice
The Pharmacy and Medically Underserved Areas Enhancement Act (Continued)

- **H.R. 592**
  - Introduced by Rep. Guthrie (KY), Butterfield (NC), Young (IN), and Kind (WI)
  - 292 cosponsors as of September 13th, 2016
    - 14 PA congressmen

- **S. 314**
  - Introduced by Sen. Grassley (IA), Kirk (IL), Brown (OH), and Casey (PA)
  - 49 cosponsors as of September 13, 2016
  - 1 PA Senator

Next Steps

- **Congressional Hearings**
  - Opportunity for stakeholders to present evidence of benefits of legislation
  - Committees of jurisdiction
    - House: Ways & Means and Energy & Commerce
    - Senate: Finance

- **Receive Score from Congressional Budget Office (CBO)**
  - Determines impact on the federal budget
  - May factor in reduced costs from transitions of care, lower emergency department utilization
  - Currently, working with sponsors’ staff to get score completed

Provider Status: Potential Legislative Vehicles

- **Senate formed a Chronic Care Working Group Summer 2015**
  - Goal is to modernize care delivery in Medicare
  - Focus on care coordination
  - ASHP submitted data on care transitions, CMMI Pilot
  - Could be an appropriate vehicle for provider status
  - Legislative language could be developed before end of year
  - Medicare “extenders” in 2017

State Provider Status

- ASHP will work with state affiliates to move state legislation to recognize pharmacists as providers
- Expanding state scope of practice so pharmacists can practice at the top of their license

Specific State Affiliate and Individual Actions

- Write to your senators and representative
- Recruit individual health system support of H.R. 592/S. 314
- Solicit other state-level health profession organization support of H.R. 592/S. 314:
  - Medical specialties, Nurse practitioners, Physician assistants
- Visit elected officials/staff in Washington DC or district office
  - Student Advocate Training and Legislative Day
    - March 6-7, 2017
Assessment

ASHP is part of the Patient Access to Pharmacists’ Care Coalition who's goal is to improve medically underserved seniors’ access to pharmacists’ services consistent with state scope of practice laws and regulations

- True
- False

Opioid Abuse Epidemic

- Opioid prescriptions have increased 175% in past 20 years
- ED visits due to nonmedical use of opioids more than doubled between 2006 and 2010
- National Institute on Drug Abuse (NIDA) estimates overall cost of opioid abuse is $700 billion annually

Opioid Abuse Epidemic: Congress

- S. 524 – Comprehensive Addiction and Recovery Act (CARA)
  - Became law 07/22/2016
  - Naloxone availability
  - Amends the Controlled Substances Act to permit partial fills of Schedule II prescriptions when permitted under state law
  - VA to expand its Opioid Safety Initiative to include all VA medical facilities
  - FDA to refer new drug applications for opioids to an advisory committee before approval
  - Creation of a public–private task force on pain management within two years (pharmacists included)

- S. 2423– Opioid and Heroin Epidemic Emergency Supplemental Appropriations
  - Bill introduced
  - Provides supplemental appropriations for the Department of Justice and the Department of Health and Human Services to address heroin and opioid drug abuse
  - Funding for the Substance Abuse and Mental Health Services Administration, CDC, NIH, the Public Health and Social Services Emergency Fund, State and Local Law Enforcement Assistance and Community Oriented Policing Services (COPS) programs

- House passed 12 bills on May 11, 2016
  - H.R. 4641: requires HHS to convene a Pain Management Best Practices Inter-Agency Task Force
  - H.R. 5046: Comprehensive Opioid Abuse Reduction Act of 2016: grants to state, local, and tribal governments to provide opioid abuse services
  - Bills now go to conference to reconcile differences between chambers
Opioid Abuse Epidemic:
ASHP Activity

- ASHP participated in White House meeting on prescription drug abuse in May
  - Coordinated by the Office of National Drug Control Policy
  - First in a series of meetings with healthcare provider and patient advocacy groups to work to expand access to opioid treatment, prevention, and recovery resources

- Multiple meetings on Capitol Hill to educate on the role of the pharmacist in pain management
  - Have collaborated with or are currently working with:
    - NACDS
    - AMA
    - NCPA
    - NABP
    - NGA
    - Pain Care Forum (PhRMA)
    - Pew Trusts

Three Main Areas of Focus for ASHP

- **Education**
  - Members, inter-professional
  - Webinars, major meetings
  - Pharmacy School Curriculums
  - Specialty Traineeships
  - Inventory diversion prevention

- **Patient-Specific Pain Plan**
  - Tailored to a specific patient
  - May be acute or chronic
  - Needs to be inter-professional (the role of the pharmacist)

- **Regulatory/Advocacy**
  - Interoperable PDMP’s and mandatory usage
  - Lock-in pharmacy
  - Partial fills
  - Appropriate quantity prescribing
  - Development of abuse-deterrent formulations

ASHP continues to...

- Work with CDC, CMS, FDA and other pertinent agencies and public health groups (including NABP) to promote pharmacists’ concerns and roles in this arena
- Develop resources and education to support the federal initiatives
- Work with state legislatures and boards of pharmacy as they develop and implement related laws and regulations
- Reach out to our members

Assessment

- ASHP is focused to which of the following activities related to opioid overuse?
  A. Education
  B. Patient-specific pain plan
  C. Regulatory issues
  D. All of the above

PHARMACY WORKFORCE
How many pharmacists are there? According to HRSA Bureau of Health Care Professions, there are currently 286,400 pharmacists:  
- 63% work in retail settings  
- 23.1% work in hospitals  
- 13.9% work in other settings*  

* Managed care, pharmacy education, long term care, home care, consulting, industry, wholesale, associations, GPOs, trade groups, publishers, office practices, etc  

For the 2014 National Pharmacists Workforce Study, pharmacists:  
- 44.1% work in indep, chain, mass merch, or supermarket pharmacies  
- 29.4% work in hospitals  
- 16.7% work in other patient care practices*  
- 7.5% work in other settings (industry and non-patient care)  

* Defined as HMOs, clinic pharmacies, mail service, nuclear, home care, long term care  

Health System Pharmacist Macro-Density Analysis (estimates)  
121 Academic Medical Centers  
12,000 FTE  
Top 100 Multi-Hospital Health Systems  
35,000 FTE  
Top 25 States  
52,000 FTE  

What does the future hold? Pharmacist supply and demand by 2020  
Supply drivers:  
- More graduates  
- Baby boomers retire  
- Delayed retirement  
- Fewer part timers  
- More graduates  
Demand drivers:  
- Prescription volume  
- Changing roles  
- Technology  
- Health Care Reform  

Assumptions: includes only known new schools, BLS projection on demand  

Percentage of Graduates Seeking Residency  

<table>
<thead>
<tr>
<th>Year</th>
<th>Graduates</th>
<th>Participants in PGY1 Match</th>
<th>Percentage of Grad Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>10,199</td>
<td>1,356</td>
<td>13.3%</td>
</tr>
<tr>
<td>2007</td>
<td>10,282</td>
<td>1,898</td>
<td>18.5%</td>
</tr>
<tr>
<td>2008</td>
<td>11,127</td>
<td>2,092</td>
<td>18.8%</td>
</tr>
<tr>
<td>2009</td>
<td>11,516</td>
<td>2,501</td>
<td>21.7%</td>
</tr>
<tr>
<td>2010</td>
<td>11,487</td>
<td>2,898</td>
<td>25.2%</td>
</tr>
<tr>
<td>2011</td>
<td>12,346</td>
<td>3,257</td>
<td>26.4%</td>
</tr>
<tr>
<td>2012</td>
<td>13,163</td>
<td>3,706</td>
<td>28.2%</td>
</tr>
<tr>
<td>2013</td>
<td>13,207</td>
<td>3,913</td>
<td>30%</td>
</tr>
<tr>
<td>2014</td>
<td>13,838</td>
<td>4,542</td>
<td>33%</td>
</tr>
<tr>
<td>2015 (Knapp, et al)</td>
<td>13,856</td>
<td>4,358</td>
<td>31%</td>
</tr>
<tr>
<td>2016</td>
<td>14,083 est</td>
<td>5,373 (53%)</td>
<td>--</td>
</tr>
</tbody>
</table>
Pharmacy Technicians

- There is growing complexity in medication use and a continued focus on medication safety and quality.
  - Significant focus on fatal medication errors nationally in the last decade.
- There is a need today for well-qualified, competent pharmacy technicians for the safe provision of medications in all settings.
- The existence of competent pharmacy technicians will be fundamental to advancing the patient care role of pharmacists in the future.

Emerging Pharmacy Technician Roles and Responsibilities

- Medication reconciliation
- Medication therapy management
- Immunization
- Indigent care prescription programs
- Sterile & non-sterile compounding
- Clinical technicians (e.g., chronic care, appointment scheduling, medication adherence, smoking cessation, vital signs measurements, data management, etc.)
- Tech-check-tech
- Prescription clarification
- Quality assurance and quality improvement initiatives
- ACA Marketplace Certified Application Counselors
- CMS-CMMI Grant Projects (Innovations Center)
- Community outreach programs
- DUE/ADR monitoring
- Informatics
- Medication safety initiatives
- Telepharmacy
Activities of Pharmacy Technicians

% Hospitals with technicians performing activity 2014

Dispensing with remote video supervision
8% 6%
Screening of medical records for MRPs
18% 11%
Facilitating Transitions of Care
28% 18%
Medication assistance program mgmt
38% 28%
Order entry (for pharmacist verification)
61% 62%
Tech-check-tech
61% 76%
IT system management
5% 11%
Controlled substance system mgmt
9% 15%
Compounding chemotherapy preps
25% 28%
Quality Assurance act/unit inspections
4% 6%
Compounding chemotherapy preps
6% 11%
Medication reconciliation (obtaining list)
12% 10%
Medication assistance program mgmt
9% 12%
Billing
9% 5%
Order entry (for pharmacist verification)
17% 14%
Order review and verification
3% 5%
Restocking floor stock and/or ADCs
98% 98%
Packaging activities
90% 90%
Purchasing
11% 11%

Non-traditional Functions

ASHP national survey of pharmacy practice in hospital settings - 2014

Non-traditional Activities of Pharmacy Technicians

% Hospitals with technicians performing activity

IT system management
42% 43%
Preparation of clinical monitoring information
7% 9%
Screening of medical records for MRPs
25% 26%
Facilitating Transitions of Care
15% 16%
Dispensing with remote video supervision
18% 18%
Medication reconciliation (obtaining list)
12% 10%
Medication assistance program mgmt
10% 11%
IT system management
15% 15%

Pharmacy Technician Training, Competency, Practice

(ASHP preferred state)

PTCB

Pharmacy Technician Certification Board (PTCB)

Mission Statement

PTCB develops, maintains, promotes and administers a nationally accredited certification program for pharmacy technicians to enable the most effective support of pharmacists to advance patient safety.

State Regulations of Technicians Vary Widely

- 45 states and DC regulate pharmacy technicians
- 24 states include national certification in regulations
- 5 states accept only the Pharmacy Technician Certification Board (PTCB) exam for national certification
- 19 states require a background check
- 22 states require CE
- 10 states have a pharmacy technician serving on the state Board of Pharmacy
- Many states have pending legislation or regulations

Pharmacy Technicians

Current and Future Time Allocation

<table>
<thead>
<tr>
<th>Activity</th>
<th>Current</th>
<th>Future</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order processing / entry</td>
<td>4%</td>
<td>2%</td>
<td>-2%</td>
</tr>
<tr>
<td>Traditional drug preparation and distribution</td>
<td>79%</td>
<td>66%</td>
<td>-13%</td>
</tr>
<tr>
<td>Non-traditional activities</td>
<td>19%</td>
<td>22%</td>
<td>3%</td>
</tr>
<tr>
<td>Administrative</td>
<td>8%</td>
<td>9%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Pharmacists

<table>
<thead>
<tr>
<th>Activity</th>
<th>Current</th>
<th>Future</th>
<th>Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Order review and verification</td>
<td>48%</td>
<td>42%</td>
<td>-6%</td>
</tr>
<tr>
<td>Drug distribution</td>
<td>38%</td>
<td>28%</td>
<td>-10%</td>
</tr>
<tr>
<td>Clinical</td>
<td>24%</td>
<td>36%</td>
<td>12%</td>
</tr>
<tr>
<td>Administrative management</td>
<td>9%</td>
<td>8%</td>
<td>-1%</td>
</tr>
<tr>
<td>Training (residents, students)</td>
<td>8%</td>
<td>8%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

ASHP national survey of pharmacy practice in hospital settings - 2014

About PTCB

Council on Credentialing in Pharmacy (CCP)
Pharmacy Technician Credentialing Framework Aug 09
http://www.pharmacycredentialing.org/Files/CCP%20technician%20framework_08-09.pdf

PTCB

PTCB develops, maintains, promotes and administers a nationally accredited certification program for pharmacy technicians to enable the most effective support of pharmacists to advance patient safety.
PTCB By the Numbers

- 587,000 pharmacy technician certifications since 1995
- 282,000 active certified pharmacy technicians
- 56,000 exams conducted in 2015

Certification Program Changes

New PTCB requirements:

- 2015: PTCB only accepting technician-specific CE
- 2020: Complete an ASHP/ACPE-accredited education program – when sitting for initial certification

Advanced Certification Programs in Development

- Task force met in May 2015 for sterile compounding

ASHP/ACPE-Accredited Pharmacy Technician Training Programs

<table>
<thead>
<tr>
<th>Staffed beds</th>
<th>PTCB Certification</th>
<th>Completed a ASHP/ACPE-accredited Technician Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>73.7</td>
<td>19.3</td>
</tr>
<tr>
<td>50-99</td>
<td>82.8</td>
<td>19.3</td>
</tr>
<tr>
<td>100-199</td>
<td>74.1</td>
<td>19.3</td>
</tr>
<tr>
<td>200-299</td>
<td>72.6</td>
<td>12.5</td>
</tr>
<tr>
<td>300-399</td>
<td>84.3</td>
<td>18.3</td>
</tr>
<tr>
<td>&gt;400</td>
<td>74.3</td>
<td>9.0</td>
</tr>
<tr>
<td>All hospitals – 2015</td>
<td>77.5</td>
<td>17.5</td>
</tr>
<tr>
<td>All hospitals – 2014</td>
<td>71.2</td>
<td>14.9</td>
</tr>
<tr>
<td>All hospitals – 2013</td>
<td>70.9</td>
<td>14.2</td>
</tr>
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<td>All hospitals – 2012</td>
<td>67.5</td>
<td>13.6</td>
</tr>
<tr>
<td>All hospitals – 2011</td>
<td>65.8</td>
<td>11.1</td>
</tr>
</tbody>
</table>

Note: There are hundreds of estimated non-accredited programs in existence

Pharmacy Technicians With Credentials

ASHP national survey of pharmacy practice in hospital settings - 2015

Current Activities

- PTCB conducted a new technician job analysis in this summer
  - Survey gathers data on the tasks, knowledge, and skills of pharmacy technicians in all states and practice settings
- Pharmacy technician stakeholder consensus conference to be held in February 2017
  - Invitational conference to gain consensus among the broader pharmacy community for a national standard in technician education, training, certification, and regulation

Assessment

<table>
<thead>
<tr>
<th>Are the...</th>
<th>Increasing?</th>
<th>Decreasing?</th>
<th>Staying the Same?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of pharmacists practicing in hospitals...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pharmacists completing residencies...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pharmacists obtaining board certification...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of technicians obtaining PTCB certification...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of technicians completing an ASHP/ACPE accredited training program...</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
QUESTIONS?