Current Issues in Pharmacy Practice

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Current Issues In Pharmacy Practice

1. Provider Status
2. CPD
3. USP <800>

Current Issues in Pharmacy Practice

- At the conclusion of this activity, the pharmacist will be able to:
  - Describe the current status of Pharmacist Provider Status in CMS Regulations
  - List 2 actions that individuals can do to take action on the Pharmacist Provider Status
  - Consider the benefits of Continuous Professional Development (CPD) for the profession and for the individual in advancing pharmacy practice
  - Define the fundamentals of regulations in the current draft of USP Chapter <800> Hazardous Drugs Handling in Healthcare Settings
  - Determine if your practice setting is well poised for compliance with USP <800> regulations

- At the conclusion of this activity, the pharmacy technician will be able to:
  - Discuss the current status, and initiatives taking place in the pharmacy profession related to Pharmacist Provider Status
  - Recognize the benefits of Continuous Professional Development (CPD) for the pharmacy profession as well as for the individual
  - Define the fundamentals of regulations in the current draft of USP Chapter <800> Hazardous Drugs Handling in Healthcare Settings

The Path to Provider Status

John Armitstead has nothing relevant to disclose relative to this lecture and any conflict of interest

Provider Status: It’s Not Just a Bill

- Adds pharmacists to list of providers in Social Security Act
- Gives patients access to pharmacists
- Longstanding goal of the profession
Provider Status is About Patients

Achieving provider status is about giving patients access to care that improves patient safety, healthcare quality, and outcomes, and decreases costs for the healthcare system.

The Intersection of Healthcare & Policy

- States grant authority to practice
  - Licensure
  - Scope of practice
- Federal government determines reimbursement
  - Medicare
  - Private, state payers typically follow Medicare

Social Security Act & Provider Status

- Medicare resides under the Social Security Act
- Social Security Act determines eligibility for current and new payment models
- Pharmacists are not recognized under the Social Security Act as health care providers

Access to Primary Health Care

- Growing number of Medicare beneficiaries
- Increasing patients with one or more chronic conditions
- Newly covered patients via Affordable Care Act
- Projected shortage of physicians

Projected Physician Shortage

Source: AAMC Center for Workforce Studies, June 2010 Analysis

Focus on Medically Underserved Communities

- Help meet unmet healthcare needs
  - Increase patients' access to care
  - Improve quality
  - Decrease costs
- Strategy follows similar successful paths taken by other healthcare professionals to gain provider status
Medically Underserved Communities

State Scope of Practice
• State scope of practice will determine what services pharmacists can offer
• As provider status at the federal level is achieved continued efforts by states to ensure scope of practice for pharmacists is sufficiently robust will be vital

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
• Services
  • Managing chronic diseases
  • Medication management
  • Manage care as patients transition from hospital to home
  • Health and wellness testing
  • Administering immunizations

Overall impact:
• Improved health outcomes
• Reduced hospital readmissions
• Reduced emergency department visits

The Pharmacy and Medically Underserved Areas Enhancement Act
• H.R. 592
  – Introduced by Rep. Guthrie (KY), Butterfield (NC), Young (IN), and Kind (WI)
  – 269 cosponsors

• S. 314
  – Introduced by Sen. Grassley (IA), Kirk (IL), Brown (OH), and Casey (PA)
  – 41 cosponsors

Update as of 3/1/16 8:10PM
• H.R. 592
  – 269 co-sponsors
  • 145 Republicans; 124 Democrats
  • One from South Carolina


Cosponsor Date Cosponsored
Rep. Wilson, Joe (R-SC-3) 02/10/2015
Update as of 3/1/16 8:18PM

- S. 314
  - 41 co-sponsors
    - 19 Republicans; 22 Democrats
    - None from South Carolina
  

Next Steps

- Write your Representative (1)
  - Thank Representative Wilson OR Encourage Co-Sponsorship of your Rep of the Other 6

- Write Your Senators (2)
  - Write Senators Graham and Scott

- 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

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

LIFELONG LEARNING

Lifelong learning is a mission, phrase or concept. In pharmacy, lifelong learning translated via continuous professional development is a method to lead you toward perfecting your practice.

Who I am

Personal Attributes

What I know

Knowledge

What I have done

Experiences

What I am capable of

Competency

BE NOT AFRAID OF GROWING SLOWLY, BE AFRAID ONLY OF STANDING STILL.
Issues in a Health System Pharmacy World (One Perspective)

- Doctor of Pharmacy Degree
- Licensure as a Pharmacist
- Certifications
- Orientation and Initial Competencies
- Ongoing Competencies
- Continuing Education
- Credentialing
- Continuous Professional Development and Portfolios

Continuous Professional Development (CPD)

Continuous Professional Development

- Self-directed, ongoing, systematic and outcomes focused approach to lifelong learning that is applied into practice

Oath of a Pharmacist – Our Focus Today

- I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.
- I will accept the lifelong obligation to improve my professional knowledge and competence.
- I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

Where do you start?

Armitstead – Philosophy of Practice

- Let’s start with personal philosophy
  - Live, Love, Laugh, Learn and Leave a Legacy!
  - Jump when you are ready, but by all means jump!
  - Let’s build those bridges!
Armitstead – Professional Philosophy of Practice

- Optimizing patient outcomes through interdisciplinary medication management.

Armitstead – Professional Philosophy of Practice

- Advance, expand and promote LMHS Pharmacy Services in an enthusiastic and consistent manner at all LMHS facilities in which pharmacy is recognized as a leader in the State of Florida, advancing practice and care to patients in Southwest Florida.

Armitstead – Professional Philosophy of Practice

- Contribute to providing an environment and culture for personal and professional growth through encouragement, continuous professional development, recognition and utilization of skills, talents and strengths.

Armitstead – Professional Philosophy of Practice

- Develop and expand pharmacy experiential training programs
  - for pharmacy residents
  - pharmacy students
  - and pharmacy technician students
- Demonstrating excellence and providing for highly trained pharmacy personnel for Southwest Florida, Florida and beyond.

CPD - Reflect

- Reflection is the starting point for self-directed learning
- Learning styles/learning theory
- Approaches that make the unconscious, conscious

CPD - Reflect

- Reflect on yourself as a:
  - Person
  - Professional
  - Professional practice
  - Knowledge
  - Skills
  - Competencies
  - Learning preferences
**Pharmacy Leadership**

**Interdisciplinary Leadership**

**Drug Policy Development**

**Professional Society Involvement**

**Research and MUEs**

**Publications**

**Clinical Specialty Knowledge**

**Precepting**

**Mentoring**

**Communication Skills**

**Presentations/Public Speaking**

**Problem Solving/Critical Thinking**

**LMHS Culture Buy-In**

**LMHS Sample Clinical Specialist - Skill Assessment**

**CPD - Plan**

- Action plan based upon learning needs identified in the Reflect stage
- Individual learning objectives
- Identify and set priorities
- Address competency areas
- Time line

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**“The Covey Quadrants”**

**CPD - Plan**

- Long term
- Short term
- Identify resources
- Identify obstacles

Review the plan and update

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**CPD – Plan – SMART Goals**

**CPD - Learn**

- Implementation Stage
- Strive to make it outcomes driven
- Utilize a variety of learning methodologies
  - Formal/structured
  - Informal/unstructured
  - Practice-based learning
  - Experiential based learning
  - Competency demonstration
CPD - Evaluate
• Focus on outcomes and impact
• Evaluate progress
• Evaluate learning activities
• Update and adjust

CPD – Record and Review
• Documentation
• Usable tool
• Readily accessible
• Shared with others for feedback
  – Mentors
  – Family
  – Supervisor
  – Encouragers

CPD - Apply
• Learned knowledge, skills, attitudes, competencies and values are then applied into practice

CPD – Sample Categories of Activities
• Continuing Education
• Academic Study
• Professional Study
• Scholarly Activities
• Teaching
• Precepting
• Mentoring
• Workplace Activities
• Professional/Community Service

Pharmacy Trends
• Not just “hospital” or “community” practice anymore
• Crossing the chasm of transitions of care for our patients
• Patient oriented, direct patient contact
• Access and timeliness
• Provider status
• Collaboration/Interdisciplinary
• Complex to simple
• Yet…..general to specific
• Skill, expertise, competencies and relationships more important than pure knowledge

Credentials and Portfolios
• Credentials and portfolios of training are increasingly becoming important as differential points in candidate assessment and selection
• This is becoming more important due to two major factors:
  – Saturation of the pharmacist employment market
  – The shift from a pharmacist “generalist” market to a pharmacist “specialist” market
One Health System Pharmacy Director’s Perspective

- Reduced significance and value of the current state of traditional ACPE continuing education
  - Inadequacy to meet changing professional expectations
- State Board “global” requirements are increasingly lacking relevance and specificity for practice advancement
- Continuing professional development is a potential solution to address future practitioner and patient care needs
- CPD is working, but it takes time, it is an evolution not a revolution
- CPD should be pharmacy practitioner based, developed in concert with employers and consistent with the practice role now and in the future

Continuous Professional Development
Perfecting Your Practice

- Vision
  - Crafting a vision of new possibilities for the future through exploration, boldness and testing assumptions

- Alignment
  - Building alignment with your future practice by communicating, interacting and relating with clarity, dialogue and inspiration to assure that movement is in the right direction

- Execution
  - Championing execution through an action plan, capitalizing on structure, momentum, feedback and adjustment to make the vision a reality

USP Chapter <800>
Hazardous Drugs Handling in Healthcare Settings

Implications for pharmacy practice
USP <800> Basics
- Enforceable standards for hazardous drug (HD) handling
- ASHP submitted recommendations and comments for both draft versions
- Published Feb 1, 2016; becomes official July 1, 2018

USP <800> Basics
- Applies to all healthcare settings where HDs are handled and all individuals who handle HDs
- Builds on HD guidance in current <797>
- “Where’s the science?” Now includes references

ASHP Recommendations

<table>
<thead>
<tr>
<th>USP recommended</th>
<th>ASHP recommended:</th>
<th>USP adopted?</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;800&gt; official 6 months after publication</td>
<td>Five years</td>
<td>Yes and No- 4 years, (from May 2014 to July 2017)</td>
</tr>
<tr>
<td>All HDs subject to similar precautions</td>
<td>Use a risk prioritization approach</td>
<td>Yes. Handling policies can be tailored according to drug risk assessment</td>
</tr>
<tr>
<td>Organization’s HD list to include all NIOSH-listed drugs</td>
<td>Limit HD list to formulary drugs</td>
<td>Yes</td>
</tr>
<tr>
<td>Storage/handling of all HDs segregated from non-HDs</td>
<td>Exclude drugs in final dispensing form</td>
<td>Yes</td>
</tr>
</tbody>
</table>

ASHP recommendations

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>Redundant engineering controls, e.g. BSC, negative pressure room, CSTDs</td>
<td>Need rationale - big budget items</td>
<td>Yes; included in new chapter</td>
</tr>
<tr>
<td>“Compounding supervisor”</td>
<td>“Responsible individual”</td>
<td>Yes</td>
</tr>
<tr>
<td>Change gloves every 30 minutes</td>
<td>Add “according to manufacturer instructions”</td>
<td>Yes</td>
</tr>
<tr>
<td>Required CSTDs, chemo gowns (despite no official standard) and wipe analysis (no universal protocol)</td>
<td>More Information for practitioners</td>
<td>Yes: Information on gown permeation, wipe analysis recommendations added; NIOSH developing CSTD performance standard</td>
</tr>
</tbody>
</table>

New requirements
- Develop a hazardous drug list
  - Identify all drugs and dosage forms
  - NIOSH divides HDs into 3 groups:
    - Antineoplastics
    - Adverse reproductive effects
    - Other
  - Determine approach
    - “Universal precautions” vs risk assessment

New requirements

• Engineering controls
  – Biological safety cabinets, isolators
  – Closed system transfer devices (CSTDs)

• Facility
  – Separate areas for storing/handling HDs with air handling specifications
  – Compounding in containment segregated compounding areas (C-SCA)
  – PPE – gloves, gowns, booties, respirators

New requirements

• Cleaning
  – Written procedures for decontamination, disinfection, and agents to be used
  – Includes hoods/isolators and compounding area

• Spill management
  – Requires SOPs including who is responsible

• Environmental monitoring

New requirements: Medical surveillance

• Monitoring for health changes potentially caused by HD exposure
• A “should,” not a “shall”
• Consistent with organization's human resource/employee health policies and OSHP requirements
• Post-exposure medical assessment

New requirements

• Environmental monitoring
• Disposal
• Updated policies and procedures (SOPs)
• Training and competency assessment

Summary: Preparing for <800>

Easier to do -
• Make an HD drug list
• Evaluate PPE and its use
• Revise policies and procedures (SOPs)
• Update education and training
More challenging –
• Update facilities and equipment

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