ASHP Update: Current Issues in Pharmacy Practice

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Office of Professional Development

Disclosure Statement

• I have no conflict of interest or financial disclosures relative to this presentation

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

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 legislation in 2014 and 2015
- Facilitated reintroduction of H.R. 592 and S. 109 bills in 2017
Multi-Stakeholder, Interdisciplinary

Healthcare Distribution Management Association
Healthcare Leadership Council
Hematology/Oncology Pharmacy Association
International Academy of Compounding Pharmacists
Kroger
League of United Latin American Citizens
McKesson
National Alliance of State Pharmacy Associations
National Association of Chain Drug Stores
National Community Pharmacists Association
American Association of Colleges of Pharmacy
American Pharmacists Association
American Society of Consultant Pharmacists
American Society of Health-System Pharmacists
American Society of Health-System Pharmacists
Association of Clinical Pharmacists
Bi-LO Pharmacy
Cardinal Health
CVS Health
Food Marketing Institute
Fred's Pharmacy
Fruth Pharmacy
Kroger
League of United Latin American Citizens
McKesson
National Alliance of State Pharmacy Associations
National Association of Chain Drug Stores
National Center for Farmworker Health
National Community Pharmacists Association
National Consumers League
National Patient Advocate Foundation
National Pharmaceutical Association
National Rural Health Association
Omnicell
Pediatric Pharmacy Advocacy Group
Plexus
Rite Aid Pharmacy
Safeway
SUPRPharmacy
Target
Thifty Instore Pharmacy
Walgreens
Walmart
Winn-Dixie Pharmacy

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

The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592/S. 109)

• 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 January 12, 2017
  – Rep. Brett Guthrie lead sponsor (R-KY)
  – Introduced with 107 original cosponsors
  – Maintained bill number from last year

• S. 109
  – Introduced January 12, 2017
  – Sen. Grassley lead sponsor
  – Introduced with 26 cosponsors

Next Steps
• Working with key Congressional Committee Staff
  – PAPCC goal is to attach to a larger Medicare vehicle in 2017
  – May not need a hearing, process could move quickly
  – Must address CBO score (no official one given)
  – Committees of jurisdiction
    • House: Ways & Means and Energy & Commerce
    • Senate: Finance

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. 109
- Solicit other state-level health profession organization support of H.R. 592/S. 109:
  - 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 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)
Opioid Abuse Epidemic: Congress

- 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

Opioid Abuse Epidemic: Congress

- 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
Opioid Abuse Epidemic: ASHP Activity

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

Three Main Areas of Focus for ASHP

- Education
  - Members, interprofessional
  - 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 interprofessional (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
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

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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

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Total Pharmacist FTEs in hospitals continue to grow

<table>
<thead>
<tr>
<th>Year</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>64,224</td>
</tr>
<tr>
<td>2012</td>
<td>51,728</td>
</tr>
<tr>
<td>2011</td>
<td>57,907</td>
</tr>
<tr>
<td>2010</td>
<td>54,368</td>
</tr>
<tr>
<td>2009</td>
<td>55,327</td>
</tr>
<tr>
<td>2008</td>
<td>55,474</td>
</tr>
<tr>
<td>2007</td>
<td>50,572</td>
</tr>
<tr>
<td>2006</td>
<td>48,098</td>
</tr>
<tr>
<td>2005</td>
<td>49,050</td>
</tr>
<tr>
<td>2004</td>
<td>48,037</td>
</tr>
<tr>
<td>2003</td>
<td>46,906</td>
</tr>
<tr>
<td>2002</td>
<td>42,708</td>
</tr>
</tbody>
</table>

Source: ASHP National Survey
What does the future hold?
Pharmacist supply and demand by 2020

Supply drivers:
- Baby boomers
- Delayed retirement
- Fewer part-time
- More graduates

Demand drivers:
- Slower economy
- Higher patient volumes
- 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>Participating in PGY1 Match</th>
<th>Percentage of Grads in Match</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>10,199</td>
<td>1,356</td>
<td>13.3%</td>
</tr>
<tr>
<td>2001</td>
<td>10,282</td>
<td>1,898</td>
<td>18.5%</td>
</tr>
<tr>
<td>2002</td>
<td>10,337</td>
<td>2,050</td>
<td>20.4%</td>
</tr>
<tr>
<td>2003</td>
<td>11,536</td>
<td>2,505</td>
<td>21.7%</td>
</tr>
<tr>
<td>2004</td>
<td>11,487</td>
<td>2,816</td>
<td>25.2%</td>
</tr>
<tr>
<td>2005</td>
<td>12,346</td>
<td>3,257</td>
<td>26.4%</td>
</tr>
<tr>
<td>2006</td>
<td>13,163</td>
<td>3,706</td>
<td>28.2%</td>
</tr>
<tr>
<td>2007</td>
<td>13,207</td>
<td>3,933</td>
<td>30%</td>
</tr>
<tr>
<td>2008</td>
<td>13,536</td>
<td>4,142</td>
<td>30%</td>
</tr>
<tr>
<td>2009</td>
<td>13,838</td>
<td>4,358</td>
<td>31%</td>
</tr>
<tr>
<td>2010</td>
<td>14,923 est</td>
<td>5,731 (30%)</td>
<td>--</td>
</tr>
</tbody>
</table>

ASHP Accredited Pharmacy Residency Program Growth (1980-2016) as of 9/2016

<table>
<thead>
<tr>
<th>Year</th>
<th>PGY1/PGY2</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>Programs</td>
<td>Hospital</td>
</tr>
<tr>
<td></td>
<td>71 PGY1/82</td>
<td>316 FG3</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, app. 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

Traditional Functions

- Restocking floor stock and/or ADCs: 98%
- Replenishing unit-dose carts: 96%
- Facilitating: 94%
- Packaging activities: 90%
- Compounding sterile preps: 86%
- Billing: 81%
- Quality Assurance and/or inspections: 76%
- Compounding chemotherapy preps: 81%
- Controlled substance system mgmt: 78%
- IT system management: 61%
- Technician supervising other technicians: 62%
- Tech-check tech: 61%
- Medication reconciliation (obtaining list): 53%
- Order entry (for pharmacist verification): 50%
- Medication assistance program mgmt: 40%
- Facilitating Transitions of Care: 40%
- Screening of medical records for MRPs: 40%
- Dispensing with remote video supervision: 0%

Non-traditional Functions

- Technology management: 42%
- Controlled substance management: 41%
- Compounding chemical therapy preps: 40%
- Quality Assurance &/or inspections: 38%
- Professional Advancement: 35%
- IT system management: 33%
- Compounding sterile preps: 30%
- Nursing home management: 18%
- Dispensing with remote video supervision: 0%

Non-traditional Activities of Pharmacy Technicians

% Hospitals with technicians performing activity

- IT system management: 42%
- Technician supervising other technicians: 20%
- Order entry (for pharmacist verification): 12%
- Preparation of clinical monitoring information: 11%
- Screening of medical records for MRPs: 9%
- Tech-check tech: 8%
- Medication reconciliation (obtaining list): 7%
- Medication assistance program mgmt: 7%
- Facilitating Transitions of Care: 6%
- Dispensing with remote video supervision: 0%

Current and Future Time Allocation

Pharmacy Technicians

<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>3%</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>Traditional drug preparation and distribution</td>
<td>78%</td>
<td>65%</td>
<td></td>
</tr>
<tr>
<td>Non-traditional activities</td>
<td>10%</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Administrative</td>
<td>9%</td>
<td>9%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td></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>44%</td>
<td>34%</td>
<td></td>
</tr>
<tr>
<td>Drug distribution</td>
<td>18%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>24%</td>
<td>36%</td>
<td></td>
</tr>
<tr>
<td>Administrative management</td>
<td>9%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Training (residents, students)</td>
<td>6%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td></td>
</tr>
</tbody>
</table>
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 Technician Training, Competency, Practice (CCP preferred state)

Start Process of Becoming a Pharmacy Technician
Accredited Training
Certification
Registered as Pharmacy Technician by Board of Pharmacy
Work as a Pharmacy Technician

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

About 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.
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
- **ON HOLD** – the 2020 requirement that technicians must complete an ASHP/ACPE-accredited education program prior to sitting for initial certification has been put on hold

Advanced Certification Programs in Development

- Task force met in May 2015 for sterile compounding

ASHP/ACPE-Accredited Pharmacy Technician Training Programs

Note: There are hundreds of estimated non-accredited programs in existence
Pharmacy Technicians With Credentials

<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>75.8</td>
<td>19.3</td>
</tr>
<tr>
<td>100-199</td>
<td>82.8</td>
<td>19.2</td>
</tr>
<tr>
<td>200-299</td>
<td>74.5</td>
<td>27.0</td>
</tr>
<tr>
<td>300-399</td>
<td>72.6</td>
<td>12.5</td>
</tr>
<tr>
<td>400-599</td>
<td>84.3</td>
<td>18.3</td>
</tr>
<tr>
<td>≥600</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>
<tr>
<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>

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>