ASHP Update--
Current Issues in Pharmacy Practice

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ASHP President-elect

Current Issues in Pharmacy Practice: Topics for this Presentation
- Provider Status
- Ambulatory Care & Pharmacy Advancement Initiative (PAI)
- Pharmacy Workforce
- Advancing the Role of Pharmacy Technicians

Disclosure Statement – I have no conflict of interest or financial disclosures relative to this presentation.

Learning Objectives for Pharmacists
Current Issues in Pharmacy Practice
- Explain the pharmacy profession’s efforts in pursuing provider status at the national level
- Describe important aspects of the ASHP Practice Advancement Initiative
- 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
Learning Objectives for Pharmacy Technicians

Current Issues in Pharmacy Practice

• Explain the pharmacy profession’s efforts in pursuing provider status at the national level
• Describe market place information on the pharmacy technician workforce
• Summarize the key consensus statements from the Pharmacy Technician Stakeholders Conference

Recognizing Pharmacists as Providers: Filling an Unmet Patient Need

Provider Status is About Patients

Achieving provider status is about giving patients access to care that improves:
- Patient safety
- Healthcare quality
- Outcomes
- Decreases costs
What is Provider Status?

- Being listed in section 1842 or 1861 of the Social Security Act as a supplier of medical and other health services.
- Becoming a “provider” in the Social Security Act means:
  Pharmacists can participate in Part B of the Medicare program and bill Medicare for services that are within their state scope of practice to perform.

Who Currently Has Provider Status?

- Physicians
- Nurse practitioners
- Physician assistants
- Certified nurse midwives
- Psychologists
- Clinical social workers
- Certified nurse anesthetists
- Speech-language pathologists
- Audiologists
- Registered dietitians
- Physical therapists

Why is provider status important for pharmacists?

- Pharmacists are not currently 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 professionals’ eligibility
What is H.R. 592/S. 109?

- Bipartisan bills that would amend the Social Security Act to recognize pharmacist services to patients under Medicare Part B in medically-underserved communities
  - Applies to licensed pharmacists working within their state's scope of practice laws
  - Establishes a mechanism of pay for pharmacist provider services under Medicare

H.R. 592/S. 109 Specifics

- Amends Section 1861(s)(2) of the Social Security Act to include:
  - Services furnished by a pharmacist licensed by State law
    - Which the pharmacist is legally authorized to perform in the State
  - Covered in a setting located in and defined in federal law as:
    - Medically underserved area
    - Medically underserved population
    - Health professional shortage area

Why does H.R. 592/S. 109 only cover medically underserved communities?

- Helps to meet current unmet health care needs
  - Increase access
  - Improve quality
  - Decrease costs
- Follow similar successful paths taken by other health care professionals to gain provider status
What are medically underserved communities?

- Medically Underserved Areas
- Medically Underserved Populations
- Health Professional Shortage Areas

Patient Access to Pharmacists’ Care Coalition (PAPCC)

- Formed January 2014
- Organizations representing patients, pharmacists, pharmacies and other interested stakeholders
- Facilitated reintroduction of H.R. 592 and S. 109

Current Members

- ASHP
- APhA
- AACP
- ASCP
- AHE
- AACP
- NCPA
- NACDS
- NASPA
- Walgreens

Current Members

- Albertsons
- Healthcare...
Status Update

— 2016 has seen the Coalition pushing for cosponsors; House and Senate hearings and committee consideration
— Also to push for Congressional Budget Office Scoring

Why isn't there a call for credentialing requirements in the Bill?

A: ASHP supports these concepts, but they do not belong in federal law.

Instead, credentialing and privileging requirements are for states and organizations to decide through state pharmacy practice acts, private health plan requirements, and credentialing and privileging requirements by hospitals and health systems.

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 well-trained and qualified pharmacy technicians going forward
The Path Forward

- Seek hearing on bill in House Energy and Commerce Committee
- Seek a CBO score – pursuing Senator Grassley (Iowa) as champion
- Seeking a legislative vehicle for the bill
- Secure additional cosponsors
- Grow the coalition
- Educate the public and other stakeholders on value of pharmacists’ care

Keys to Success

- Pharmacy must maintain unified stance in this advocacy effort
- Grassroots efforts must be robust
  - 270,000 licensed pharmacists in the U.S. can have a huge impact
- Focusing on the unmet need; new Medicare enrollees
- 2016 election results do not change our message

Specific State Affiliate and Individual Actions

- Recruit individual health system support of H.R. 592/S. 109 in your system
- 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
Impact of State Scope of Practice on the Federal Law

- Provider status at the federal level will only allow a pharmacist to participate in the Medicare program and to bill for services that are within their state scope of practice to perform (the same is true for physicians and other providers)
- State scope of practice will determine what pharmacists can actually do in terms of the provision of service
- 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

State Provider Status

- ASHP is working with state affiliates to move state legislation to recognize pharmacists as providers forward
- Focus is on expanding state scope of practice so pharmacists can practice at the top of their license
- Potential addition of state Medicaid and private payers

Key Takeaways

- Key Takeaway #1
  - H.R. 592/S. 109 would grant provider status to pharmacists practicing in medically underserved areas, or populations
- Key Takeaway #2
  - Virtually all of the pharmacy profession is on board
- Key Takeaway #3
  - Must continue pushing, addressing the cost questions and GROW the coalition and Congressional outreach!
4. Convene a consensus conference to study and make recommendations to enhance the ambulatory care services provided by pharmacists.
Outcomes

• Twenty-five Visionary and Forward-Thinking Recommendations

• High Percentage of Participant Agreement

• High Percentage of ASHP Active Practitioner Member Agreement

Follow-Up Steps to the Summit

• Immediately after the Summit, a follow-up survey was sent to all ASHP members asking for input on the Summit recommendations.

• A final report that combines the work at the Summit with the outcomes of the survey was published in ASHP in the August 15, 2014 issue.

• The ASHP Foundation developed an Ambulatory Care Self-Assessment Survey similar to the PPMI Hospital Self-Assessment Survey and Ambulatory Business Case Resources (webinars with sample business cases)

• Overall, the recommendations resulting from the Summit will infuse the PPMI’s national direction and future efforts.

• Advance the practice of pharmacy in ambulatory care
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 2013 National Pharmacists Workforce Study, there were 249,381 licensed pharmacists:
- 53.8% work in indep, chain, mass merch, or supermarket pharmacies
- 26.8% work in hospitals
- 10.4% work in other patient care practices*
- 9.0% 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 25 States: 52,000 FTE
- Top 100 Multi-Hospital Health Systems: 35,000 FTE
Total Pharmacist FTEs in hospitals continues to grow

<table>
<thead>
<tr>
<th>Year</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>64,224</td>
</tr>
<tr>
<td>2012</td>
<td>51,728</td>
</tr>
<tr>
<td>2011</td>
<td>57,307</td>
</tr>
<tr>
<td>2010</td>
<td>54,368</td>
</tr>
<tr>
<td>2009</td>
<td>56,327</td>
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<tr>
<td>2008</td>
<td>55,474</td>
</tr>
<tr>
<td>2007</td>
<td>50,572</td>
</tr>
<tr>
<td>2006</td>
<td>48,056</td>
</tr>
<tr>
<td>2005</td>
<td>49,956</td>
</tr>
<tr>
<td>2004</td>
<td>48,637</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 workers
- More graduates

Demand drivers:
- Slower economy

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

Demand drivers:
- Prescription volume
- Changing roles
- Technology
- Health Care Reform

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

ASHP Accredited Pharmacy Residency Program Growth In Last 30 Years

Programs: Pharmacy Practice, Hospital, Industrial, Advanced APPEs
### Percentage of Graduates Seeking Residency

<table>
<thead>
<tr>
<th>Year</th>
<th>Graduates</th>
<th>Participants in PGY1 Match</th>
<th>Percentage of Grads in 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>11,327</td>
<td>2,090</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>13,165</td>
<td>3,706</td>
<td>28.2%</td>
</tr>
<tr>
<td>2013</td>
<td>13,207</td>
<td>3,933</td>
<td>30.0%</td>
</tr>
<tr>
<td>2014</td>
<td>13,307</td>
<td>4,142</td>
<td>30.9%</td>
</tr>
<tr>
<td>2015</td>
<td>13,816</td>
<td>4,358</td>
<td>31.1%</td>
</tr>
</tbody>
</table>

2015 (Knapp, et al) 13,816 4,358 31.1%

2016 est 5,373 (36%)

### Board Certified Specialists

![Graph showing the increase in board-certified specialists over time](image_url)

Legend:
- Nuclear
- Cardiology
- Pharmacology
- Oncology
- Hospital Care
- Ambulatory Care
- Ambulatory Care
- Long Term Care
-其他
Pharmacy Technicians

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, appt. scheduling, medication adherence, smoking cessation, vital signs measurements, data management, etc.)
- Prior authorization
- 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

Pharmacy Technician Training, Competency, Practice (CCP preferred state)

Start Process of Becoming a Pharmacy Technician

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hospitals with technicians performing activity 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restocking floor stock and/or ADs</td>
<td>100%</td>
</tr>
<tr>
<td>Replenishing unit dose carts</td>
<td>100%</td>
</tr>
<tr>
<td>Facilitating</td>
<td>61%</td>
</tr>
<tr>
<td>Compounding activities</td>
<td>61%</td>
</tr>
<tr>
<td>Compounding tertiary props</td>
<td>61%</td>
</tr>
<tr>
<td>Compounding chemotherapy props</td>
<td>61%</td>
</tr>
<tr>
<td>Sterile compounding</td>
<td>61%</td>
</tr>
<tr>
<td>Controlled substance system mgmt</td>
<td>61%</td>
</tr>
<tr>
<td>IT system management</td>
<td>61%</td>
</tr>
<tr>
<td>Technician supervising other technicians</td>
<td>61%</td>
</tr>
<tr>
<td>Tech-check-tech</td>
<td>61%</td>
</tr>
<tr>
<td>Medication reconciliation (obtaining list)</td>
<td>61%</td>
</tr>
<tr>
<td>Order entry (for pharmacist verification)</td>
<td>61%</td>
</tr>
<tr>
<td>Medication assistance program mgmt</td>
<td>61%</td>
</tr>
<tr>
<td>Facilitating Transitions of Care</td>
<td>61%</td>
</tr>
<tr>
<td>Screening of medical records for MRPs</td>
<td>61%</td>
</tr>
<tr>
<td>Dispensing with remote video supervision</td>
<td>61%</td>
</tr>
</tbody>
</table>


Non-traditional Activities of Pharmacy Technicians

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hospitals with technicians performing activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>IT system management</td>
<td>100%</td>
</tr>
<tr>
<td>Technician supervising other technicians</td>
<td>100%</td>
</tr>
<tr>
<td>Order entry (for pharmacist verification)</td>
<td>100%</td>
</tr>
<tr>
<td>Preparation of clinical monitoring information</td>
<td>100%</td>
</tr>
<tr>
<td>Screening of medical records for MRPs</td>
<td>100%</td>
</tr>
<tr>
<td>Tech-check-tech</td>
<td>100%</td>
</tr>
<tr>
<td>Medication reconciliation (obtaining list)</td>
<td>100%</td>
</tr>
<tr>
<td>Order entry (for pharmacist verification)</td>
<td>100%</td>
</tr>
<tr>
<td>Medication assistance program mgmt</td>
<td>100%</td>
</tr>
<tr>
<td>Facilitating Transitions of Care</td>
<td>100%</td>
</tr>
<tr>
<td>Dispensing with remote video supervision</td>
<td>100%</td>
</tr>
</tbody>
</table>

ASHP national survey of pharmacy practice in hospital settings - 2014

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>Pharmacy Technicians</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order processing / entry</td>
<td>8%</td>
<td>5%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Traditional drug preparation and distribution</td>
<td>78%</td>
<td>65%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Non-traditional activities</td>
<td>10%</td>
<td>20%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Administrative</td>
<td>9%</td>
<td>9%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Order review and verification</td>
<td>64%</td>
<td>34%</td>
<td>44%</td>
</tr>
<tr>
<td>Drug distribution</td>
<td>18%</td>
<td>14%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Clinical</td>
<td>24%</td>
<td>36%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Administrative management</td>
<td>9%</td>
<td>8%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Training (residents, students)</td>
<td>7%</td>
<td>8%</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Other</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>

ASHP national survey of pharmacy practice in hospital settings - 2015
Pharmacy Technician Accreditation Commission
Formed through ASHP/ACPE collaboration

- ACPE Board approved ASHP standards, guidelines, and procedures for PTAC
- PTAC recommendations require approval of both ASHP and ACPE Boards
- First PTAC recommendations to ASHP and ACPE boards for accreditation actions occurred June 2015

Ultimate Goal of ASHP-ACPE Collaboration
- A better qualified and trained workforce
- Improved patient safety
- Greater consistency in technician workforce
- Accreditation standards updated as needed to stay consistent with expanding roles and responsibilities of technicians
- Greater ability to delegate technical tasks from pharmacists
- Less turnover in pharmacy technician positions

ASHP/ACPE-Accredited Pharmacy Technician Training Programs
Note – estimated 200 – 1000 non-accredited programs exist

ASHP/ACPE-Accredited Pharmacy Technician Training Programs
**Pharmacy Technicians With Credentials**

<table>
<thead>
<tr>
<th>Staffed beds</th>
<th>PTCB Certification</th>
<th>ASHP/ACPE‐accredited Technician Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>73.7</td>
<td>93.3</td>
</tr>
<tr>
<td>50‐99</td>
<td>75.8</td>
<td>93.3</td>
</tr>
<tr>
<td>100‐199</td>
<td>82.8</td>
<td>93.3</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>400‐499</td>
<td>84.3</td>
<td>18.3</td>
</tr>
<tr>
<td>≥600</td>
<td>74.3</td>
<td>9.0</td>
</tr>
</tbody>
</table>

*ASHP national survey of pharmacy practice in hospital settings: 2015*

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**By The Numbers**

| 2014, Median Pay | $14.33 hr / $29,810 yr |
| 2014, Number of Jobs | 372,500 |
| Job Outlook, 2012‐2022 | 9% growth |
| Employment Change, 2014‐24 | 34,700 |

Employment increase is 9% faster than average for all occupations

- 74% (275,000) of technicians are PTCB certified
- Increased demand for prescription medications will lead to more demand for pharmacy services


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**Distance Education**

- Bringing the availability and affordability of accredited pharmacy technician education and training anywhere
- Simulation and distance education
- First Accredited - Therapeutic Research Center
Other Related PTAC Issues

PTCB has conducted a new technician task analysis (2016)

• February 2017 - Pharmacy Technician Stakeholder Consensus Conference
  – gain consensus among the broader pharmacy community for a national standard in technician education, training, certification, and regulation.

• Approximately 100 attendees
  – state boards of pharmacy,
  – employers,
  – educators,
  – accreditors,
  – national, state and international pharmacy associations,
  – Pharmacists,
  – technicians and the public
Objectives

The objectives conference was to develop consensus in the following areas:

• The necessity of public confidence in pharmacy's process for ensuring the competency of pharmacy technicians.

• The entry-level ("generalist") knowledge, skills, and abilities that all pharmacy technicians must have regardless of practice site.

• The definition of entry-level ("generalist") pharmacy technician practice with respect to (a) legally recognized scope of practice; (b) educational requirements; (c) training requirements; (d) certification requirements; and (e) state board of pharmacy registration or licensure.

• The desirability and feasibility of developing a process for recognizing competencies of pharmacy technicians beyond entry-level.

• The desirability and feasibility of minimizing variability among the states in the definition and regulation of pharmacy technicians.

Recommendations

• Technician education and training programs should be based on national standards, be foundational across all practice settings and provide room for innovation and flexibility. (96)

• Employee seeking the entry-level pharmacy technician designation are required to complete a nationally accredited education and training program. (84)

• The employee will be considered a technician-in-training during the period of completion of education, training and certification, all of which must be completed in less than 2 years. (88)

• The profession should move urgently towards the development and adoption of national standards for pharmacy technician education and training. (95)

• The pharmacy profession should clearly articulate and communicate the vision for advanced pharmacy technician practice and disseminate the vision to appropriate stakeholders. (97)
Current Issues in Pharmacy Practice Topics

- Provider Status
- Ambulatory Care & PAI
- Pharmacy Workforce
- Pharmacy Technician Stakeholders Consensus Conference