



SHAPING THE FUTURE OF PHARMACY

Speakers

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OBJECTIVES

- ❑ Describe current legislative priorities and corresponding pharmacy advocacy efforts at the state level
- ❑ Discuss how collaborative practice agreements improve patient medication adherence
- ❑ Review future directions of pharmacy practice

DISCLOSURES

- The authors of this presentation have no relevant financial or non-financial relationships to disclose



Poll Questions

What CLIA-waived testing are you utilizing at your system? (Select All that Apply):





Poll Questions

Does your institution have CDTM practice agreements?





Poll Questions

**What pharmaceutical dispensing model is used at your system for provider-administered drugs?
(Select all that apply)**



CLIA-waived Testing Test to Treat



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Pharmacists



CLIA-waived Testing





CLIA-waived Testing

- ❑ Introduced by Senator Rivera (S3467A/A6627)
- ❑ **Permanently authorizes pharmacists to perform simple, non-invasive laboratory tests**
 - ❑ Influenza
 - ❑ COVID-19
 - ❑ INR
 - ❑ A1c
 - ❑ And more



CLIA-waived Testing

- ❑ Currently, 39 states permit pharmacist to perform non-invasive tests
 - ❑ Many New Yorkers do not get screened for common disease states
- ❑ Access to simple testing can lower healthcare costs, reduce inappropriate antimicrobial use, and screen at-risk patients for physician referral for diabetes, high blood pressure, high cholesterol



CLIA-waived Testing

- ❑ Clinics and pharmacies must obtain CLIA certification
- ❑ Application (Form CMS-116) available online at www.cms.hhs.gov/clia or from your local State Agency
- ❑ **Requirements:**
 - ❑ Simple test designation by FDA and CDC
 - ❑ Facility is performing point-of-care testing only
 - ❑ No venous punctures
 - ❑ Enroll in the CLIA program
 - ❑ Pay applicable certificate fees biennially
 - ❑ Follow manufacturers' test instructions



Test to Treat

- ❑ A8596/S7839
- ❑ Will allow pharmacists to initiate the treatment for COVID-19, influenza, and pharyngitis resulting from a Group A streptococcal infection
- ❑ Under a statewide protocol developed by the DOH
- ❑ Benefits:
 - ❑ Increase access to care
 - ❑ Reduce strains of the healthcare system

Test to Treat

- ❑ Minimum requirements for the pharmacists:
 - ❑ Inquire if patient has a PCP
 - ❑ If patient does not have a PCP - provide a list with local PCPs
 - ❑ Retain a record of the test result and treatment
 - ❑ Provide test result to the patient's PCP, unless otherwise directed by the patient
- Minimum requirement for the DOH:
 - Provide periodically updated list of PCPs on its website
- Proposed sunset date: 4/1/2026
 - ❑



Poll Question

After this presentation I will consider the following:



White Bagging



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White Bagging

- ❑ **White bagging:** Distribution of a patient-specific drug purchased through a specialty pharmacy and shipped directly to the provider's office or infusion clinic for administration.
- ❑ **Brown bagging:** Distribution of a patient-specific drug purchased through a specialty pharmacy and shipped directly to the patient who brings this drug to the provider's office for administration.
- ❑ **Clear bagging:** Similar to white bagging, drug is purchased through a health system's own specialty pharmacy, who delivers the drug to the provider's office or infusion site for administration.



White Bagging

□ Drawbacks

- Potential issues with medication integrity
- Treatment delays
- Coordination of care
- Unexpected deliveries
- Inadequate stock for dosage adjustments
- Lack of documentation of the entire chain of custody



White Bagging

The New York State Council of Health-System Pharmacists opposes the use of payer mandated white bagging as a means of drug distribution within health-systems.

Dispensing Hormonal Contraceptives

Medicaid State Plan Amendment





§63.16 Dispensing Self-Administered Hormonal Contraceptives

- ❑ Recent law authorizes registered, trained pharmacists to dispense self-administered hormonal contraception after patient consultation and pursuant to standing order (from Commissioner)
 - ❑ Patient completes self-screening risk assessment
 - ❑ Pharmacist reviews risk assessment for safety considerations
 - ❑ If eligible, dispense up to 12 months supply + fact sheet
- ❑ Training
 - ❑ Requirements: knowledge of menstrual cycle, various contraceptive methods, hormonal contraceptive precautions and contraindications, and various techniques to counsel and screen
 - ❑ Maintain training record onsite

NY State Plan Amendment 23-0037

- Plan update establishes eligibility for pharmacies to submit for reimbursement for services within their pharmacists' scope of practice
- **What this action does NOT do**
 - ❑ Require Medicaid plans to reimburse pharmacies for any covered services within pharmacists' scope of practice
 - ❑ This designation does not apply to the Medicare program - pharmacists remain ineligible to bill Medicare Part B directly for clinical services
- Impetus- billing LAIs and hormonal contraceptives



Poll Question

**After learning about the NY State Plan Amendment 23-0037 update I will:
(select all that apply)**



CDTM and CPMA



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Collaborative Drug Therapy Management

- ❑ S4043/A9702
- ❑ CDTM allows credentialed pharmacists who meet specific criteria to enter into a collaborative practice agreement with physicians
- ❑ Expansion and Elimination of Sunset
 - ❑ Will make permanent the law which authorizes CDTM
 - ❑ Adds Nurse Practitioners as a provider of services for purposes of CDTM to expand the scope and access to care across the state
- ❑ 49/50 states allow CDTM
 - ❑ New York is the only state which sunsets every 2 years
 - ❑ The only state that does not allow CDTM is Delaware

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Collaborative Drug Therapy Management

- ❑ CDTM as the basis for collaboration between the clinical pharmacist and the provider
 - ❑ Under CDTM agreement with a physician, a clinical pharmacist is allowed to manage chronic conditions such as DM, HTN, HLD, HF, asthma (order labs, adjust doses, monitor responses to therapy, etc)
 - ❑ Only qualified pharmacists can practice CDTM (Requires approval from Education Department).



Collaborative Practice Medication Adherence

- ❑ Senate Bill S3591A (passed by senate, in assembly committee)
- ❑ Sponsored by senator Breslin
- ❑ Authorizes physicians and “qualified” pharmacists to enter into collaborative practice medication adherence protocols for their patients
- ❑ Requires patient’s consent
- ❑ Voluntary agreement between all parties



Collaborative Practice Medication Adherence

Eligible patients:

- ❑ Patients with chronic disease or diseases, who have not met the clinical goals of therapy
- ❑ Patients who are at risk for hospitalization
- ❑ Patients who are in need of extra medication-related services as determined by their physician



Collaborative Practice Medication Adherence

Qualified pharmacist" should have:

- ❑ Current active pharmacist license
- ❑ A minimum of 2 years of experience in patient care as a practicing pharmacist within the last 5 years
- ❑ Demonstrated competency in medication adherence of patients with chronic diseases, including, but not limited to, the completion of one or more accredited programs

CDTM vs. CPMA

CDTM	CPMA
<ul style="list-style-type: none"> • Pharmacists qualified to perform CDTM • Nurse practitioners as a provider of services 	<ul style="list-style-type: none"> • "Qualified pharmacist"
<ul style="list-style-type: none"> • Adjustment and management of a drug regimen for a specific disease or disease state • Ordering lab tests • Monitoring functions (e.g. vitals) 	<ul style="list-style-type: none"> • Assessment of patients' medications and adherence
<ul style="list-style-type: none"> • Formal collaborative practice arrangement with a physician 	<ul style="list-style-type: none"> • Sharing of applicable information with a treating physician
<ul style="list-style-type: none"> • Protocol-based 	<ul style="list-style-type: none"> • Collaborative practice medication adherence protocol

Collaborative Practice Agreements and Medication Adherence

Factors:

- ❑ Medication Cost
- ❑ Initial assessment and periodic reassessments
- ❑ Clinical interventions
- ❑ Tailored guidance and services
 - ❑ Medication counseling/motivational interviewing sessions
 - ❑ Patient tools (pills boxes, calendars, text messaging, etc)



Poll Question

**After this presentation I will
(select all that apply):**



Future Directions

- ❑ Pediatrics Immunization by Pharmacists
- ❑ Cancer Drug Parity Act
- ❑ Pharmacy Technician Certification
- ❑ AI





Pediatric Immunization by Pharmacist

- ❑ Increasing pediatric vaccination rates remains a main priority of many healthcare organizations
- ❑ Immunization rates decreased during the COVID-19 pandemic:
 - ❑ African-American and Hispanic children
 - ❑ Lower socioeconomic status
 - ❑ Rural areas
- ❑ Pharmacists' authority to vaccinate children varies widely based on individual state laws
 - ❑ NYS is among **eight** states where pharmacists **cannot** vaccinate children (<18 years of age) outside of the PREP Act
 - ❑ Exception: influenza vaccine (from 2 years of age)
- ❑ Pharmacists serve as educators, facilitators, and administrators



Pediatric Immunization by Pharmacist

- Benefit of pharmacists as pediatric vaccinators has been documented in multiple studies:

Fewer missed clinic visits

Lower vaccination error rate

Accessibility

Convenience

Extended hours

Widespread locations



Cancer Drug Parity Act

- ❑ Role of pharmacists in oncology clinics, hematology/oncology inpatient services, specialty pharmacies
- ❑ Oral anticancer treatment vs. IV chemotherapy
- ❑ Most *intravenous* anti-cancer treatments are covered under the medical component of health insurance plans
- ❑ *Orally administered* anti-cancer treatments are only covered under the more expensive prescription component of insurance plans
- ❑ Orally administered anti-cancer medications are **NOT** affordable under current laws

Cancer Drug Parity Act

- ❑ Out of pocket costs for oral chemotherapy
- ❑ Pharmacists help with medication access issues
- ❑ The Cancer Drug Parity Act would offer greater access, end the financial disparity between oral and IV chemotherapy reimbursement, and protect approximately 140 million patients from possible financial hardship

IV Anticancer Treatment



Financial stability

Oral Anticancer Treatment



Financial toxicity



Pharmacy Technician Certification

- ❑ Pharmacy Technicians are the backbone of any pharmacy
- ❑ Pharmacy technicians are being recognized for their dedication and commitment to the profession
- ❑ Emergency order authorization for pharmacy technicians to administer COVID and other immunizations to help with pharmacy was in demand
- ❑ Pharmacy technician certification in New York State is TBD

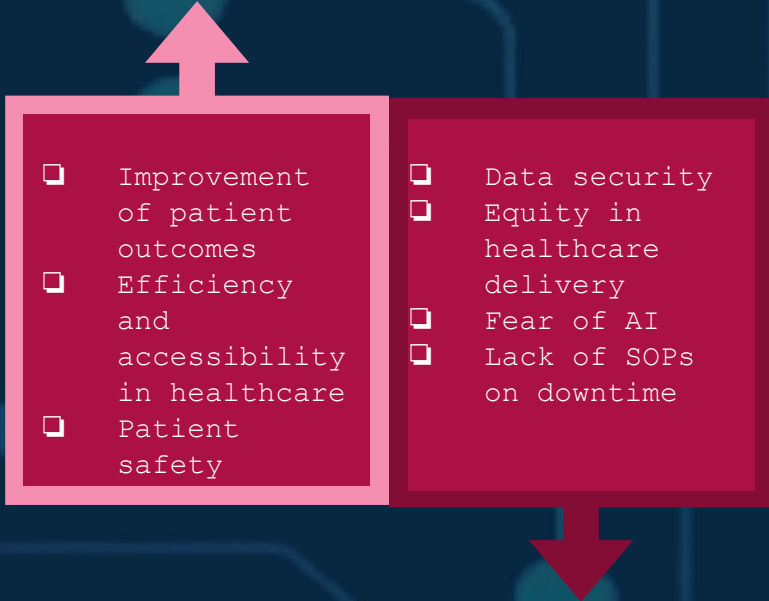


Pharmacy Technician Certification

- ❑ Current New York's Education Law establishes licensing and registrations for pharmacy technicians, both regulations fail to acknowledge the renewal of said licensing
- ❑ Pharmacy Technician Certification Board (PTCB) and the National Healthcareer Association (NHA) both have established guidelines for renewal
- ❑ PTCB or NHA certification tied to the renewal for pharmacy technicians New York State licensing, helps establish a level of competency.

Artificial Intelligence (AI)

- ❑ Pivotal driver of change in healthcare
- ❑ Balance between the risks and benefits of these technologies:

- 
- ❑ Improvement of patient outcomes
 - ❑ Efficiency and accessibility in healthcare
 - ❑ Patient safety

- ❑ Data security
- ❑ Equity in healthcare delivery
- ❑ Fear of AI
- ❑ Lack of SOPs on downtime



Artificial Intelligence (AI)

Development and application of advanced analytics:





Artificial Intelligence (AI)

Pharmacists should:

- ❑ Become key contributors and domain experts in the advancement of AI in healthcare
- ❑ Lead the design, implementation, and ongoing evaluation and validation of AI-related applications and technologies that affect medication-use processes and tasks
- ❑ Establish standards for the application of AI in the various steps of the medication-use process, including prescribing, reviewing medication orders, and assessing medication-use patterns in populations



Assessment Questions

Which of the following is true regarding CLIA-waived testing
(Select All that Apply):

- A. Access to CLIA-waived testing will increase healthcare costs
- B. Facilities must enroll in the CLIA program
- C. CLIA-waived testing will allow pharmacists to screen at-risk patients for physician referral for diabetes, high blood pressure, high cholesterol
- D. CLIA-waived testing will authorize pharmacists to perform invasive laboratory tests



Assessment Questions

Which of the following is true regarding CLIA-waived testing
(Select All that Apply):

- A. Access to CLIA-waived testing will increase healthcare costs
- B. Facilities must enroll in the CLIA program
- C. CLIA-waived testing will allow pharmacists to screen at-risk patients for physician referral for diabetes, high blood pressure, high cholesterol
- D. CLIA-waived testing will authorize pharmacists to perform invasive laboratory tests



Assessment Questions

Factors that improve medication adherence include:

- A. Medication Therapy Management
- B. Collaborative practice agreements
- C. Patient's assessments to develop and deliver tailored guidance and services that aim to remove or reduce identified barriers
- D. All of the above



Assessment Questions

Factors that improve medication adherence include:

- A. Medication Therapy Management
- B. Collaborative practice agreements
- C. Patient's assessments to develop and deliver tailored guidance and services that aim to remove or reduce identified barriers
- D. **All of the above**



Assessment Questions

What benefits do pharmacists serving as pediatric immunizers provide to the public?

- A. Increased rate of missed clinic visits
- B. Limited hours and accessibility
- C. Lower vaccination error rate
- D. Limited patient education



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What benefits do pharmacists serving as pediatric immunizers provide to the public?

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Audience Questions

References

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