

# New York State Council of Health-system Pharmacists

**REPORT OF PHARMACY PRACTICE**

Robert DiGregorio, Director of Pharmacy Practice

April 28, 2016

Saratoga Springs, New York



*This report is for consideration by the New York State Council of Health-system Pharmacists House of Delegates only and does not represent official policy until approved the House of Delegates.*

1. **Responsibility of the Division**

The charge of the Division of Professional Affairs, as defined in the Constitution and Bylaws of the NYSCHP, is to be responsible for:

* + 1. Reviewing and developing recommendations for the growth of the Council along professional lines;
    2. Development of new, and maintenance of existing liaisons with other professional organizations involved in the delivery of healthcare: and
    3. Creating, developing, monitoring and refining the practice and scope of pharmaceutical services

1. **Committees of the Division** 
   1. Professional Affairs
      1. Purpose: To respond to the needs of the Council members in matters of Professional Practice and the assurance of quality in the performance of pharmacy services.
      2. Committee Membership:
         1. Robert DiGregorio, BOD
         2. Robert Berger, Chair
         3. Andrew DiLuca
         4. Amanda Engle
         5. Karen Falk
         6. Jessica Farrell
         7. Shaun Flynn
         8. Nicole Lodise
         9. Tim Mikhelashvili
         10. Kathleen Minlionica
         11. Robert Reiss
         12. Kimberly Sarosky
         13. Elizabeth Shlom
         14. Kelly Rudd (NYS-ACCP Liaison)
      3. Meeting Dates:
         1. June 2, 2015
         2. July 7, 2015
         3. September 1, 2015
         4. October 6, 2015 (cancelled)
         5. November 3, 1015
         6. January 12, 2016 (cancelled)
         7. February 2, 2016 (email discussion only)
         8. March 1, 2016 (cancelled)
      4. Policies for Sunset Review (2016):
         1. List of Policy Statements for Sunset
            1. 1-86 Clinical Investigations:

(1-10) The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary exclusion in clinical trials for drugs for use in the elderly and non-elderly populations and the New York State Council of Health-system Pharmacists supports a systematic surveillance mechanism in clinical investigations to monitor for informed consent and to prevent potential harm and/or misuse of elderly patients in clinical investigation.

Recommend revising policy statement by removing “…and/or misuse of elderly patient in clinical investigation”.

The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary exclusion in clinical trials for drugs for use in the elderly and non-elderly populations and the New York State Council of Health-system Pharmacists supports a systematic surveillance mechanism in clinical investigations to monitor for informed consent and to prevent potential harm.

* + - 1. 1-01 NYSCHP Recommends the Use of Samples Under Institution Specific Policy and Procedures

(1-01) Use of medication samples should encourage the appropriate, cost-effective use of drugs in ambulatory settings regardless of formulary status within an institution and provide elements of pharmaceutical care as defined by Strand et. al. Restricted utilization shall be limited to the following: indigent patient populations; patients without prescription coverage; patients who are poorly compliant; disabled patients who are unable to access pharmacy services; psychiatric or mentally disabled patients who are unable to comprehend the necessity of their medication; instances when access to pharmacy services is limited or unavailable. **(Amended 2011 HOD)**

* + - * 1. Recommend to sunset policy statement.
      1. 2-06 NYSCHP supports the replacement of the compounding component of Part III of the NYS Pharmacy Board Exam with a written clinical portion or simulated patient counselling sessions to appropriately asses their readiness for licensure and practice.
         1. (2-06) Pharmacy practice has moved into a more direct clinical patient-care role requiring less emphasis on compounding
         2. Recommend to sunset policy statement.
      2. 4-06 NYSCHP supports collaborative drug therapy management to aid in the retention of pharmacy school graduates in New York State.
         1. (4-06) NYS is experiencing a shortage of pharmacists that is projected to increase by the year 2020 with a projected increase in prescription volume anticipated at 30% from 1992-1999 and continuing to rise at an average of 6% per year to reach 7.2 billion prescriptions by the year 2020 and the growth in the population 65 and older which uses a higher share of prescription drugs and pharmacists add a value to the profession and overall healthcare of the patient as an educator and an advocate. The number of graduates from the 4 pharmacy schools is about 2,000 per year, the retention of these graduates is decreasing and the broadening practice of pharmacy in 42 states has been accepted.
         2. Recommend to sunset policy statement.
      3. 5-06 NYSCHP supports the health-system pharmacist’s role in automation and informatics
         1. (5-06) The New York State Council of Health-system Pharmacists believes that pharmacists have the unique knowledge, expertise, and responsibility to assume a leadership role in automation initiatives and clinical informatics in health systems, further, as health-systems develop plans for the adoption of health information technology and associated automation, pharmacists must integrate their knowledge of information systems and the medication use process to improve patient care by insuring that new technologies lead to more effective, more efficient and safer medication use, and, health-system pharmacists must advocate for and initiate changes in processes and workflow associated with automated systems and health information technology to maximize the safety and effectiveness of these innovations within all health-system settings.
         2. Recommend to sunset policy statement.
      4. 6-06 NYSCHP supports the health-system Pharmacist’s Right of Conscience and Patient’s Right to Access to Therapy.
         1. (6-06) The New York State Council of Health-system Pharmacists recognizes the right of pharmacists and there pharmacy employees to decline to participate in therapies due to moral, religious or ethical reasons; further, supports that pharmacists and other pharmacy employees have a responsibility to inform employers of situations where they would decline to participate in therapies due to moral, religious, or ethical reasons; further supports that employers, once notified of a pharmacist or pharmacy employee’s intent to decline participation in therapies due to moral, religious, or ethical reasons, proactively establish systems that protect the patient’s right to obtain legally prescribed and medically indicated treatments while reasonably accommodating, in a non-punitive manner, the right of conscience; further, advocates that a pharmacist or pharmacy employee exercising the right of conscience must respect and serve the legitimate health care needs and desires of the patient and just provide a referral without any actions to persuade, coerce, or otherwise impose on the patient the pharmacist’s values, beliefs, or objections.
         2. Recommend to readopt and to discuss further with Public Policy Committee
      5. 1-11 Medical Waste
         1. (1-11) The NYSCHP supports pharmaceutical waste disposal programs for hospitals and health systems that are in accordance with Federal and New York State regulations and also comply with national accreditation standards. The NYSCHP believes that all hospital and health system personnel require a solid knowledge of what constitutes pharmaceutical waste and proper disposal of this waste. Controlled substances should be managed in accordance with DEA and NYS regulations in conjunction with Federal and NYS hazardous waste regulations. The NYSCHP further supports development of a standardized training program for all hospital and health system personnel.
         2. Recommend to readopt.
      6. 2-11 Role of the Pharmacist in the “Medical Home” concept.
         1. (2-11) The New York State Council of Health-System Pharmacists supports the inclusion of pharmacists as a care provider within the health care (medical) home model. Pharmacists can affect the delivery of primary care by addressing the challenges of medication therapy management. Most office visits involve medications for chronic conditions and require assessment of medication effectiveness, and patients’ adherence with medication regimens. Pharmacists are often underused in conducting these activities. They perform comprehensive therapy reviews of prescribed and self-care medications, resolve medication-related problems, optimize complex regimens, design adherence programs, and recommend cost-effective therapies. Pharmacists should play key roles as team members in medical homes and their potential to serve effectively in this role should be evaluated as part of medical home demonstration projects.
         2. Recommend to readopt and revise as follows:

(2-11) Role of the Pharmacist in the “Medical Home” : The New York State Council of Health-System Pharmacists supports the inclusion of pharmacists as a care provider within the health care (medical) home model. Pharmacists can affect the delivery of primary care by addressing the challenges of medication therapy management. Most office visits involve medications for chronic conditions and require assessment of medication effectiveness, and patients’ adherence with medication regimens. Pharmacists are often underused in conducting these activities. They perform comprehensive therapy reviews of prescribed and self-care medications, resolve medication-related problems, optimize complex regimens, design adherence programs, and recommend cost-effective therapies. Pharmacists should play key roles as team members in medical homes.

* + 1. Review the position statement on the “handling of hazardous drugs” to include potential new guidelines that will in the final USP Chapter 800 report 2014
       1. Joint review with VP, Public Policy
       2. ASHP does not have a policy statement in regards to the handling of hazardous drugs.
       3. Part 800 has not yet been passed.
       4. The committee recommends tabling this position statement until more information is available.
    2. Review the position statement on “credentialing of pharmacists who provide CDTM”
       1. (7-14) The New York State Council of Health-system Pharmacists supports the recognition of pharmacists who perform CDTM to reflect such credentialing beyond the borders of an article 28 facility. Credentialed pharmacists should be enabled to practice to the extent of their scope of practice in all settings.
       2. Two ASHP policy statements were reviewed. ASHP 0905 applies most closely to (7-14) and the committee is continuing discussions on the need for modifications to (7-14).

0905 CREDENTIALING AND PRIVILEGING BY REGULATORS, PAYERS, AND PROVIDERS FOR COLLABORATIVE DRUG THERAPY MANAGEMENT

Source: Council on Public Policy

            To advocate expansion of collaborative drug therapy management (CDTM) practices in which the prescriber and the licensed pharmacist agree upon the conditions under which the pharmacist initiates, monitors, and adjusts a patient’s drug therapy; further,

            To acknowledge that as a step toward the goal of universal recognition of and payment for pharmacist CDTM services, public or private third-party payers may require licensed pharmacists to demonstrate their competence to provide CDTM, before the payers authorize them to engage in or be paid for such clinical services; further,

            To support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist’s competence to provide CDTM and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further,

            To support the use of clinical privileging by hospitals and health systems to assess a licensed pharmacist’s competence to engage in CDTM within the hospital or health system; further,

            To advocate that state boards of pharmacy apply the principles of continuous quality improvement in assessing the quality, safety, and outcomes of CDTM.

            (*Note:* “Privileging” is the process by which an oversight body of a health care organization or other appropriate provider body, having reviewed an individual health care provider’s credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that setting.)

* 1. **Support Personnel**
     1. **Purpose:** To act as a catalyst for issues regarding the use of support personnel in pharmacy practice. The Committee should function as a Council resource on duties and standards for the employment of support personnel.
     2. **Membership**
        1. Robert DiGregorio, BOD
        2. Matthew Rewald(Technician) [Chair]
        3. Adam Chesler (Technician)
        4. Maria Claudio (Pharmacist)
        5. Andrew Cordiale(Technician)
        6. Shaun Flynn (Council Office)
        7. Zach Green (Technician)
        8. Andrew Lam (Pharmacist)
        9. Jayson Myers (Technician)
        10. Hannah Peabody (Technician)
        11. Victoria E. V. Earle-Reed(Technician)
        12. Courtney L. Tam (Pharmacist)
        13. Cynthia Stewart (Technician)
     3. Meeting Dates:
        1. June 2, 2015 (cancelled)
        2. October 6, 2015 (cancelled)
        3. November 3, 2015
        4. December 1, 2015
        5. January 5, 2016
        6. February 2, 2016
        7. March 1, 2016 (re-scheduled)
     4. Recommendations:
        1. The Committee recommends that educational opportunities be developed throughout the state to satisfy PS 12-14; including programming at the Annual Assembly
           1. Committee working with CCC to develop programming for technicians, consistent with the position statement and Strategic Plan.
           2. Likely for 2017 Annual Assembly
           3. A technician networking event should also be planned at the Annual Assembly
           4. Consideration for a PTCB review course at the 2017 Annual Assembly
        2. The Committee continues to recommend that the Constitution & By-Laws be amended to reflect the changing role of technicians in the organization.
           1. A few chapters have included technicians in a non-voting capacity on their Boards
           2. The NYSCHP Board has included the Technician Chair in Board meetings, effective February 2016. This is in a non-voting role.

A travel budget for 2017 will be developed to allow for routine involvement in all Board meetings.

* + 1. **Position Statements:** 
       1. (xx-16) The New York State Council of Health-System Pharmacists supports the formation of affiliations between health-system pharmacies and ASHP/ACPE-accredited pharmacy technician training programs and/or programs seeking ASHP/ACPE-accreditation.
          1. Resolution co-sponsored by Rochester Chapter.
          2. PTCB and ASHP monitoring the adoption of this resolution as a model for other states.
  1. **Medication Safety** 
     1. **Purpose:** To develop ways to address issues regarding medication and patient safety in pharmacy practice. The committee should function as a council resource on medication safety issues.
     2. **Membership**: *Ad hoc*
     3. N.B. Medication safety issues were the focus of the Support Personnel Committee and Professional Affairs Committee (see above)

1. **SUMMARY OF POSITION STATEMENTS AND RESOLUTIONS**
   1. **Position Statements for SUNSET**
      1. **1-01**
      2. **2-06**
      3. **4-06**
      4. **5-06**
   2. **Position Statements for Re-Adoption (RETAIN)**
      1. **6-06**
      2. **1-11**
   3. **Position Statements for Amendment/Modification (APPROVE WITH CHANGES)**
      1. **1-86/1-10**

The New York State Council of Health-system Pharmacists supports randomized clinical investigations and that age should not be a primary exclusion in clinical trials for drugs for use in the elderly and non-elderly populations and the New York State Council of Health-system Pharmacists supports a systematic surveillance mechanism in clinical investigations to monitor for informed consent and to prevent potential harm.

* + 1. **2-11**

Role of the Pharmacist in the “Medical Home”: The New York State Council of Health-System Pharmacists supports the inclusion of pharmacists as a care provider within the health care (medical) home model. Pharmacists can affect the delivery of primary care by addressing the challenges of medication therapy management. Most office visits involve medications for chronic conditions and require assessment of medication effectiveness, and patients’ adherence with medication regimens. Pharmacists are often underused in conducting these activities. They perform comprehensive therapy reviews of prescribed and self-care medications, resolve medication-related problems, optimize complex regimens, design adherence programs, and recommend cost-effective therapies. Pharmacists should play key roles as team members in medical homes.

* 1. **New Position Statement**
     1. **xx-16** The New York State Council of Health-System Pharmacists supports the formation of affiliations between health-system pharmacies and ASHP/ACPE-accredited pharmacy technician training programs and/or programs seeking ASHP/ACPE-accreditation.

Respectfully submitted,



Robert DiGregorio, PharmD, BCACP, FNAP

Director

Division of Pharmacy Practice