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American Pharmacists Association
House of Delegates – March 24-27, 2023

NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Hillary Duvivier
(Name)

January 23, 2023
(Date)

United States Public Health Service
(Organization)

Subject: Pharmacist Representation on Medical Staff

Motion: To adopt the following policy statement under: Section Employer / Employee Relations

1. APhA advocates for pharmacists to be included as members of the medical staff and to be eligible to vote on bylaws, standards, rules, regulations, and policies that govern the medical staff.
2. APhA supports that pharmacists, as part of the medical staff, have parity in their opportunity to be credentialed and privileged as independent medical providers.

Background:

Problem

Pharmacists working in advanced practice roles delivering high quality Comprehensive Medication Management (CMM) and direct patient care has grown significantly over the past decade. Official inclusion as a medical staff member would be a milestone in recognizing those roles and could serve as a steppingstone to provider status and subsequently remuneration for their services. However, such inclusion is inconsistently applied, even within states that require compensation under major medical insurance for pharmacists providing health services. Medical staff or allied health staff membership creates an avenue for pharmacists to mirror the processes used by physicians and other providers for granting prescriptive authority and receiving reimbursement for services – chiefly, the credentialing and privileging process.

Background

The process of credentialing and privileging is well-established and foundational to quality assurance in healthcare. Hospitals and health systems usually manage credentialing and privileging through a medical staff office under the authority of the medical executive committee of the medical staff.² Since 2012, the Centers for Medicare and Medicaid Services (CMS) allowed the inclusion of pharmacists as credentialed and privileged practitioners within a hospital or health system to be a member in the organization's medical staff, provided it is consistent with state law and the organizational bylaws governing medical staff.³

Traditionally, pharmacist credentialing has been limited to verification that the pharmacist graduated from an accredited school of pharmacy and has a current pharmacy license in good standing. However, expanded clinical responsibilities, the opportunity for reimbursement for medical services, and an increasingly complex health care system call for an expanded credentialing process to ensure that pharmacists practicing in such roles have the knowledge and skills necessary to provide care in a team-based environment. In addition, use of a credentialing process for pharmacists that mirrors the process used by physicians and other providers promotes consistency and increases understanding and credibility among providers, insurers, and health systems.⁴

A key component of membership within an organized medical staff is the credentialing process and privileging of pharmacists. Credentialing and privileging are necessary components for pharmacist recognition as providers of care and subsequent payment for services. Membership within the hospital or health system medical staff provides a standardized avenue for credentialing and privileging which other healthcare providers must undergo. While accrediting bodies (e.g., The Joint Commission) and payers (e.g., CMS) guide and even mandate the credentialing process, each state may vary in who can practice as a licensed independent practitioner, to whom the credentialing process will apply. Privileging pharmacists must define the scope of care provided at the organization, identify the pharmacist's scope of practice as defined by state law, determine the scope of practice for pharmacists within the organization and define the qualifications and competencies necessary to provide quality care for the tasks, duties, or privileges designed in the scope of practice. Abiding by the bylaws of the organized medical staff would place pharmacists on par with other providers of an organization.

Select Existing Examples

The Veterans Health Administration⁵, the Indian Health Service⁶, and the United States Public Health Service⁷ have established programs allowing pharmacists to take ownership of certain clinical services. Federal laws do not regulate health professionals and therefore do not dictate the specific patient care services that pharmacists are authorized to provide. This has long allowed federal pharmacists to practice at the top of their license, including prescriptive and laboratory ordering privileges.

Civilian organizations such as Johns Hopkins Hospital in Baltimore Maryland⁸, Truman Medical Centers in Kansas City, Missouri⁸, and The Ohio State University Wexner Medical Center⁹ each have an established method to become privileged through the medical department they work with. In all cases, pharmacists undergo credentialing and privileging through an organized medical staff that recognizes pharmacists as a provider and holds them accountable for their outcomes.

Benefits

Medical staff membership with privileges allows the pharmacist to function with a high level of autonomy and independent clinical decision-making for activities included in their scope of practice and collaboratively with the health team for the overall care of the patient. Membership in an organized medical staff would consistently apply the same credentialing and privileging process to pharmacists as physicians and other medical professionals. This process would only aid pharmacists in receiving reimbursement for health services provided.

Current APhA Policy & Bylaws:

There are no APhA policies concerning pharmacist inclusion in membership of the medical staff of hospital or health systems.

Medical staff membership by pharmacists supports the following APhA policy statements:

- Ensuring Access to Pharmacists' Services (2013)

- (5) APhA advocates for the development and implementation of a standardized process for verification of pharmacists' credentials as a means to foster compensation for pharmacist services and reduce administrative redundancy
- Pharmacists Providing Primary Care Services (2013)
 - APhA advocates for the recognition and utilization of pharmacists as providers to address gaps in primary care.
- Employment Standards Policy Statement (2012, 2007, 1970)
 - (I) Employers are obligated to respect the professional status, privileges, and responsibilities of employed pharmacists.

References:

1. Independent Pharmacists Licenses may include: Advanced Practice Pharmacist (California), Pharmacist Clinician (New Mexico), Clinical Pharmacist Practitioner (North Carolina)
2. American Medical Association policy: "AMA Principles for Physician Employment H-225.950" section 4(a). Available at: <https://policysearch.ama-assn.org/policyfinder/detail/medical%20staff?uri=%2FAMADoc%2FHOD.xml-0-1535.xml>
3. Department of Health and Human Services, Centers for Medicare & Medicaid Services. Final Rule. Federal Register 2012; 77:29034–76. Available from: <https://www.cms.gov/regulations-and-guidance/legislation/cfcsandcops/downloads/cms-3244-f.pdf>
4. Engle J, Dick T, et al. Credentialing and privileging for clinical pharmacists. Journal of the American College of Clinical Pharmacy Vol 3, Issue 1. Feb 2020. Pages 133-144. <https://doi.org/10.1002/jac5.1201>
5. Veterans Health Administration, US Department of Veterans Affairs. VHA Handbook 1108.11(1) Clinical Pharmacy Services. Available here: https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3120
6. Indian Health Service, US Department of Health and Human Services. Indian Health manual. Part 3, Chapter 7; Section on Clinical pharmacy Services. Available here: <https://www.ihs.gov/ihtm/pc/part-3/p3c7/#3-7.11>
7. National Clinical Pharmacy Specialist Committee, US Public Health Service. Available at: <https://dcp.psc.gov/OSG/pharmacy/ncps-handbook.aspx>
8. Implementation essentials for pharmacist credentialing and privileging. 20th Annual ASHP Conference for Pharmacy Leaders. American Society of Health-System Pharmacists. Available at: <http://www.ashpmedia.org/leaders15/docs/LC15-BK3-Credentialing-Handout.pdf>

9. Jordan TA, Hennenfent JA, Lewin JJ 3rd, Nesbit TW, Weber R. Elevating pharmacists' scope of practice through a health-system clinical privileging process. Am J Health Syst Pharm. 2016 Sep 15;73(18):1395-405. doi: 10.2146/ajhp150820. Epub 2016 Jul 13.

****Phone numbers will only be used by the New Business Review Committee in case there are questions for the delegate who submitted the New Business Item Content.**

New Business Items are due to the Speaker of the House by **January 23, 2023** (60 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.