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American Pharmacists Association
House of Delegates – National Harbor, Maryland

To be completed by the Office of the Secretary of the House of Delegates

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NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: Sarah Ray
(Name)

1/21/2020 **APhA Academy of Pharmacy Practice and Management (APhA-APPM)**
(Date) **(Organization)**

Subject: Community-based Pharmacists as Providers of Care

Motion: To adopt the following new policy statements:

1. APhA advocates for the identification of medical conditions that may be safely and effectively treated by community-based pharmacists.
2. APhA encourages the training and education of pharmacists and student pharmacists regarding identification, treatment, monitoring, documentation, follow-up and referral for medical conditions that may be safely and effectively treated by community-based pharmacists.
3. APhA strongly advocates for laws and regulations that allow pharmacists to identify and manage medical conditions that may be safely and effectively treated by community-based pharmacists.
4. APhA strongly advocates for appropriate remuneration for the assessment and treatment of medical conditions that may be safely and effectively treated by community-based pharmacists from government and private payors to ensure sustainability and access for patients.
5. APhA supports research to examine the outcomes of services that focus on medical conditions that may be safely and effectively treated by community-based pharmacists.

Background:

Patients are only able to receive care if they have access to care. There are many barriers inhibiting patients from receiving the care they need. Primary care provider shortages and geographical limitations, limited appointment availability and office hours, and transportation barriers are just a few of the examples of how patient access to quality healthcare can be challenging. Patients need to be able to access convenient care when and where they need it.

In 2010, physicians in the United States estimated that about 10% of their appointments could have been self-managed by the patient and between 2006 and 2009, 10.1% of emergency department (ED) visits were triaged as "non-urgent".[1-2] One study found that 32% of non-urgent ED visits were due to lack of accessibility to their primary care provider.[3] There is a need to restructure healthcare expenditures for sustainability of the healthcare system, increase patient access to care, and improve patient outcomes. Historically, community-based pharmacists have served patients primarily in dispensing roles, ensuring the safe and accurate distribution of medication. As the practice of pharmacy and training of pharmacists continues to evolve, pharmacists are now being utilized more for their clinical expertise and gradually being recognized as important members of the healthcare team. Community-Based pharmacists have proven their worth in improving outcomes through chronic care management, improving medication adherence and optimizing medications for patients, working in a variety of settings in the community. [4-7] Specific examples of these settings include chain and independent pharmacies, hospital-based outpatient clinics and pharmacies, physician offices, free clinics, federally qualified health centers, nursing homes, telehealth, houses of worship, barber shops, and community health events.

Community-based pharmacists are the focus of these policy statements, because they are often the first point of contact with patients seeking medical advice or over-the-counter medications and are in an ideal position to assess and prescribe prescription-only drug therapy for certain conditions, potentially decreasing physician office and emergency room visits. Additionally, many community-based pharmacists can provide care to patients outside of physician office traditional business hours due to extended hours during evenings, weekends and holidays, increasing patient access to care. Whether a patient has a positive influenza test or a chronic cough, assessment and initiation of treatment at the pharmacy by a pharmacist reduces time to therapy versus the current standard of practice of patients being referred to another prescriber for a prescription and then returning to a pharmacy to have the prescription filled.[8] Community-Based pharmacists are well suited to fill the gap in patient access to health care and manage certain conditions due to their extensive training, drug information expertise and accessibility to patients to provide care when and where patients need it.

Although there are some examples (Idaho, Washington) of pharmacists prescribing medications through CPAs or government legislation/regulation, pharmacists' authority to safely and effectively treat medical conditions varies state by state, and there is no accepted definition of medical conditions that are appropriate for a community-based pharmacist to treat. It is imperative that APhA leads the way in the identification of medical conditions that can be safely and effectively treated by community-based pharmacists.

1. Consumer Healthcare Products Association. Your health at hand: perceptions of over-the-counter medicine in the U.S. Washington, DC: CHPA; 2010. Available at: https://www.chpa.org/PDF/Perceptions_of_OTC_Medicine_Survey_062011.aspx. Accessed May 30, 2019.
2. Honigman LS, Wiler JL, Rooks S, et al. National Study of non-urgent emergency department visits and associated resource utilization. *West J Emerg Med.* 2013;14(6):609-616.
3. Afilalo J, Marinovich A, Afilalo M, et al. Nonurgent emergency department patient characteristics and barriers to primary care. *Acad Emerg Med.* 2004;11(12):1302-10.
4. Mossialos, E., Courtin, E., Naci, H., et al. From "retailers" to health care providers: Transforming the role of community pharmacists in chronic disease management. *Health Policy, 119*(5), 628-639. doi:10.1016/j.healthpol.2015.02.007.
5. Taylor A.M., Bingham J., Schussel K., et al. Integrating innovative telehealth solutions into an interprofessional team-delivered chronic care management pilot program. *J Manag Care Spec Pharm*. 2018 Aug; 24 (8):813-818.

6. Johnson M., Jastrzab R., Tate J., et al. Evaluation of an academic-community partnership to implement MTM services in rural communities to improve pharmaceutical care for patients with diabetes and/or hypertension. *J Manag Care Spec Pharm.* 2018 Feb;24(2):132-141.
7. Holdford, DA, Inocencio, TJ. Adherence and persistence associated with an appointment-based medication synchronization program. *J Am Pharm Assoc*. 2013; **53**: 576- 583.
8. Klepser ME, Hagerman JK, Klepser SA, et al. A community pharmacy-based influenza screening and management program shortens time to treatment versus pharmacy screening with referral to standard of care. *Illinois Pharmacist.* 2014;76(2):12-18.

Current APhA Policy & Bylaws:

2017 Patient Access to Pharmacist-Prescribed Medications

1. APhA asserts that pharmacists' patient care services and related prescribing by pharmacists help improve patient access to care, patient outcomes, and community health, and they align with coordinated, team-based care.
2. APhA supports increased patient access to care through pharmacist prescriptive authority models.
3. APhA opposes requirements and restrictions that impede patient access to pharmacist-prescribed medications and related services.
4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.
5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as for other prescribers.
6. APhA supports the right of patients to receive pharmacist-prescribed medications at the pharmacy of their choice.

(JAPhA 57(4): 441 July/August 2017)

2016 Point-of-Care Testing

1. APhA recognizes the value of pharmacist-provided, point-of-care testing and related clinical services, and it promotes the provision of those tests and services in accordance with the Joint Commission of Pharmacy Practitioners Pharmacists' Patient Care Process.
2. APhA advocates for laws, regulations, and policies that enable pharmacist-provided, point-of-care testing and related clinical services that are consistent with the pharmacists' role in team-based care.
3. APhA opposes laws, regulations, and policies that create barriers to the tests that have been waived by the Clinical Laboratory Improvement Amendments (CLIA) and that are administered and interpreted by pharmacists.
4. APhA encourages use of educational programming and resources to facilitate practice implementation of pharmacist provided, point-of-care testing and related clinical services.
5. APhA supports patients taking active roles in the management of their health, including their ability to request and obtain pharmacist-provided, point-of-care tests and related clinical services.
6. APhA advocates for access to, coverage of, and payment for both pharmacist-provided, point-of-care tests and any related clinical services.

(JPhA 56(4); 369 July/August 2016)(Reviewed 2018)

2011 Pharmacist's Role in Health Care Reform

1. APhA affirms that pharmacists are the medication experts whose accessibility uniquely positions them to increase access to and improve quality of health care while decreasing overall costs.
2. APhA asserts that pharmacists must be recognized as the essential and accountable patient care provider on the health care team responsible for optimizing outcomes through medication therapy management (MTM).
3. APhA asserts the following:

a. Medication Therapy Management Services: Definition and Program Criteria is the standard definition of MTM that must be recognized by all stakeholders.
b. Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model, as adopted by the profession of pharmacy, shall serve as the foundational MTM service model.

4. APhA asserts that pharmacists must be included as essential patient care provider and compensated as such in every health care model, including but not limited to, the medical home and accountable care organizations.
5. APhA actively promotes the outcomes-based studies, pilot programs, demonstration projects, and other activities that document and reconfirm pharmacists' impact on patient health and well-being, process of care delivery, and overall health care costs.

(JAPhA NS51(4) 482;July/August 2011)(Reviewed 2016)

2013, 1978 Pharmacists Providing Health Care Services

APhA supports the study and development of new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services to patients.

(Am Pharm NS18(8):47 July 1978) (Reviewed 2007) (Reviewed 2008) (JAPhA 53(4):366 July/August 2013)(Reviewed 2016)

2004, 1978 Roles in Health Care for Pharmacists

1. APhA shall develop and maintain new methods and procedures whereby pharmacists can increase their ability and expand their opportunities to provide health care services.
2. APhA supports legislative and judicial action that confirms pharmacists' professional rights to perform those functions consistent with APhA's definition of pharmacy practice and that are necessary to fulfill pharmacists' professional responsibilities to patients they serve.

(Am Pharm NS18(8):42 July 1978)(JAPhA NS44(5):551 September/October 2004)(Reviewed 2007)(Reviewed 2011)(Reviewed 2012)(Reviewed 2013)(Reviewed 2018)

2017, 2012 Contemporary Pharmacy Practice

1. APhA asserts that pharmacists should have the authority and support to practice to the full extent of their education, training, and experience in delivering patient care in all practice settings and activities.
2. APhA supports continuing efforts toward establishing a consistent and accurate perception of the contemporary role and practice of pharmacists by the general public, patients, and all persons and institutions engaged in health care policy, administration, payment, and delivery.
3. APhA supports continued collaboration with stakeholders to facilitate adoption of standardized practice acts, appropriate related laws, and regulations that re-ect contemporary pharmacy practice.
4. APhA supports the establishment of multistate pharmacist licensure agreements to address the evolving needs of the pharmacy profession and pharmacist-provided patient care.
5. APhA urges the continued development of consensus documents, in collaboration with medical associations and other stakeholders, that recognize and support pharmacists' roles in patient care as health care providers.
6. APhA urges universal recognition of pharmacists as health care providers and compensation based on the level of patient care provided using standardized and future health care payment models.

(JAPhA NS52(4) 457 July/August 2012)(Reviewed 2016) (JAPhA 57(4): 441 July/August 2017)

****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 **February 19, 2020** (30 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.