2018 Policy Topic
Open Forum

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Speaker, House of Delegates

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Chair, Policy Committee
Objectives

1. Briefly review the purpose of the House of Delegates
2. Provide short overview of the policy development process
3. Outline the 2017-2018 proposed policy topics
4. Briefly discuss next steps in the process

Webinar scheduled for 60 minutes.
(10 minutes for intro/overview, 15 minutes per topic, and 5-10 minutes for final comments/questions)
For Your Information

• To request to speak during the webinar, click on the **raise hand** button. You will be placed in the queue and recognized by the moderator.

• Provide written questions/comments in the **chat area** or send email to **HOD@aphanet.org**. Written comments may be limited due to time, but will be made available to the Policy Committee.

• The moderator and APhA Staff will clarify issues, but will not engage in debate.

• Be courteous to your colleagues in your communications.

• We want and need your perspective to help shape the direction of the proposed policy statements to be considered by the 2018 House.
Purpose of the House of Delegates

- House of Delegates
  - “serves as a legislative body in the development of association policy. It shall act on such policy recommendations as shall come before it and shall adopt rules or procedures for the conduct of its business.” (from APhA Bylaws)

- Association policy directs:
  - Advocacy activities
  - External communications
  - Advisory committees
  - Association activities

- Existing APhA policy can be found online at: www.pharmacist.com/policy-manual
APhA Policy Development Process: Transforming Ideas in Action

1. APhA House of Delegates
   - APhA Members
   - APhA Staff
   - Public
   - IDEA

2. APhA-APPM/APRS/ASP Joint Policy Standing Committee
   - IDEA

3. APhA Board of Trustees
   - IDEA

4. APhA House of Delegates
   - PROPOSED Policy Statements

5. APhA-APPM/APRS/ASP Joint Policy Standing Committee
   - Implementation IDEAS

APhA Board of Trustees

ADOPTED Policy Statements

APhA House of Delegates

Webinar

We are here!
American Pharmacists Association
Antitrust Statement

The American Pharmacists Association complies with all Federal and State Antitrust laws, rules and regulations. Therefore:

1) Meetings will follow a formal, pre-approved agenda which will be provided to each attendee. Participants at meetings should adhere strictly to the agenda. Subjects not included on the agenda should generally not be considered at the meeting.

2) The agenda will be specific and will prohibit discussions or recommendations regarding topics that may cause antitrust problems, such as prices or price levels. In addition, no discussion is permitted of any elements of a company's operations which might influence price such as:
   a) Cost of operations, supplies, labor or services;
   b) Allowance for discounts;
   c) Terms of sale including credit arrangements; and,
   d) Profit margins and mark ups, provided this limitation shall not extend to discussions of methods of operation, maintenance, and similar matters in which cost or efficiency is merely incidental.

3) It is a violation of Antitrust laws to agree not to compete, therefore, discussions of division of territories or customers or limitations on the nature of business carried on or products sold are not permitted.

4) Boycotts in any form are unlawful. Discussion relating to boycotts is prohibited, including discussions about blacklisting or unfavorable reports about particular companies including their financial situation.

5)Whenever discussion borders on an area of antitrust sensitivity, the Association's representative should request that the discussion be stopped and ask that the request be made a part of the minutes of the meeting being attended. If others continue such discussion, the webinar will be terminated.
Policy Topics for 2018

Proactive Immunization Assessment and Immunization Information Systems
Pharmacist Workplace Environment and Patient Safety
Use of Pharmacogenomics Data Within Pharmacy Practice
Policy Topics for 2018

Proactive Immunization Assessment and Immunization Information Systems

Pharmacist Workplace Environment and Patient Safety

Use of Pharmacogenomics Data Within Pharmacy Practice
Proactive Immunization Assessment and IISs

Rationale

• Pharmacists are key to proactively fighting vaccine preventable illnesses.

• Provider access to vaccine histories is key to assessing a patients need for vaccinations as is the ability to document pharmacist administered vaccines.

• Current IISs allow for this, however pharmacist knowledge of and limited access to these IISs hinders their use as do limits to interoperability with EMRs and pharmacy management systems.

• Currently there is a lack of guidance on proper use of IISs, pharmacist access to IISs, interoperability with EMRs and pharmacy management systems, and ability to properly document pharmacist administered immunizations.
Proactive Immunization Assessment and IISs

What issues should this proposed policy topic address?

• How pharmacists, in all settings, can routinely assess and recommend vaccines in a proactive manner.

• Increasing access to pharmacist administered immunizations and training opportunities to allow more pharmacists to immunize.

• Allow full access by pharmacists to IISs, increase utilization of IISs, and increase interoperability of IISs, EMRs, and pharmacy management systems.

• Address data upload issues and ensure proper documentation of pharmacist administered immunizations in IISs.

• Address role of student pharmacists and technicians in immunization practices.
Proactive Immunization Assessment and IISs

What factors have contributed to the problem(s)?

• Fragmentation or lack of state based registries, with many registries focusing on children and not adults.

• Lack of connection between existing IISs, pharmacy management systems, and EMRs, with software vendors struggling to achieve bi-directional communication.

• Access to IISs and EMRs by pharmacists is limited, allowing for limited ability to access immunization needs and properly document immunizations.

• Pharmacists may have a limited knowledge and/or training on IIS use.

• Varying reporting requirements for the IIS by health care practitioners.
Proactive Immunization Assessment and IISs

Why is this proposed policy topic necessary for the profession?

- Continues to recognize the pharmacist’s expanded role as an immunization provider.
- Further enhance the pharmacist’s ability to access immunization records and proactively recommend immunizations to patients and enhance the ability to document pharmacist administered immunizations.
- Consistently utilize existing IISs and increase interoperability between IISs, EMRs, and pharmacy management systems.
Related APhA Policies


1. APhA encourages pharmacists to take an active role in achieving the goals of the Healthy People program regarding immunizations through: (a) advocacy, (b) contracting with other health care professionals, or (c) pharmacists administering vaccines to vulnerable patients.

2. APhA encourages the availability of all vaccines to all pharmacies in order to meet public health needs.

3. APhA supports the compensation of pharmacists for the administration of immunizations and the reimbursement for vaccine distribution.

4. APhA should facilitate the development of programs that educate pharmacists about their role in immunizations in public health.
Related APhA Policies

1997 Standards for Pharmacy-Based Immunization Advocacy

APhA should adopt and disseminate standards for immunization advocacy and delivery by pharmacists. (Note: Guidelines approved by the APhA Board of Trustees in May, 1997)

1. Pharmacists should protect their patients’ health be being vaccine advocates
2. Pharmacists who administer immunizations do so in partnership with their community
3. Pharmacists must achieve and maintain competence to administer immunizations
4. Pharmacists should document immunizations fully and report clinically significant events appropriately.
   a) Pharmacists should maintain perpetual immunization records and offer a personal immunization record to each patient and their primary care provider whenever possible.
   b) Pharmacists should report adverse events following immunization to appropriate primary-care providers and to the Vaccine Adverse Event Reporting System (VAERS).
5. Pharmacists should educate patients about immunizations and respect patients’ rights
Related APhA Policies

1987 Encouraging Availability and Use of Vaccines

1. APhA encourages the continued availability of vaccines to meet public health needs.

2. APhA supports the development of programs that educate the public about the role of immunizations in public health.

3. APhA supports the reimbursement by public and private third-party payers for immunizations.
Related APhA-ASP Policies

2013.1 – Expanding Immunization Privileges for Pharmacists and Student Pharmacists

1. APhA-ASP encourages all health care professionals who administer immunizations, to have real-time and bi-Directional access to the Immunization Information System (IIS) (formerly the vaccine/immunization registry) and patient electronic health records (EHRs). Furthermore, immunization providers should regularly and routinely update the IIS and EHRs to meet both community public health and patient-specific needs.

2. APhA-ASP encourages pharmacy stakeholders to promote legislative efforts that would enable pharmacists and student pharmacists to administer all CDC-recommended immunizations per protocol and address community-specific needs regarding patient age restrictions.

2007.2 - Personal Health Records

• APhA-ASP encourages collaboration between public and private healthcare organizations in the development and use of a standardized, secure, electronic, personal health record system to facilitate continuity of care across all practice settings. This record should include, but not be limited to, current diagnoses, allergies, medication history, laboratory data, and immunization history.
PROACTIVE IMMUNIZATION ASSESSMENT AND IMMUNIZATION INFORMATION SYSTEMS

Opportunity for Discussion

What other areas should the proposed policy statement address?
Proactive Immunization Assessment and Immunization Information Systems

What’s your perspective?

• What are your experiences in working with your IIS?

• Do your state laws allow you to adequately assess vaccine status and document pharmacist administered immunizations in the IIS?

• Do you believe that pharmacists have access to and awareness of current IISs? Does your IIS allow for proper assessment and documentation?

• Would having better communication between IISs, EMRs, and pharmacy management software be beneficial to your practice?

• How do you incorporate student pharmacists and technicians in proactive immunization assessment or IIS related activities?
Policy Topics for 2018

Proactive Immunization Assessment and Immunization Information Systems

Pharmacist Workplace Environment and Patient Safety

Use of Pharmacogenomics Data Within Pharmacy Practice
Pharmacist Workplace Environment and Patient Safety

Rationale

• Patient safety is of paramount importance to all pharmacists regardless of practice setting.

• The pharmacist’s workplace environment may not lend itself to optimal patient safety with long/double shifts, poor utilization of workflow, multiple distractions, lack of breaks, and a focus on quotas and metrics.

• With a focus on changing reimbursement models away from fee for service to more patient outcome based models, current system limitations and use of metrics that focus on dispensing rather than patient outcomes may not allow for growth of patient care services and a focus on patient safety.
Pharmacist Workplace Environment and Patient Safety

What issues should this proposed policy topic address?

• Use of performance measures, metrics, or quotas targeted towards individual pharmacists that may deter from a focus on patient safety.

• Effect of pharmacist fatigue, workplace environment, and job satisfaction on medication and patient safety.

• Challenge of integrating/enhancing patient care services within current economic and system restraints.
Pharmacist Workplace Environment and Patient Safety

What factors have contributed to the problem(s)?

- Majority of existing measures are still based on a fee-for-service system.
- While the health care model is shifting in terms of reimbursement, many community pharmacies are not adjusting metrics.
- There is an expectation of meeting quotas and focusing on volume rather than patient safety. Varying levels of expectations are seen depending on the practice site.
- Demanding working conditions such as lack of breaks, extended hours, or multiple distractions may not allow pharmacists adequate time for patient care services or to prioritize patient safety.
- Some states have taken efforts to limit metric use for the reasons listed above.
Pharmacist Workplace Environment and Patient Safety

Why is this proposed policy topic necessary for the profession?

• When measures being used to evaluate individual pharmacists do not encompass the totality of their skills, pharmacists are forced to limit themselves to meeting standards outlined in contracts with employers and not utilize their full skillset to prioritize patient care.

• Demanding working conditions such as a lack of lunch breaks, extended or double shifts, and pressure of meeting metrics and quotas may decrease job satisfaction, and not allow for a true focus on patient care.

• An emphasis on medication safety and patient safety becomes increasingly more important as payment models continue to shift from fee-for-service towards payment based on patient outcomes.
Related APhA Policies


1. APhA recognizes that the **quality of a pharmacist's work-life affects public safety** and that a working environment conducive to providing effective patient care is essential.

2. APhA **opposes the practice of imposing minimum numbers of prescriptions which pharmacists are to dispense in a given period of time**. Further, APhA opposes employment practices that evaluate a pharmacist's performance on the basis of set quotas of work performed.

3. APhA **opposes employment practices that limit a pharmacist's ability to provide effective patient care**.
Related APhA Policies

2001 Work Schedules

1. APhA supports a work environment in which innovative work schedules are available to pharmacists and encourages employers to allow meal breaks and rest periods.

2. APhA encourages employers to offer benefit packages that provide dependent-care benefits, including, but not limited to, flexible spending accounts, voucher systems, referral services, on-site dependent care, and negotiated discounts for use of day care facilities, to improve workforce conditions.
Related APhA Policies


The employment relationship between pharmacists and their employers must start with the principle that pharmacists have a professional, inherent right to practice in a manner which will engender self-respect in pursuit of their professional and economic objectives.

It is the policy of APhA to further the following basic employment standards:

2. Employers are obligated to provide working conditions that enhance the ability of employed pharmacists to utilize their full professional capacity in providing patient care service to the public.
2009 Pharmacist’s Role in Patient Safety

1. It is APhA’s position that patient safety initiatives must include pharmacists in leadership roles.

2. APhA encourages dissemination of best practices derived from nationally aggregated reporting data systems to pharmacists for the purpose of improving the medication use process and making informed decisions that directly impact patient safety and quality.

3. APhA encourages the profession of pharmacy to continually review and evaluate ways to enhance training, curricula, continuing education and accountability of pharmacists to improve patient safety.

4. APhA encourages risk management and post-marketing surveillance programs to be standardized and include infrastructures and compensation necessary to allow pharmacists to support these patient safety programs.

5. APhA supports the creation of voluntary, standardized and interoperable reporting systems for patient safety events to minimize barriers to pharmacist participation and to enable aggregation of data and improve quality of medication use systems. The system should be free, voluntary, non-punitive, easily accessible, and user friendly for all providers within the healthcare system.

6. APhA supports the elimination of hand-written prescriptions or medication orders.
### Related APhA Policies

Other related policies include...

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<thead>
<tr>
<th>Year</th>
<th>Policy</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
<td>Patient Safety</td>
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<tr>
<td>2012, 1999</td>
<td>Collective Bargaining/Unionization</td>
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<tr>
<td>1993</td>
<td>Patient Counseling Environment</td>
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<td>1983</td>
<td>Patient Medication Program</td>
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<td>2000</td>
<td>Medication Errors</td>
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<tr>
<td>2001</td>
<td>Medication Error Reporting</td>
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<tr>
<td>2004</td>
<td>Automation and Technology in Pharmacy Practice</td>
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Related APhA-ASP Policies

**1995.3 - Assuring Quality**
- APhA-ASP cautions pharmacists and pharmacy managers against sacrificing the quality of pharmaceutical care for financial benefit and/or time constraints.

**1998.12 - Working Conditions**
- APhA-ASP recognizes that patient safety is compromised by poor working conditions and strongly encourages the immediate implementation of systems that improve these conditions.

**2001.6 - Quality of Work Life for Pharmacists and Pharmacy Interns – Breaks**
- APhA-ASP supports an environment which encourages pharmacists and pharmacy interns to take at least a 30-minute break when working 6 or more hours.
PHARMACIST WORKPLACE ENVIRONMENT AND PATIENT SAFETY

Opportunity for Discussion

What other areas should the proposed policy statement address?
Pharmacist Workplace Environment and Patient Safety

What’s your perspective?

• Has your state enacted any laws or regulations dealing with the workplace environment or patient safety?

• What are some examples of pharmacists being required to meet quotas or inappropriately used metrics, which are hindering patient safety?

• What are some best practices you have observed in the work environment to promote patient safety?

• Do you observe a disconnect between performance metrics in pharmacy and quality metrics in pharmacy?

• Do you feel that demanding working conditions and a focus on metrics and quotas negatively affect patient care and safety?

• How can the use of metrics and quotas be addressed to help increase patient safety?
Policy Topics for 2018

Proactive Immunization Assessment and Immunization Information Systems

Pharmacist Workplace Environment and Patient Safety

Use of Pharmacogenomics Data Within Pharmacy Practice
Use of Pharmacogenomics Data Within Pharmacy Practice

Rationale

• With pharmacogenomics, providers can personalize medicine and avoid harmful interactions, enhance benefits, and prevent adverse events of medications.

• Pharmacists are well poised as medication experts and it would be harmful to patients if pharmacists were left out of the field of pharmacogenomics.

• As pharmacogenomics continues to evolve, the education of pharmacists and student pharmacists is needed to integrate this new field of medicine into current practice.
Use of Pharmacogenomics Data Within Pharmacy Practice

What issues should this proposed policy topic address?

- Language defining pharmacists as the expert in pharmacogenomics.
- Clear language as to the scope of practice of pharmacists in the area of pharmacogenomics, including pharmacists' ability to order tests.
- Easier access to pharmacogenomic tests and counseling services for patients, and an assessment of their public health benefit and economic impact.
- Training of pharmacists and student pharmacists.
- Lack of insurance coverage for pharmacogenomic services for patients.
- Payment for pharmacogenomic services via existing or new payment conventions.
Use of Pharmacogenomics Data Within Pharmacy Practice

What factors have contributed to the problem(s)?

- New field of technology and clinical science emphasizing individualized medicine with no clear guidance or best practices to date.
- Lack of formal education on pharmacogenomics.
- Need for pharmacist utilization at the top of their license and expansion of current services.
- Need for a clear expert in the new field of pharmacogenomics.
- Lack of development of a payment model for pharmacogenomic services.
Use of Pharmacogenomics Data Within Pharmacy Practice

Why is this proposed policy topic necessary for the profession?

• To allow pharmacists to practice at the top of their license and be recognized for the impact a pharmacist can have by integrating pharmacogenomics into their patient care workflow.

• Pharmacists are well suited to integrate individualized medicine services into their pharmacy practice.

• Expand education opportunities for pharmacists and student pharmacists.

• Fulfill a public need for testing and counseling on results.

• Ensure payment for new services offered by pharmacists and coverage for patients.
Related APhA Policies

2010 Pharmacogenomics/Personalized Medicine

1. APhA supports evidence-based personalized medicine, defined as the use of a person's clinical, genetic, genomic, and environmental information to select a medication or its dose, to choose a therapy, or to recommend preventive measures, as a means to improve patient safety and optimize health outcomes.

2. APhA promotes pharmacists as health care providers in the collection, use, interpretation, and application of pharmacogenomic data to optimize health outcomes.

3. APhA supports the development and implementation of programs, tools, and clinical guidelines that facilitate the translation and application of pharmacogenomic data into clinical practice.

4. APhA supports the inclusion of pharmacogenomic analysis in the drug development/approval and postmarketing surveillance processes.
Related APhA Policies

2005, 2000 Pharmacogenomics

1. Recognizing the benefits and risks of pharmacogenomics and applications of this technology, APhA supports further research and assessment of the clinical, economic, and humanistic impact of pharmacogenomics on the health care system. This includes collaboration with other health care and consumer organizations for information sharing and development of pharmaceutical care processes involving these therapies. Pharmacogenomics is defined as the application of genomic technology in drug development and therapy.

2. APhA supports ongoing vigilance by all individuals and organizations with access to genetic information to maintain the confidentiality of the information.

3. APhA supports the development of educational materials to train and educate pharmacists, student pharmacists, pharmacy technicians, and consumers regarding pharmacogenomics.
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.
Related APhA-ASP Policies

2014.1 – Pharmacogenomics

1. APhA-ASP supports the utilization of evidence-based pharmacogenomic testing and services to enhance individualization of patient care and improve clinical outcomes.

2. APhA-ASP promotes pharmacists as the primary member of the health care team responsible for pharmacogenomic services, including but not limited to, interpreting and applying test results, developing individualized medication treatment plans in collaboration with prescribers, and serving as a resource to prescribers, patients, and other members of the health care team.

3. APhA-ASP supports continued research, development and implementation of clinical standards and guidelines regarding the use of pharmacogenomics to improve patient care.

4. APhA-ASP supports ongoing vigilance by all stakeholders with access to pharmacogenomic information to maintain the confidentiality and ensure the appropriate use of the information.

5. APhA-ASP encourages all schools and colleges of pharmacy to incorporate pharmacogenomics throughout the curriculum.

6. APhA-ASP encourages the development of continuing education and training programs to support existing practitioner understanding of pharmacogenomics.

7. APhA-ASP encourages all stakeholders, including but not limited to, employers, pharmacies, health-systems, and third party payers, to develop a compensation model for pharmacist-provided pharmacogenomic services that is both financially viable and in the best interest of patients.
USE OF PHARMACOGENOMICS DATA WITHIN PHARMACY PRACTICE

Opportunity for Discussion

What other areas should the proposed policy statement address?
Use of Pharmacogenomics Data Within Pharmacy Practice

What’s your perspective?

- Should pharmacists be the experts in the emerging field of pharmacogenomics?
- What do you think the pharmacists scope of practice should cover in regards to ordering tests, counseling, and increasing awareness of and access to pharmacogenomics testing?
- What kind of training should be provided to pharmacists and student pharmacists in the field of pharmacogenomics?
- Have you observed that pharmacists are able to be reimbursed for pharmacogenomics services?
- How would pharmacogenomics fit into the current pharmacy practice model?
Policy Topics for 2018

Proactive Immunization Assessment and Immunization Information Systems
Pharmacist Workplace Environment and Patient Safety
Use of Pharmacogenomics Data Within Pharmacy Practice
Next Steps

- Policy Committee Meeting
  - October 20-22

- Webinars to discuss proposed policy statements
  - January 2018

- Policy Review Committee Webinar
  - January - February 2018

- New Business Review Committee Webinar
  - February - March 2018
House-“keeping”

• **Reminder:** Sign-up as a delegate if you have not already done so!
  • Contact your state pharmacy association, APhA Academy, or affiliated organization.

• Plan to be at APhA2018!
  • [www.aphameeting.org](http://www.aphameeting.org)
Have a New Business Item?

• New business items **due 30 days prior** to first HOD session
  • February 14, 2018

• Forms available at: [New Business Item Link](#) or [pharmacist.com/resources](#)
  • *The New Business Item Form will download as a word document*

• Contact APhA staff with any questions ([hod@aphanet.org](mailto:hod@aphanet.org))
THANK YOU!

Contact HOD Staff or submit additional questions/comments!

HOD@aphanet.org

pharmacist.com/apha-house-delegates