Open Forum on 2018 Proposed Policy Statements

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Speaker, APhA House of Delegates

Alex C. Varkey
Chair, 2017-18 APhA Policy Committee
Webinar Information

• Dial-in and use access code and audio pin on your control panel to limit audio issues and background noise during the webinar
• Submit your comments/questions during the webinar using the chat box on your control panel or email HOD@aphanet.org
• Select “raise hand” button to request to speak and you will be recognized by the moderator as time permits
• Note: all comments/questions received will be considered by the Policy Reference Committee
• This webinar is being recorded for future access on the House of Delegates webpage, www.pharmacist.com/apha-house-delegates
Webinar Information

• Webinar scheduled for 90 minutes
  • 15 minutes for overview
  • 20 minutes per topic
  • 15 minutes for questions/general information

• Moderators will clarify issues, but will not engage in debate
Policy Committee

Alex C. Varkey, Chair
Sugar Land, TX

Gregory A. Fox
Carmel, IN

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Crossville, AL

Christopher Grilli
Scottsdale, AZ

Natasha Petry
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Garth Reynolds, Vice Chair
Springfield, IL

Annie Stella
Quincy, IL

Adam C. Welch
Johnson City, TN
Policy Process Roadmap
Transforming Ideas into Action

1. APhA House of Delegates
   - APhA Members
   - APhA Staff
   - Gov't Affairs
   - 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 House of Delegates
   - ADOPTED Policy Statements

6. APhA Board of Trustees
   - ACTION

Proposes Implementation PLANS

Prepared by:
APhA House of Delegates
APhA-APPM/APRS/ASP Joint Policy Standing Committee
APhA Board of Trustees
APhA House of Delegates

APhA
AMERICAN PHARMACISTS ASSOCIATION

APhA-APPM/APRS/ASP Joint Policy Standing Committee
APhA Board of Trustees
APhA House of Delegates

1/23/2018
Current Policy Information

• Policy Manual

• Online searchable database:
  • http://www.pharmacist.com/policy-manual

• Online PDF version:
  • http://pharmacist.com/sites/default/files/files/16898%20CURRENT%20ADOP
    TED%20POLICY%20MANUAL%20-%20FINAL.pdf
2018 Policy Topics

Pharmacist Workplace Environment and Patient Safety

Use of Pharmacogenomic Data within Pharmacy Practice

Proactive Immunization Assessment and Immunization Information Systems
Pharmacist Workplace Environment and Patient Safety
Pharmacist Workplace Environment and Patient Safety (6 statements)

1. APhA supports staffing models that promote safe provision of patient care services and access to medications.
   [Refer to Summary of Discussion Items 3, 4, 5.]

2. APhA opposes the setting of quotas or use of time-oriented metrics that may jeopardize patient care and safety.
   [Refer to Summary of Discussion Items 6, 7, 8, 9.]
Pharmacist Workplace Environment and Patient Safety (6 statements)

3. APhA denounces reimbursement systems, including the practices of PBM and other payers that contribute to a workplace environment that negatively has an impact on patient safety. APhA calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care.

[Refer to Summary of Discussion Items 10, 11, 12, 13.]

4. APhA urges pharmacy practice employers to establish collaborative mechanisms that engage the pharmacist in charge of each practice, pharmacists, and pharmacy staff in addressing workplace issues that may have an impact on patient safety.

[Refer to Summary of Discussion Items 8, 9, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23.]
5. APhA urges employers to regularly and systematically examine and resolve workplace issues that may negatively have an impact on patient safety.

[Refer to Summary of Discussion Items 8, 9, 19, 20, 21, 22, 24.]

6. APhA opposes retaliation against pharmacy staff for reporting workplace issues that may negatively have an impact on patient safety.

[Refer to Summary of Discussion Items 9, 19, 23, 25, 26, 27.]
Related Existing Policy

2001  Work Schedules
2012, 1999  Collective Bargaining/Unionization
2004  Automation and Technology in Pharmacy Practice
2009  Pharmacist’s Role in Patient Safety
2005  Patient Safety
2000  Medication Errors
2001  Medication Error Reporting
1983  Patient Medication Program
Pharmacist Workplace Environment and Patient Safety

Time for Discussion
Pharmacist Workplace Environment and Patient Safety

1. APhA supports staffing models that promote safe provision of patient care services and access to medications.

2. APhA opposes the setting of quotas or use of time-oriented metrics that may jeopardize patient care and safety.

3. APhA denounces reimbursement systems, including the practices of PBM and other payers that contribute to a workplace environment that negatively has an impact on patient safety. APhA calls upon public and private policy makers to establish provider payment policies that support the safe provision of medications and delivery of effective patient care.

4. APhA urges pharmacy practice employers to establish collaborative mechanisms that engage the pharmacist in charge of each practice, pharmacists, and pharmacy staff in addressing workplace issues that may have an impact on patient safety.

5. APhA urges employers to regularly and systematically examine and resolve workplace issues that may negatively have an impact on patient safety.

6. APhA opposes retaliation against pharmacy staff for reporting workplace issues that may negatively have an impact on patient safety.
Use of Pharmacogenomic Data within Pharmacy Practice
Use of Pharmacogenomic Data within Pharmacy Practice (11 statements)

1. APhA emphasizes genomics as an essential aspect of pharmacy practice.
   [Refer to Summary of Discussion Item 4.]

2. APhA recognizes pharmacists as the health care professional best suited to provide medication-related consults and services based on a patient’s genomic information. All pharmacists involved in the care of the patient should have access to relevant genomic information.
   [Refer to Summary of Discussion Items 4, 5, 6, 7, 8.]
Use of Pharmacogenomic Data within Pharmacy Practice (11 statements)

3. APhA supports processes to protect patient data confidentiality and opposes unethical utilization of genomic data.
   [Refer to Summary of Discussion Items 6, 7, 9.]

4. APhA demands payers include pharmacists as eligible providers for covered genomic interpretation and related services to support sustainable models that optimize patient care and outcomes.
   [Refer to Summary of Discussion Items 8, 10, 11.]
Use of Pharmacogenomic Data within Pharmacy Practice (11 statements)

5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the exchange, storage, utilization, and documentation of clinically actionable genetic variations and actions taken by the pharmacist in the provision of patient care.

[Refer to Summary of Discussion Items 7, 12, 13, 14.]

6. APhA recommends pharmacists lead the development of evidence-based practice guidelines for pharmacogenomic and related services.

[Refer to Summary of Discussion Items 14, 15, 16, 17, 18.]
Use of Pharmacogenomic Data within Pharmacy Practice (11 statements)

7. APhA advocates for the involvement of pharmacists in the development of pharmacogenomic clinical support tools and resources.

[Refer to Summary of Discussion Items 18, 19, 20, 21, 22.]

8. APhA encourages pharmacists to use their professional judgment and published guidelines when providing access to testing or utilizing direct to consumer genomic test results in their patient care services.

[Refer to Summary of Discussion Items 23.]
Use of Pharmacogenomic Data within Pharmacy Practice (11 statements)

9. APhA urges schools and colleges of pharmacy to include clinical application of genomics as a required element of the Doctor of Pharmacy curriculum.

[Refer to Summary of Discussion Items 24, 25, 26, 27.]

10. APhA encourages the creation of continuing professional development and post graduate education and training programs for pharmacists in genomics and its clinical application to meet varying practice needs.

[Refer to Summary of Discussion Items 26, 27.]
Use of Pharmacogenomic Data within Pharmacy Practice (11 statements)

11. APhA encourages the funding of pharmacist-led research examining the cost effectiveness of care models that utilize pharmacists providing genomic services.

[Refer to Summary of Discussion Items 28.]
Related Existing Policy

2010  *Pharmacogenomics/Personalized Medicine*

2005, 2000  *Pharmacogenomics*

2016  *Point-of-Care Testing*

2013, 1995  *Pharmacists’ Role in the Development and Implementation of Evidence-based Clinical Guidelines*
Use of Pharmacogenomic Data within Pharmacy Practice

Time for Discussion
Use of Pharmacogenomic Data within Pharmacy Practice

1. APhA emphasizes genomics as an essential aspect of pharmacy practice.
2. APhA recognizes pharmacists as the health care professional best suited to provide medication-related consults and services based on a patient’s genomic information. All pharmacists involved in the care of the patient should have access to relevant genomic information.
3. APhA supports processes to protect patient data confidentiality and opposes unethical utilization of genomic data.
4. APhA demands payers include pharmacists as eligible providers for covered genomic interpretation and related services to support sustainable models that optimize patient care and outcomes.
5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the exchange, storage, utilization, and documentation of clinically actionable genetic variations and actions taken by the pharmacist in the provision of patient care.
6. APhA recommends pharmacists lead the development of evidence-based practice guidelines for pharmacogenomic and related services.
7. APhA advocates for the involvement of pharmacists in the development of pharmacogenomic clinical support tools and resources.
8. APhA encourages pharmacists to use their professional judgment and published guidelines when providing access to testing or utilizing direct to consumer genomic test results in their patient care services.
9. APhA urges schools and colleges of pharmacy to include clinical application of genomics as a required element of the Doctor of Pharmacy curriculum.
10. APhA encourages the creation of continuing professional development and post graduate education and training programs for pharmacists in genomics and its clinical application to meet varying practice needs.
11. APhA encourages the funding of pharmacist-led research examining the cost effectiveness of care models that utilize pharmacists providing genomic services.
Proactive Immunization Assessment and Immunization Information Systems
Proactive Immunization Assessment and Immunization Information Systems
(5 statements)

1. APhA supports mandatory requirements for ALL immunization providers to report pertinent immunization data into Immunization Information Systems (IIS).
   [Refer to Summary of Discussion Items 1, 2, 3, 4.]

2. APhA calls for government entities to fund enrollment and engagement of all immunization providers in Immunization Information Systems (IIS). This engagement should support lifetime tracking of immunizations for patients.
   [Refer to Summary of Discussion Items 1, 5, 6, 7, 8, 9.]
Proactive Immunization Assessment and Immunization Information Systems (5 statements)

3. APhA supports nationwide integration of Immunization Information Systems (IIS) that incorporate federal, state, and local databases for the purpose of providing health care professionals with accurate and timely information to assist in clinical decision making related to immunization services.

[Refer to Summary of Discussion Items 10, 11, 12.]

4. APhA advocates that all appropriate health care personnel involved in the patient care process have timely access to Immunization Information Systems (IIS) and other pertinent data sources to support proactive patient assessment and delivery of immunization services while maintaining confidentiality.

[Refer to Summary of Discussion Items 3, 4, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20.]
Proactive Immunization Assessment and Immunization Information Systems
(5 statements)

5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the exchange of data with Immunization Information Systems (IIS).

[Refer to Summary of Discussion Items 11, 21, 22.]
Related Existing Policy


1997  *Standards for Pharmacy-Based Immunization Advocacy*

1987  *Encouraging Availability and Use of Vaccines*
Proactive Immunization Assessment and Immunization Information Systems

Time for Discussion
Proactive Immunization Assessment and Immunization Information Systems

1. APhA supports mandatory requirements for ALL immunization providers to report pertinent immunization data into Immunization Information Systems (IIS).

2. APhA calls for government entities to fund enrollment and engagement of all immunization providers in Immunization Information Systems (IIS). This engagement should support lifetime tracking of immunizations for patients.

3. APhA supports nationwide integration of Immunization Information Systems (IIS) that incorporate federal, state, and local databases for the purpose of providing health care professionals with accurate and timely information to assist in clinical decision making related to immunization services.

4. APhA advocates that all appropriate health care personnel involved in the patient care process have timely access to Immunization Information Systems (IIS) and other pertinent data sources to support proactive patient assessment and delivery of immunization services while maintaining confidentiality.

5. APhA urges pharmacy management system vendors to include functionality that uses established and adopted electronic health record standards for the exchange of data with Immunization Information Systems (IIS).
General Discussion

Pharmacist Workplace Environment and Patient Safety

Use of Pharmacogenomic Data within Pharmacy Practice

Proactive Immunization Assessment and Immunization Information Systems
House Keeping

- New Business Items are due **February 14, 2018**
- Contact your state association or recognized national organization to secure your Delegate seat
  - **All Delegate materials will be sent electronically this year unless you request a hard copy at this link:** [https://fs3.formsites.com/apha/form249/index.html](https://fs3.formsites.com/apha/form249/index.html)
- A **limited number** of Delegate books will be available onsite

- **Policy Review Committee Webinars**
  - January 31, 12:00-1:30pm (ET)
  - February 7, 6:00 – 7:30pm (ET)

- **New Business Item Webinars**
  - February 28, 12:00 – 1:30pm (ET)
  - March 7, 6:00 – 7:30pm (ET)
Continue the Conversation
Visit APhA Engage

APhA Engage makes joining the conversation easy!

1. Visit engage.pharmacist.com
2. Login using your APhA username and password
3. Click “Participate” then “Join a Community”
4. Find one of the three the “HOD Issue” communities
5. Click “Join” and follow the prompts on your screen
2018 House of Delegates

House of Delegates First Session
Friday, March 16, 3:00 to 5:00pm

Policy Committee Open Hearing
Sunday, March 18, 1:00 to 3:00pm

New Business Review Committee Open Hearing
Saturday, March 17, 1:00 to 2:30pm

House of Delegates Final Session
Monday, March 19, 1:30 to 4:30pm
Who Will be the Next Speaker-Elect?

• Applications due March 15th, 2018
  • https://apha.secure-platform.com/a/solicitations/home/127

• Please contact House of Delegates at HOD@aphanet.org
Ideas for Future Policy Topics

• Are there topics we should consider for the 2019 House of Delegates?
• These are topics needing more development than through the new business process
• Tell us now or send to HOD@aphanet.org
Open Forum on 2018 Proposed Policy Statements

Thank you for your time and attention!

www.pharmacist.com/apha-house-delegates
HOD@aphanet.org