2017.1 - Expanded Utilization of Pharmacist- and Student Pharmacist-Provided Care Transitions Services

1. APhA-ASP supports the expanded utilization of pharmacists and student pharmacists as an integral part of the care transitions team.
2. APhA-ASP encourages health care institutions to provide pharmacists with critical tools and support necessary for care transitions services, including but not limited to, staffing, work flow, and access to electronic health information.
3. APhA-ASP supports the implementation and expansion of care transitions education adapted from best practices into both didactic and experiential curricula in all schools and colleges of pharmacy.
4. APhA-ASP encourages all stakeholders, including CMS and other governmental agencies, to adopt regulations and/or policies that incentivize health care institutions to utilize care transitions pharmacists, especially in hospitals with low performance metrics and/or excessive readmissions within 30 days of discharge.

Background Statement:
The National Transitions of Care Coalition defines transition of care (TOC) as “the movement of patients between health care locations, providers, or different levels of care within the same location as their conditions or care needs change.” Care transitions is a growing domain where pharmacists and student pharmacists are needed. Pharmacists are the medication expert on the health care team and can play a vital role in care coordination. Pharmacists can initiate medication reconciliation during transfers within the hospital and upon discharge, provide discharge counseling on the patient’s medication and their disease state, and facilitate coordination between the hospital and the patient’s community pharmacy. Better care coordination can lead to better medication adherence and quality of life for the patient. Medication non-adherence has been associated with increased morbidity and mortality in patients with chronic diseases, resulting in increased health care costs by $170 billion annually in the United States. Pharmacist involvement in discharge counseling and care transitions has been shown to improve primary medication adherence and patient satisfaction. Therefore, pharmacists can significantly add value to the care transitions process and reduce health care costs as an integral part of a health care team.

In a 2014 study of pharmacists’ roles in the care transitions, the authors found that barriers preventing pharmacists from adopting more significant roles were commonly lack of pharmacy staff resources and insufficient recognition of the value of pharmacists’ roles in care transitions activities by health care executives, medical staff, nursing staff, and other health care professionals. Other barriers included pharmacists’ role in care transitions not being a priority at the institution, lack of leadership support, and lack of technology connectivity. Based upon the available literature and overall consensus of the APhA-ASP Resolutions Committee, we intend for this policy to encompass, but not be limited to, those listed in point 2 of the proposed resolution.

Based on the aforementioned findings, there is a need for stronger advocacy of pharmacists’ roles in care transitions as they could be better utilized. The intent of this proposal is to include pharmacists across all practice settings, as the continuum of care has few boundaries. Sharing access to electronic health information among pharmacists in a patient’s extended chronic care team, even in a read-only format, is an opportunity to ensure the patient has fewer adverse drug events and drug therapy problems days to years after institutional discharge. This aligns with current accountable care organization (ACO) inclusion of electronic health information use to improve continuity of care.
This resolution does not intend to mandate an additional course in the pharmacy curriculum solely dedicated to care transitions, rather it seeks to incorporate care transitions training into existing courses and experiential education to better prepare student pharmacists in addressing this national concern and improving patient care.

Better care coordination can result in increased patient satisfaction and decreased morbidity and mortality. Hospital costs from medication errors, such as reduced Medicare reimbursement for excessive 30-day readmissions and legal expenses while improving hospital performance metrics, may also be reduced through better care coordination. CMS has taken notice of the potential for gap in care within long-term care facilities, and through the IMPACT (Improving Medicare Post-Acute Care Transformation) Act that went into effect in October 2016, these facilities will also be penalized using similar metrics that hospitals use for performance. Increased advocacy also benefits the pharmacy profession because greater awareness of pharmacists’ value of care transitions may lead to an expanded job market for graduates.

References:

2017.2 - Mandatory E-Prescribing of Schedule II Controlled Substances

APhA-ASP recommends mandatory electronic prescribing of all scheduled II controlled substances.

Background Statement:
It is well known that prescription drug abuse is a major issue in the United States. Statistics show that 90% of prescribers prescribe controlled substances, even though they only account for 11% of all issued medications. In 2015, 20.5 million Americans 12 years or older had a substance abuse disorder, and of those with substance abuse disorders, 2 million were due to prescription opioid addiction. E-prescribing may reduce the morbidity associated with medication errors, which amounts to more than 2 million adverse drug events annually, of which 130,000 are life-threatening and an estimated 7,000 result in death each year.

In 2013, more than half (57%) of new and renewal prescriptions were sent electronically. E-prescribing allows for direct communication between prescribers and pharmacies, which significantly reduces the chance for a prescription to be stolen, lost, or altered. With the growing epidemic of prescription drug abuse, an effective way to combat this abuse is to mandate e-prescribing for all schedule II controlled substances. Currently, e-prescribing of controlled substances (all drug schedules) is legal in all 50 U.S. states as of 2015. However, while e-prescribing is permitted throughout the country, not all states are required by law to e-prescribe scheduled medications.

The APhA-ASP Resolutions Committee recognizes there are potential challenges with mandating e-prescribing of controlled substances across the country. One such challenge is ensuring that prescribers have updated e-prescribing software that meets DEA standards. There are many nuances and potential financial costs to updating
the software, which may have accounted for the low number of prescribers who implemented the DEA-approved e-prescribing software. However, in an April 2008 DEA Report, the agency determined that “the proposed rule would not impose a significant economic impact on a substantial number of small entities,” including independent pharmacies. Additionally, a national chain pharmacy was fined $3.5 million for alleged prescription drug diversion and violation of the Controlled Substances Act. Therefore, the risk future fines and lawsuits may outweigh the economic impact of implementing an e-prescribing program.

Another challenge to greater adoption of e-prescribing has been the lack of state regulations and policies. While it is legal in every state, e-prescribing of controlled substances is voluntary. There is a lack of incentive for prescribers, pharmacies, and e-prescribing software vendors to implement a secure and adequate system of transmitting health information. This presents a great opportunity for pharmacists and student pharmacists to work with state pharmacy associations and other members of the health care team to advocate for the safety of our patients through amending current regulations and policies.

When developing this proposed resolution, the APhA-ASP Resolutions Committee recognized that mandating e-prescribing for all controlled substances (not just schedule II) may place undue burden on patients, prescribers, pharmacies, pharmacists and other health care providers. This proposed resolution allows for pharmacists to monitor patient safety with most addictive prescriptions, without placing undue burden on the patient, prescriber, or pharmacist filling schedule III-V controlled substances. However, as health information technology continues to expand, this may be an area where APhA-ASP might want to address in the future.

With the more than 2 million individuals that are addicted to prescription opioids and the 20,101 deaths from opioid overdose in 2015, the concern over forging paper prescriptions is also an issue. In the United States, prescription fraud and forgery associated with paper prescriptions have been found to account for 3% to 9% of drug diversion by prescription opioid addicts. The APhA-ASP Resolutions Committee believes that e-prescribing of schedule II controlled substances may be the answer, as it could also work in concert with other tools, such as prescription drug monitoring programs, to help prescribers and pharmacists identify individuals addicted to controlled substances, and prevent polypharmacy practices and forgery of prescriptions.

References:

2017.3 - Durable Medical Equipment and Medical Devices Ease of Access

1. APhA-ASP supports legislative and regulatory changes that would enable pharmacists, with appropriate training and working as integral members of a health care team, to prescribe durable medical equipment and medical devices, including but not limited to, those used for the delivery and monitoring of prescription medications.

2. APhA-ASP encourages the development of sustainable and financially-viable compensation models for pharmacist-prescribed durable medical equipment and medical devices.

Background Statement:
The Social Security Administration defines durable medical equipment as "equipment which can withstand repeated use, is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury." Medical devices mentioned in this proposed resolution may include, but are not limited to, syringes, pen needles, test strips, meters, insulin delivery devices, spacers, and nebulizers. All of these devices are available for purchase over the counter in pharmacies. However, pharmacists are not able to provide patients with a prescription for these products, even if a diagnosis has already been made.

Many payers, such as Medicare, require that a prescriber write a prescription for a patient that states their status as a patient with diabetes, the supplies needed, and how often they self-test, as well as how many supplies are needed per month. These patients have to return to the provider for refills or if their prescription expire in order to obtain new prescriptions. Giving pharmacists this ability will optimize the health care provided and decrease the financial burden to the patient, while saving physicians and pharmacy time.

Pharmacists and student pharmacists are often faced with a situation in which a patient with diabetes is not continuously monitoring their blood sugar. In these situations, it sometimes takes an inconvenient amount of time for the patient/pharmacist to contact the prescriber for a new prescription for a blood glucose meter and test strips. It has also been the personal experience (of the members of the APhA-ASP Resolutions Committee) that many times the prescriber will ask the pharmacist for a recommendation on which meter/test strips to prescribe. The CDC lists a total of 29.1 million Americans (9.3% of the population) living with diabetes as of 2014 in need of supplies such as glucometers, test strips, and needles. As a vital member of the health care team, pharmacists are uniquely positioned and qualified to prescribe the necessary devices for a patient to deliver their medication and monitor their disease state.

This proposed resolution was modeled after APhA-ASP Adopted Resolution 2016.4:

2016.4 – Increasing Patient Access to Pharmacist-Prescribed Medications

1. APhA-ASP encourages legislative and regulatory changes that would enable pharmacists, with appropriate training and working as integral members of the health care team, to assess the patient and prescribe certain medications such as those for opioid overdose, contraception, tobacco cessation, and international travel.

2. APhA-ASP encourages the development of sustainable and financially viable compensation models for pharmacist-prescribed medications.

The APhA-ASP Resolutions Committee felt that durable medical equipment and medical devices should also be added as an additional opportunity to increase patient access to care. The second point was added as it is necessary to develop a viable compensation model in order to make this proposed resolution sustainable. Legislative or regulatory change that allows pharmacists to prescribe durable medical equipment and medical devices has to be supported financially in order to be applicable in pharmacy.
References:

2017.4 - Efforts to Reduce Mental Health Stigma

1. APhA-ASP encourages all stakeholders to develop and adopt evidence-based approaches in order to educate the public and reduce mental health stigma. This may include, but is not limited to, depression, bipolar disorder, schizophrenia, anxiety, and other disorders and conditions.
2. APhA-ASP supports the increased utilization of pharmacists and student pharmacists, with appropriate training, to actively participate in psychiatric interprofessional health care teams in all practice settings.
3. APhA-ASP supports the inclusion and expansion of mental health education and training in the curriculum of all schools and colleges of pharmacy and post-graduate opportunities.

Background Statement:
Mental health continues to be a highly debated topic due to the continued negative stigma associated with mental disorders and health. However, the need for mental health services cannot be denied. Although approximately 1 in 5 adults in the United States (43.8 million, or 18.5%) suffers from mental illness in a given year, only 41% of adults in the United States with a mental health condition have received mental health services in the past year.¹ Health care providers should be tasked with educating the public on the disorders and conditions, including but not limited to, potential causes, risk factors, signs and symptoms, when and where to seek medical attention for the purpose of eliminating false negative stigma, and encouraging those who may need medical intervention to seek medical care. As the most accessible health care professional, pharmacists are uniquely positioned to play a greater and more patient-centered role in the delivery of mental health services.

With the 21st Century Cures Act being the largest piece of mental health legislation passed since 2008, there has been a large call for increased availability of resources for those in need of mental health services.² Pharmacists are in an ideal position to offer services to those in need. This not only includes education, but creating available resources at pharmacies and providing for referrals to the appropriate mental health provider. Psychiatric pharmacists can impact the delivery of mental health services through performance of medication reviews and patient education; thus, improving medication-related outcomes.² The impact of the aforementioned pharmacist-directed services in mental health care are demonstrated by a study from Wang and colleagues in a Los Angeles safety-net clinic.³ Researchers documented clinically significant improvements where 77% of patients showed improvement from baseline.³ These and many more evidence-based approaches show how valuable a pharmacist can be in educating on mental health, reducing stigma, and assisting those with mental health disorders in getting the help they need.

Pharmacotherapy is a predominant part of the treatments of mental disorders and conditions. Patient response to medication is variable and often requires careful consideration of patients' characteristics, preferences, and the medication side effect profile. Pharmacists add a unique value to interdisciplinary psychiatric teams given that pharmacists are the leading medication expert. Pharmacists can aid in medication selection based on patient characteristics and drug profile, monitor for efficacy and safety, titrate medication to optimize patient response, and encourage medication adherence through prescription drug counseling. Thus, inclusion of pharmacists on interdisciplinary psychiatric teams would not only reduce the stigma associated with mental health, but also increase patients' chance of remission, and increase patient's quality of life and potential return to functionality. The value pharmacists can add in mental health patient care is largely unacknowledged by the health care community. Therefore, advocacy for greater involvement of pharmacists in mental health services is needed.

As pharmacists interact with patients who have mental disorders on a regular basis, this professional culture has significant implications, such as social marginalization and non-adherence. Having more training within the
pharmacy school curriculum and in post-graduate training programs would help make pharmacists and student pharmacists more comfortable speaking to patients about their mental health. Given the predicted increase of clinical pharmacy outpatient positions in the future, pharmacists will likely be managing medications for all primary care chronic problems, including mental health disorders. Thus, student pharmacists must be aware of the increasing need to address mental health issues. Programs must complement the traditional focus on pharmacotherapy with evidence-based approaches to reduce mental health stigma.

For example, the Samford University McWhorter School of Pharmacy APhA-ASP Chapter has created Operation Mental Health, which has been able to add depression screenings and mental health public health awareness material to their health screenings. The University of Texas at Austin College of Pharmacy APhA-ASP Chapter also created an Operation Brain, which has been focused on mental health and worked closely with a local women’s shelter. With such activities already being seen in our schools and colleges of pharmacy, it is clear that the need for mental health is being seen by student pharmacists.

References:

REASSESSMENT OF CURRENT APhA-ASP RESOLUTIONS

The APhA-ASP Resolutions Committee (comprised of the eight Regional Delegates and chaired by the APhA-ASP Speaker of the House) met during the January Business Meeting in Washington, DC, January 6-8, 2017. As part of the committee’s charges, each member reviews the proposed resolutions that were passed during the APhA-ASP Midyear Regional Meeting Closing Business Sessions. This year, the Committee noted that several proposals were related to topics that are already addressed in APhA-ASP’s Adopted Resolutions. During their deliberations, the committee did not see a need to introduce new proposed resolutions on these topics. However, the committee felt strongly that two topics should be given deliberate consideration by the Academy and APhA-ASP Policy Standing Committee during 2017-2018.

Therefore, the APhA-ASP Resolutions Committee would like to make the following motions for the APhA-ASP House of Delegates to discuss and debate.

Motion 2017.5 – Pharmacy Benefit Manager Transparency
Motion 2017.6 – Prescription Drug Monitoring Programs
PHARMACY BENEFIT MANAGER TRANSPARENCY

Motion 2017.5 – Pharmacy Benefit Manager Transparency
The APhA-ASP Resolutions Committee recommends that the APhA-ASP Policy Standing Committee addresses the issue of “Pharmacy Benefit Managers” as part of their charge for 2017-2018; and we so move.

APhA-ASP Adopted Resolutions on Pharmacy Benefit Managers:

1988.2 - Pharmacists' Involvement in Financially Viable Reimbursement Policies
APhA-ASP encourages the direct involvement of pharmacists in determining financially viable reimbursement policies with third party payors.

1993.1 - Reimbursement for Patient Care Services
APhA-ASP encourages all national and state pharmacy organizations to work with all third party plans, health maintenance organizations, and private health insurers to develop criteria and mechanisms of reimbursement for patient care services, in particular cognitive services.

1993.3 - Equal Access for Patients and Providers
APhA-ASP strongly supports equal access for patients to providers of health care services and a provider's right to be offered participation in governmental or other third party programs under equal terms and conditions.

2004.2 - Pharmacy Benefit Managers
1. APhA-ASP encourages legislation that would require pharmacy benefit managers (PBMs) to disclose the rationale behind their therapeutic selections including business practices and fiscal implications.
2. APhA-ASP opposes any actions that compromise a patient’s choice of where to receive pharmacy services with equal benefits, co-pays, and access to patient care.

2012.4 - Pharmacy Benefit Manager (PBM) Practices
1. APhA-ASP supports regulation of PBM and insurance company audit practices and encourages the implementation of a national standardized audit procedure to include, but not be limited to, audit timeframes, a written appeals process, documentation requirements, and adherence to fair business practices.
2. APhA-ASP encourages all PBMs and insurance companies to notify patients prior to any changes or modifications in their plan that may include, but not be limited to, reaching their coverage gap, formulary adjustments, prior authorizations, and tier changes. The notification should be in a manner that is standardized, comprehensive, and easy to understand for all patient populations.

PRESCRIPTION DRUG MONITORING PROGRAMS

Motion 2017.6 – Prescription Drug Monitoring Programs
The APhA-ASP Resolutions Committee recommends that the APhA-ASP Policy Standing Committee addresses the issue of “Prescription Drug Monitoring Programs” as part of their charge for 2017-2018; and we so move.

APhA-ASP Adopted Resolutions on Prescription Drug Monitoring Programs:

2008.6 - National Controlled Substances Registry
APhA-ASP reaffirms APhA-ASP Resolution 2006.2 and furthermore supports the implementation of a national electronic controlled substances registry in an effort to balance the need for patient access to prescription medications for legitimate medical purposes with the need to prevent diversion and abuse. This registry should be accessible by all healthcare professionals.