

Actions of the ASHP Board of Directors— Meeting of April 16–18, 2008

Am J Health-Syst Pharm. 2008; 65:e34-5

This meeting of the Board was held in Bethesda, Maryland. The following members of the Board were present: Janet A. Silvester, Chair; Kevin J. Colgan, Vice Chair; Cynthia Brennan; Paul W. Abramowitz; Diane B. Ginsburg; Teresa J. Hudson; Stanley S. Kent; Lynnae M. Mahaney; Sheila L. Mitchell; Kathryn R. Schultz; James G. Stevenson; and Henri R. Manasse, Jr., Secretary. Also present were John A. Armitstead, Board member elect; Janet L. Mighty, Board member elect; and various ASHP staff members. Section and forum executive committee chairs participated in the planning retreat on April 16–17.

The following is a summary of actions taken by the Board.

- Reviewed reports of Board members and officers who had represented ASHP at various meetings.
- Ratified the e-mail ballot approval of the minutes of the January 17–18, 2008, meeting of the Board.
- Ratified the e-mail ballot approval of appointments to councils and other components of ASHP.
- Ratified the e-mail ballot approval of 20 individuals for recognition as Fellows of the American Society of Health-System Pharmacists.
- Ratified the e-mail ballot approval of the ASHP Statement on Standards-Based Pharmacy Practice.
- Ratified the e-mail ballot approval of the ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive.
- Ratified the e-mail ballot approval of the proposed changes to an action

approved at the January 2008 meeting dealing with disclosure of excipients in drug products and celiac disease.

- Ratified the e-mail ballot approval of the ASHP Statement on Confidentiality of Patient Health Care Information.
- Ratified the e-mail ballot approval of the ASHP Statement on Criteria for an Intermediate Category of Drug Products.
- Ratified the e-mail ballot approval of the ASHP Statement on Bar-Code-Enabled Point-of-Care Technology.
- Reviewed policies adopted at the recent house of delegates session of the American Pharmacists Association.
- Reviewed a summary of the February 1, 2008, meeting of the Federal Pharmacy Consultants Advisory Group.
- Reviewed a summary of the February 5, 2008, meeting of the Pharmacy Technician Advisory Group.

Committee on Finance and Audit

- Approved the fiscal year 2009 core and program development budgets.
- Agreed to increase the ASHP membership dues from \$235 to \$240 and the student rate from \$35 to \$38, effective January 1, 2009.
- Approved the firm Tate and Tyron as auditors of ASHP for the fiscal year ended May 31, 2008.
- Agreed to make several adjustments in the mix of types of investments in the long-term investment and pension portfolios.
- Agreed to fund from net assets the FY2008 expense associated with leasing approximately 3,000 square feet of additional office space.
- Agreed to make a donation to the American Pharmacists Association

(APhA) campaign, “Bringing Your Medicines to Life,” which will establish the Center for Pharmacist-Based Health Solutions in the new headquarters building of APhA.

Commission on Credentialing

- Agreed to accept all Voted actions that address ASHP accreditation of pharmacy residency programs and pharmacy technician training programs and the credentials of program directors from the Commission on Credentialing meeting of March 6–9, 2008.
- Agreed to accept Voted actions from the Commission on Credentialing meeting of March 6–9, 2008, that relate to the approval of required and elective educational outcomes, goals, objectives, and instructional objectives for the following types of postgraduate year two (PGY2) residency programs: pediatrics, internal medicine, geriatrics, cardiology, drug information, nutrition support, and nuclear pharmacy; further, to approve the elective educational outcome, “Demonstrate skills required to function in an academic setting,” and the corresponding educational goals, objectives, and instructional objectives for PGY2 pharmacy residency programs.
- Approved the policy and procedure adopted by the Commission on Credentialing for submitting accreditation-standard violation complaints to ASHP.

ASHP Planning Retreat

- Members of the Board, chairs of section and forum executive committees, and selected staff participated in the annual ASHP Planning Retreat.
- Identified changes to be made in the ASHP Leadership Agenda for 2008–2009.

ASHP Research and Education Foundation

- Approved a list of potential candidates for appointment as public members to the ASHP Foundation Board of Directors.

Commission on Affiliate Relations

- Agreed to grant the Hawaii Academy of Health-System Pharmacists full affiliation status with ASHP in accordance with ASHP's governing documents and the ASHP Guidelines for Affiliation with State Organizations.
- Agreed to grant the Puerto Rico Commission of Health-System Pharmacists full affiliation status with ASHP in accordance with ASHP's governing documents and the ASHP Guidelines for Affiliation with State Organizations.
- Agreed to grant the Acute Care Practice Forum of the North Carolina Association of Pharmacists full affiliation status with ASHP in accordance with ASHP's governing documents and the ASHP Guidelines for Affiliation with State Organizations.

Uniform State Laws and Regulations Regarding Pharmacy Technicians

- Agreed to advocate that pharmacy move toward the following model with respect to technicians as the optimal approach to protecting public health and safety: (1) development and adoption of uniform state laws and regulations regarding pharmacy technicians; (2) mandatory completion of an ASHP-accredited program of education and training as a prerequisite to pharmacy technician certification; and (3) mandatory certification by the Pharmacy Technician Certification Board as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state; further, to advocate registration of pharmacy technicians by state

boards of pharmacy; further, to advocate, with respect to certification, as an interim measure until the optimal model is fully implemented, that individuals be required either (1) to have completed an ASHP-accredited program of education and training or (2) to have at least one year of full-time equivalent experience as pharmacy technicians before they are eligible to become certified; further, to advocate that licensed pharmacists be held accountable for the quality of pharmacy services provided and the actions of pharmacy technicians under their charge. (Note: Certification is the process by which a non-governmental agency or association grants recognition to an individual who has met certain predetermined qualifications specified by that agency or association. Registration is the process of making a list or being enrolled in an existing list; registration should be used to help safeguard the public through interstate and intrastate tracking of the technician work force and preventing individuals with documented problems from serving as pharmacy technicians.)

(Note: This policy would supersede ASHP policy 0412.)

Other Actions

- Reviewed highlights from the February 2008 Commission on Goals meeting.
- Reviewed plans for publishing the results of the ASHP and AACP Joint Study of Capacity for Experiential Learning in Hospitals and Health Systems.
- Reviewed recent discussions of the Joint Commission of Pharmacy Practitioners.
- Reviewed key activities of the Pharmacy Quality Alliance and the National Quality Forum.
- Reviewed various trends and developments regarding affiliated state societies.

- Reviewed steps that had been taken to prepare for a successful session of the House of Delegates in June 2008.
- Reviewed preparations for the 2008 Summer Meeting.
- Reviewed recent activities of the executive committees of sections and forums.
- Agreed to create an ASHP Task Force on Caring for Patients Served by Specialty Suppliers; further, to request that the Task Force analyze (1) the effect on patient care when a hospital or health system is requested to administer medications or use medication-administration devices that have been supplied directly to the patient by external sources and (2) the factors that are fostering this practice; further, to request that the Task Force recommend any activities that ASHP should consider related to this issue (e.g., policy development, advocacy, information or resources for practitioners); further, to request the executive committees of the Section of Pharmacy Practice Managers and the Section of Home, Ambulatory, and Chronic Care Practitioners to review and comment on the analysis and recommendations of the Task Force before it submits its final report to the Board of Directors.
- Agreed to routinely appoint a member of the Executive Committee of the Section of Pharmacy Practice Managers as a liaison to the Council on Pharmacy Management.
- Reviewed recent activities of the Pharmacy Technician Certification Board.
- Reviewed recent activities of the Council on Credentialing in Pharmacy.
- Addressed in executive session several confidential matters, including disclosure statements regarding potential conflicts of interest.

The next meeting is scheduled for June 7, 2008, in Seattle, Washington.

Actions of the ASHP Board of Directors— Meeting of June 7 and June 10, 2008

Am J Health-Syst Pharm. 2008; 65:e52

This meeting of the Board was held in Seattle, Washington, at the Washington State Convention and Trade Center. The following members of the Board were present: Janet A. Silvester, Chair; Kevin J. Colgan, Vice Chair; Paul W. Abramowitz; Cynthia Brennan; Teresa J. Hudson; Stanley S. Kent; Lynnae M. Mahaney; Sheila L. Mitchell; Kathryn R. Schultz; James G. Stevenson; and Henri R. Manasse, Jr., Secretary. Also present were John A. Armitstead, Board Member Elect; Janet L. Mighty, Board Member Elect; and various ASHP staff members.

The following is a summary of actions taken by the Board:

- Reviewed reports of officers and Board members who had represented ASHP in various activities.
- Ratified the ballot memorandum on e-mail approval of the minutes of the April 16–18, 2008, meeting of the Board.
- Ratified the ballot memorandum on e-mail approval of the 2008–2009 Leadership Agenda.
- Ratified the ballot memorandum entitled, “Antithrombotics and Thrombolytic Therapy: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines, 8th Edition.”
- Agreed on Board of Directors positions on proposed professional policies that were amended at the first meeting of the 2008 House of Delegates Session.
- Agreed to recommend that the House of Delegates adopt the Resolution entitled, “Alternative Drug Coding Systems.”
- Reviewed plans for the IV Safety Summit: Preventing Harm and Death from Misuse of Intravenous Medications, an invitational conference that was scheduled for July 2008.
- Reviewed a report on plans to retain a public affairs consultant to raise the awareness of public policy makers about the qualitative distinctions among sources of drug information.
- Reviewed a report on the results of the April 16–17, 2008, ASHP Planning Retreat.
- Reviewed recent activities of the executive committees of ASHP sections and forums.
- Reviewed items of interest from the May 8, 2008, meeting of the Joint Commission of Pharmacy Practitioners.
- Reviewed preliminary financial results for the fiscal year that ended May 31, 2008.
- Reviewed recent activities of the Council on Credentialing in Pharmacy.
- Reviewed recent activities of the Pharmacy Technician Certification Board.
- Reviewed an update on activities of the ASHP Research and Education Foundation.
- Recognized the service on the Board of Directors of Dr. Brennan, Ms. Ginsburg, Ms. Mahaney, and Dr. Hudson.
- Addressed in executive session several confidential matters including evaluation of the performance of the Executive Vice President; performance objectives for the Executive Vice President for 2009; and organizational bonus goals for 2009.

The next meeting is scheduled for September 26, 2008, in Bethesda, Maryland.

Actions of the ASHP Board of Directors— Meeting of September 25–26, 2008

This meeting of the Board of Directors was held in Bethesda, Maryland. The following members of the Board were present: Kevin J. Colgan, Chair; Lynnae M. Mahaney, Vice Chair; Paul W. Abramowitz, Treasurer; John A. Armitstead; Teresa J. Hudson; Janet L. Mighty; Sheila L. Mitchell; Kathryn R. Schultz; Janet A. Silvester; James G. Stevenson; and Henri R. Manasse Jr., Secretary. Also present were Lisa M. Gersema, Board Member Elect; and various ASHP staff members.

Following is a summary of actions taken by the Board:

- Approved the minutes of the June 7 and June 10, 2008, meetings.
- Approved the ASHP Statement on Therapeutic Monitoring of Vancomycin in Adult Patients: A Consensus Review.
- Approved the ASHP Therapeutic Position Statement on Cessation of Tobacco Use.
- Approved the 2008 Audited Consolidated Financial Statements, the 2008 Management Letter to the Board, and the 2008 Required Communication Letter as prepared by the audit firm of Tate & Tryon.
- Agreed to fund the Task Force on Science meeting from the Society's net assets.
- Agreed to fund the Task Force on Caring for Patients Served by Specialty Suppliers from the Society's net assets.
- Agreed to fund a planning task force related to the Pharmacy Practice Model Multi-Disciplinary Summit from the Society's net assets.
- Approved all actions of the Commission on Credentialing that address ASHP accreditation of pharmacy residency programs and pharmacy technician training programs from the Commission's meeting of August 11–13, 2008.
- Approved the creation of a task force consisting of members of the Commission on Credentialing and staff of the Accreditation Services Division to study the length of and standards used in residency program accreditation.
- Approved continued refinement of operations and development tools that streamline and otherwise improve the residency accreditation process.
- Approved the development and implementation of a robust education plan for helping established and new pharmacy residencies improve their training programs.
- Approved submission to the Board of Pharmaceutical Specialties of the petition jointly prepared by ASHP, the American College of Clinical Pharmacy, and the American Pharmacists Association for the specialty recognition of ambulatory care pharmacy practice.
- Received a status report on the metrics associated with the enhanced advocacy effectiveness initiative.
- Reviewed, in executive session, a draft policy on ASHP acceptance of corporate support.
- Received reports from several Board members who participated in the 2008 meeting of the International Pharmaceutical Federation (FIP) in Basel, Switzerland.
- Received a report on the components of a global vision for hospital pharmacy.
- Reviewed a report on action plans associated with the ASHP Leadership Agenda.
- Received a report on the August 22–24, 2008, New Practitioners Conference.
- Received a report on the August 14, 2008, Joint Commission of Pharmacy Practitioners meeting.
- Reviewed recent activities of the Council on Credentialing in Pharmacy.
- Reviewed recent activities of the ASHP Research and Education Foundation.
- Received a report on mechanisms ASHP is using to strengthen and partner with state affiliates.
- Received a report on the steps ASHP and partners from the ASHP IV Safety Summit are taking to implement the recommendations from the Summit.
- Reviewed the minutes of the August 14, 2008, meeting of the Membership Development Advisory Group.
- Awarded William A. Zellmer Honorary ASHP Membership.
- Reviewed major issues discussed by ASHP councils and the Commission on Affiliate Relations during Policy Week.
- Reviewed the activities of ASHP's 2008 Legislative Day.
- In executive session, reviewed several confidential matters, including disclosure of potential conflicts of interest, performance of the Executive Vice President, credentialing in pharmacy, follow-up on the July 2008 Board–Corporate Group retreat, and electronic voting in the ASHP House of Delegates.

The next meeting of the Board of Directors is scheduled for January 15–16, 2009, in Bethesda, Maryland.

Actions of the ASHP Board of Directors— Meeting of January 15–16, 2009

Am J Health-Syst Pharm. 2009; 66:exx-xx

This meeting of the Board was held in Bethesda, Maryland. The following members of the Board were present: Kevin J. Colgan, Chair; Lynnae M. Mahaney, Vice Chair; Paul W. Abramowitz; John A. Armistead; Teresa J. Hudson; Stanley S. Kent; Janet L. Mighty; Sheila L. Mitchell; Kathryn R. Schultz; Janet A. Silvester; James G. Stevenson; Henri R. Manasse, Jr., Secretary. Also present were Wayne S. Bohenek, Board Member Elect; Lisa M. Gersema, Board Member Elect; and various ASHP staff members.

The following is a summary of actions taken by the Board:

- Ratified the summary of the mail ballot approving the minutes of the September 26, 2008, meeting of the Board.
- Ratified the summary of the mail ballot approving the minutes of the December 11, 2008, Executive Session of the Board.
- Ratified the November 18, 2008, ballot memorandum approving the ASHP Policy on Accepting Corporate Support and Avoiding Conflicts of Interest.
- Ratified the January 5, 2009, ballot memorandum approving the ASHP Principles for Health Care Reform.

Board Committees

- Approved the position classification changes and salary adjustments recommended by PRM Consulting.
- Reviewed minutes of the October 23, 2008, meeting of the Committee on Publications.

Affiliate Relations

- Reviewed the minutes of the September 23–24, 2008, meeting of the Commission on Affiliate Relations.
- Agreed to grant continuing affiliation to the Iowa Pharmacy Association (IPA) under the terms agreed upon; further, to reassess the affiliation status of IPA on the basis of review of a status report in two years.
- Agreed to grant continuing affiliation to the Pharmacy Society of Wisconsin (PSW) under the terms agreed upon; further, to reassess the affiliation status of PSW on the basis of review of a status report in two years.

Council on Education and Workforce Development

- Agreed to encourage colleges of pharmacy to require student learning experiences in traditionally medically underserved areas and with diverse patient populations.
- Agreed to foster innovative models for involving pharmacy students in the provision of care to medically underserved populations; further, to publish and promote best practices, tools, and resources supporting pharmacy student education and preceptor development in the provision of pharmacist services to underserved populations.
- Agreed to encourage colleges of pharmacy to include medication safety instruction as part of both the didactic curriculum and during experiential education.
- Agreed to encourage colleges of phar-

macy to include sterile compounding and aseptic technique instruction as part of both the didactic curriculum and during experiential education; further, to support the development of post-graduate, curriculum-based sterile compounding training programs to foster an increase in the number of pharmacists with sterile compounding expertise.

- Agreed to endorse and promote the concept of continuing professional development (CPD), which involves personal self-appraisal, educational plan development, plan implementation, documentation, and evaluation; further, to continue the development of a variety of mechanisms and tools that pharmacists can use to assess their CPD needs; further, to encourage individual pharmacists to embrace CPD as a means of maintaining their own professional competence; further, to encourage pharmacy managers to promote CPD as the model for ensuring the competence of their staff; further, to collaborate with other pharmacy organizations, state boards, accrediting bodies, and regulatory bodies in the development of effective methods for implementing CPD; further, to strongly support objective assessment of the impact of CPD on pharmacist competency; further, to endorse the efforts of colleges of pharmacy and ASHP-accredited pharmacy residency programs to teach the principles, concepts, and skills of CPD. (Note: This policy would supersede ASHP policy 0408.)
- Agreed to continue efforts to increase the number of ASHP-accredited pharmacy residency training programs and positions available. (Note: This policy would supersede policy 9911.)

Council on Pharmacy Management

- Agreed to affirm the importance of an organizational structure in hospitals and health systems that places administrative, clinical, and operational responsibility for the pharmacy department under a pharmacist leader; further, to affirm the role of the pharmacist leader in oversight and supervision of all pharmacy personnel; further, to recognize the emerging role of nonpharmacists in leadership and management roles in pharmacy departments. (Note: This policy would supersede ASHP policy 0606.)
- Agreed to affirm the professional responsibility of the pharmacist to ensure patient safety through communication with other health professionals to clarify and improve medication orders; further, to advocate that hospitals and health systems adopt zero-tolerance policies for intimidating or disruptive behaviors; further, to encourage hospitals and health systems to develop and implement education and training programs for all health professionals to encourage effective communication and discourage intimidating or disruptive behaviors; further, to encourage colleges of pharmacy and residency training programs to incorporate training in communications and managing intimidating or disruptive behaviors; further, to collaborate with other organizations to pursue strategies to advocate codes of conduct that minimize intimidating or disruptive behavior.
- Agreed to encourage federal agencies, the pharmaceutical industry, pharmacy and medical software providers, and purveyors of clinical data repositories and drug databases to explore the potential benefits of supplementing or modifying the National Drug Code with a coding system that can be effectively used to support patient care, research, and financial management; further, to encourage that such a coding system encompass prescrip-

tion drug products, nonprescription medications, and dietary supplements and include both active and inactive ingredients. (Note: This policy would supersede ASHP policy 0801.)

- Agreed to strongly advocate key decision roles for pharmacists in the planning, selection, design, implementation, and maintenance of pharmacy information systems, electronic health records, computerized provider order entry systems, and e-prescribing systems to facilitate clinical decision support, data analysis, and education of users for the purpose of ensuring the safe and effective use of medications; further, to advocate for incentives to encourage the adoption of these patient care technologies. (Note: This policy would supersede ASHP policy 0203.)
- Agreed to reaffirm ASHP policy 0403, Scope and Hours of Pharmacy Services.
- Agreed to reaffirm ASHP policy 0404, Standardization, Automation, and Expansion of Manufacturer-Sponsored Patient-Assistance Programs.
- Agreed to reaffirm ASHP policy 0406, Workload Monitoring and Reporting.
- Agreed to reaffirm ASHP policy 0407, Documentation of Pharmacist Patient Care Services.
- Agreed to reaffirm policy 9901, Fostering Pharmacy Leadership.
- Agreed to reaffirm ASHP policy 9902, Compliance with Governmental Payment Policies.
- Agreed to reaffirm ASHP policy 9903, Optimizing the Medication-Use Process.
- Agreed to reaffirm policy 0409, Cultural Diversity Among Health Care Providers.
- Agreed to ratify the January 5, 2009, ballot memorandum approving the ASHP Guidelines on Managing Drug Product Shortages.

Council on Pharmacy Practice

- Agreed to encourage expansion of geriatric health care services; further, to foster expanded roles for pharmacists in caring for geriatric patients; fur-

ther, to support successful innovative models of team-based geriatric care; further, to encourage expansion of the number of ASHP-accredited geriatric pharmacy residency programs.

- Agreed not to approve the following recommendation: to explore opportunities to work collaboratively with other pharmacy organizations to develop approaches that address potential conflicts of interest that might arise for pharmacists who dispense medications under an intermediate category model; further, to advocate for the creation of documentation systems for pharmacist dispensing of intermediate category medications and to require a quality assurance program, such as peer review, to ensure that the medications are provided in a manner that is safe and appropriate and adheres to ethical standards.
- Agreed to work closely with regulatory bodies and appropriate organizations to develop standards that address pharmaceutical hazardous waste as defined in the Resource Conservation and Recovery Act (RCRA), for the purpose of simplifying the disposal of these substances in health systems; further, to encourage pharmaceutical manufacturers and the Environmental Protection Agency (EPA) to provide guidance and assistance to health systems in their pharmaceutical waste-destruction and waste-recycling efforts; further, to advocate that EPA update the list of hazardous substances under RCRA and establish a process for maintaining a current list; further, to urge federal, state, and local governments to harmonize regulations regarding disposal of hazardous pharmaceutical waste; further, to advocate that the Food and Drug Administration standardize labeling of drug products with information that helps direct those products into the appropriate waste stream; further, to promote awareness of pharmaceutical waste regulations within health systems; further, to encourage research on the environmental and public

health impacts of drug products and metabolites excreted in human waste; further, to encourage pharmaceutical manufacturers to streamline packaging of drug products to reduce waste materials. (Note: This policy would supersede ASHP policy 0231.)

- Agreed not to approve the following recommendation: to develop resources for pharmacists regarding pharmaceutical waste disposal that engage the expertise of an industrial hygienist and provide guidance on the disposal of other drugs in addition to hazardous drugs.
- Agreed to advocate that the Centers for Medicare and Medicaid Services (1) revise the requirement in the Hospital Conditions of Participation that all medication orders automatically stop after an arbitrarily assigned period to include other options to protect patients from indefinite, open-ended medication orders, and (2) revise the remainder of the medication management regulations and interpretive guidelines to be consistent with this practice.
- Agreed to develop resources for pharmacists on how to handle Food and Drug Administration (FDA) drug safety alerts, including a decision tool for interpreting alerts, determining the appropriate response, and communicating the appropriate actions to individuals or groups in organizations; further, to provide educational programming on pharmacovigilance and pharmacoepidemiology that focuses on the pharmacist's role in managing drug safety alerts, including evaluating, interpreting, and responding to alerts; further, to provide regular updates to ASHP members on the progress of the FDA Sentinel Initiative, with analysis of implications for pharmacists, including effects on day-to-day practice.
- Agreed to reaffirm ASHP policy 0401, Pharmaceutical Counterfeiting.
- Agreed to reaffirm ASHP policy 0402, Ready-to-Use-Packaging for All Settings.
- Agreed to reaffirm ASHP policy 9920,

Telepharmacy.

- Agreed to reaffirm ASHP policy 9921, Pharmacist Validation of Information Related to Medications.
- Agreed to reaffirm ASHP policy 9819, Role of Pharmacists and Business Leaders in Health Care Services and Policies.
- Agreed to reaffirm ASHP policy 9608, Use of Color to Identify Drug Products.
- Agreed to reaffirm ASHP policy 8708, Therapeutic Interchange.
- Agreed to reaffirm ASHP policy 8612, International System of Units.
- Agreed to reaffirm ASHP policy 9915, ASHP Position on Assisted Suicide.
- Agreed to reaffirm ASHP policy 8410, Use of Drugs in Capital Punishment.
- Agreed to reaffirm the ASHP Statement on the Pharmacist's Role in Clinical Pharmacokinetic Monitoring.
- Agreed to reaffirm the ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance.
- Agreed to reaffirm the ASHP Statement on the Pharmacist's Role in the Care of Patients with HIV Infection.
- Agreed to reaffirm the ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness.
- Agreed to reaffirm the ASHP Statement on Pharmacist's Decision-making on Assisted Suicide.
- Agreed to reaffirm the ASHP Guidelines on Documenting Pharmaceutical Care in Patient Medical Records.
- Agreed to reaffirm the ASHP Guidelines on Pharmaceutical Services in Correctional Facilities.
- Agreed to reaffirm the ASHP Guidelines on the Pharmacist's Role in Immunization.
- Agreed to reaffirm the ASHP Guidelines on Pharmacy-Prepared Ophthalmic Products.

Council on Public Policy

- Agreed to advocate expansion of collaborative drug therapy management (CDTM) practices in which the prescriber and the licensed pharmacist

agree upon the conditions under which the pharmacist monitors and adjusts a patient's drug therapy; further, to acknowledge that as a step toward the goal of universal recognition of and payment for pharmacist CDTM services, public or private third-party payers may require licensed pharmacists to demonstrate their competency to provide CDTM, before the payers authorize them to engage in or be paid for such clinical services; further, to support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist's competency to provide CDTM and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further, to support the use of clinical privileging by hospitals and health systems to assess a licensed pharmacist's competency to engage in CDTM within the hospital or health system; further, to advocate that state boards of pharmacy apply the principles of continuous quality improvement in assessing the quality, safety, and outcomes of CDTM. (Note: *Privileging* is the process by which an oversight body of a health care organization or other appropriate provider body, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that setting.) (Note: This policy would supersede ASHP policy 0318.)

- Agreed to encourage the development of safe and effective follow-on biological medications in order to make such medications more affordable and accessible; further, to encourage research on the safety, effectiveness, and interchangeability of follow-on biological medications; further, to support legislation and regulation to allow Food and Drug Administration approval of follow-on biological med-

ications; further, to require postmarketing surveillance for all follow-on biological medications to ensure their continued safety, effectiveness, purity, quality, identity, and strength; further, to advocate for adequate reimbursement for biological medications that are deemed interchangeable. (Note: Follow-on biological medications are also referred to as biosimilars, follow-on protein products, biogenerics, comparable biologicals, and generic biopharmaceuticals.) (Note: This policy would supersede ASHP policy 0519.)

- Agreed to encourage the Food and Drug Administration (FDA) and relevant state authorities to take the steps necessary to ensure that (1) all drug products entering the supply chain are thoroughly inspected and tested to establish that they have not been adulterated or misbranded and (2) patients will not receive improperly labeled and packaged, deteriorated, outdated, counterfeit, adulterated, or unapproved drug products; further, to encourage FDA and relevant state authorities to develop and implement regulations to (1) restrict or prohibit licensed drug distributors (drug wholesalers, repackagers, and manufacturers) from purchasing legend drugs from unlicensed entities and (2) ensure accurate documentation at any point in the distribution chain of the original source of drug products and chain of custody from the manufacturer to the pharmacy; further, to advocate the establishment of meaningful penalties for companies that violate current good manufacturing practices (cGMPs) intended to ensure the quality, identity, strength, and purity of their marketed drug product(s) and raw materials; further, to urge Congress and state legislatures to provide adequate funding, or authority to impose user fees, to accomplish these objectives. (Note: This policy would supersede ASHP policy 0722.)
- Agreed to advocate for adequate funding for the Health Resources and Services Administration (HRSA) Of-

fice of Pharmacy Affairs to support its public health mission of providing the national leadership, program resources, and services needed to improve access to culturally competent, quality care; further, to support initiatives of the Office of Pharmacy Affairs, including the 340B Drug Pricing Program and innovative pharmacy service models that improve patient safety, quality of care, and health outcomes in HRSA-funded programs.

- Agreed to advocate to health policymakers, payers, and other stakeholders for the inclusion of pharmacists as an integral care provider within the health care (medical) home model; further, to ensure that there are appropriate reimbursement mechanisms for the care that pharmacists provide (including care coordination services) within the health care home model; further, to advocate to CMS that pharmacists be included in demonstration projects for the health care home model; further, to encourage comparative effectiveness research and measurement of key outcomes (e.g., cost, quality, access, clinical) for pharmacist inclusion in the health care model.
- Agreed to advocate that state governments, including legislatures and boards of pharmacy, adopt laws and regulations that harmonize the practice of pharmacy across state lines in order to provide a consistent, transparent, safe, and accountable framework for pharmacy practice.
- Agreed to encourage pharmacists to exert leadership in establishing a non-threatening, confidential atmosphere in their workplaces to encourage pharmacy staff and others to report actual and suspected medication errors in a timely manner; further, to provide leadership in supporting a single, comprehensive medication error reporting program that (1) fosters a confidential, nonthreatening, and nonpunitive environment for the submission of medication error reports; (2) receives and analyzes these confidential reports to identify system-

based causes of medication errors or potential errors; and (3) recommends and disseminates error prevention strategies; further, to provide leadership in encouraging the participation of all stakeholders in the reporting of medication errors to this program. (Note: This policy would supersede ASHP policy 9918.)

- Agreed to reaffirm ASHP policy 0411, Compounding by Health Professionals.
- Agreed to reaffirm ASHP policy 0413, Importation of Pharmaceuticals.
- Agreed to reaffirm ASHP policy 0414, Home Intravenous Therapy Benefit.
- Agreed to reaffirm ASHP policy 9919, Management of Blood Products and Derivatives.
- Agreed to reaffirm ASHP policy 9011, Drug Nomenclature.

Council on Therapeutics

- Agreed to support the development and use of standardized concentrations of heparin for maintenance and flush of peripheral and central venous lines in neonatal patients; further, to advocate that hospitals and health systems use manufacturer-prepackaged heparin flush products to improve the safe use of heparin in neonatal patients.
- Agreed to establish, in conjunction with the ASHP Section of Pharmacy Informatics and Technology, a multidisciplinary group or meeting that includes representatives of professional associations, drug information publishers, and software companies to develop consistent standards for the development and inclusion of drug interaction information in clinical decision-support systems.
- Agreed to discontinue the ASHP Therapeutic Position Statement on Strict Glycemic Control in Patients with Diabetes.

Other Actions

- Approved unanimously the following individual as recipient of the ASHP Donald E. Francke Medal: William A. Zellmer.

- Approved unanimously the following individual as ASHP Honorary Member: Fela Viso Gurovich.
- Approved unanimously the following individual as recipient of the ASHP Board of Directors Award of Honor: Carolyn Clancy.
- Approved unanimously the following individual as recipient of the ASHP Award for Distinguished Leadership in Health-System Pharmacy: Douglas Miller.
- Approved unanimously the following individual as recipient of the ASHP Award of Excellence: Christopher Hatwig.
- Agreed to approve the memorandum of understanding with the Accreditation Council for Pharmacy Education.
- Reviewed a comprehensive staff report on implementation of the ASHP Leadership Agenda.
- Reviewed the recommendations that resulted from the September 17, 2008, meeting of the ASHP Task Force on Science.
- Reviewed recent activities of the ASHP Research and Education Foundation.
- Received reports on the 2008 ASHP Conference for Leaders in Health-System Pharmacy.
- Reviewed recent activity of the Council on Credentialing in Pharmacy.
- Reviewed several notable achievements of the Pharmacy Technician Certification Board.
- Reviewed the most recent meeting of the National Conference of Pharmaceutical Organizations.
- Reviewed a report of the November 2008 meeting of the ASHP Task Force on Caring for Patients Served by Specialty Suppliers.
- Reviewed recent activities of the Joint Commission of Pharmacy Practitioners.
- Reviewed recent activities of the ASHP sections and forums.
- Addressed in executive session several confidential corporate and budgetary matters.
- Received reports by individual Board members and members-elect on their perspectives on national health care reform.

The next meeting is scheduled for April 17, 2009, in Bethesda, Maryland, and will include the annual ASHP Planning Retreat.

The Board of Directors agreed to reaffirm or to recommend discontinuation of certain ASHP policies, which are designated in this report by the title of the policy and the policy number. The text of these policies may be found on the ASHP Web site (ashp.org) under the “Practice and Policy” tab on the home page.