

House of Delegates

REPORT ON IMPLEMENTATION OF 2018

ASHP HOUSE OF DELEGATES ACTIONS AND RECOMMENDATIONS

Council on Pharmacy Management 1801: Unit Dose Packaging Availability

To advocate that pharmaceutical manufacturers provide all medications used in health systems in unit dose packages or, when applicable, in packaging that reduces medication waste; further,

To urge the Food and Drug Administration to support this goal in the interest of public health and healthcare worker and patient safety.

This policy supersedes ASHP policy 0309.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Management 1802: Gene Therapy

To assert that health-system decisions on the selection, use, and management of gene therapy agents should be managed as part of the medication formulary system in that (1) decisions are based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, comparative effectiveness, and pharmacoeconomic factors that result in optimal patient care; and (2) such decisions must include the active and direct involvement of physicians, pharmacists, and other appropriate healthcare professionals; further,

To advocate that gene therapy be documented in the permanent patient health record; further,

To advocate that documentation of gene therapy in the permanent patient health record accommodate documentation by all healthcare team members, including pharmacists.

This policy supersedes ASHP policy 0103.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

[Biomarkers 101 - Webinar](#)

[Gene Replacement and Gene Modifying Therapies: Therapeutics and Safety for Pharmacists](#)

[Pharmacogenomics Certificate Program](#)

[Live Webinar: Ask the Experts: Key Considerations in Using Viral Vector Gene Therapies](#)

[Advancing pharmacy practice by reducing gaps in pharmacogenetic education \(AJHP\)](#)

Council on Public Policy 1803: Confidence in the U.S. Drug Approval and Regulatory Process

To support and foster legislative and regulatory initiatives designed to improve public and professional confidence in the drug approval and regulatory process in which all relevant data are subject to public scrutiny.

This policy supersedes ASHP policy 9010.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. ASHP staff serve in a leadership role with FDA and industry on REMS standardization and codification to electronically optimize prescription processing of REMS drugs. For example, operating under an MOU between FDA and ASHP, staff provided expert advice on possible waivers for Abbreviated New Drug Application (ANDA) holders for requirement to develop a single shared REMS with the reference listed drug holder (innovator). ASHP has been active in advocating with FDA regarding 503A and 503B compounding. ASHP submitted comments on FDA Draft Guidance: Current Good Manufacturing Practice—Guidance for Human Drug Compounding Facilities under Section 503B of the FD&C Act.

Council on Therapeutics 1804: Drug Dosing in Conditions that Modify Pharmacokinetics or Pharmacodynamics

To encourage research on the pharmacokinetics and pharmacodynamics of drugs in acute and chronic conditions; further,

To advocate healthcare provider education and training that facilitate optimal patient-specific dosing in populations of patients with altered pharmacokinetics and pharmacodynamics; further,

To support development and use of standardized models, laboratory assessment, genomic testing, utilization biomarkers, and electronic health record documentation of pharmacokinetic and pharmacodynamic changes in acute and chronic conditions; further,

To collaborate with stakeholders in enhancing aggregation and publication of and access to data on the effects of such pharmacokinetic and pharmacodynamic changes on drug dosing within these patient populations.

This policy supersedes ASHP policy 1720.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Management 1805: Medication Formulary System Management

To declare that decisions on the management of a medication formulary system, including criteria for use, (1) should be based on clinical, ethical, legal, social, philosophical, quality-of-life, safety, comparative effectiveness, and pharmacoeconomic factors that result in optimal patient care; (2) must include the active and direct involvement of physicians, pharmacists, and other appropriate healthcare professionals; and (3) should not be based solely on economic factors.

This policy supersedes ASHP policy 0102.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

[Formulary Submission Toolkit Tips for Use](#)

[Use of economic predictions to make formulary decisions](#) (*AJHP*)

Council on Pharmacy Management 1806: Manufacturer-sponsored Patient Assistance Programs

To advocate that pharmaceutical manufacturers extend their patient assistance programs (PAPs) to serve the needs of both uninsured and underinsured patients, regardless of distribution channels; further,

To advocate expansion of PAPs to inpatient settings; further,

To advocate that pharmaceutical manufacturers and PAP administrators enhance the efficiency of PAPs by standardizing application criteria, processes, and forms; further,

To advocate that pharmaceutical manufacturers and PAP administrators enhance access to and visibility of PAPs to pharmacy personnel and other healthcare providers; further,

To encourage pharmacy personnel, other healthcare providers, and pharmaceutical manufacturers to work cooperatively to ensure PAPs include the essential elements of pharmacist patient care, are patient-centered, and are transparent; further,

To develop education for pharmacy personnel and other healthcare providers on the risks and benefits of PAPs.

This policy supersedes ASHP policy 1420.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

[Patient Assistance Programs: Technicians Impacting Access to Care \(Free Trial\)](#)

[Topic related coverage - Insurers restrict copay coupons \(AJHP\)](#)

Council on Pharmacy Management 1807: Reimbursement and Pharmacist Compensation for Drug Product Dispensing

To collaborate with payers in developing improved methods of reimbursing pharmacies and pharmacists for the costs of drug products dispensed, pharmacy and pharmacist services, and associated overhead; further,

To educate pharmacists and stakeholders about those methods.

This policy supersedes ASHP policy 1304.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Management 1808: Patient Access to Pharmacist Care Within Provider Networks

To advocate for laws and regulations that require healthcare payer provider networks to include pharmacists and pharmacies providing patient care services within their scope of practice when such services are covered benefits; further,

To advocate for laws and regulations that allow pharmacists and pharmacies to participate as a provider within a healthcare payer's network if the pharmacist or pharmacy meets the payer's criteria for providing those healthcare services; further,

To acknowledge that healthcare payers may develop and use criteria to determine provider access to its networks to ensure the quality and viability of healthcare services provided; further,

To advocate that healthcare payers be required to disclose to pharmacists and pharmacies applying to participate in a provider network the criteria used to include, retain, or exclude pharmacists or pharmacies.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

[A3 Collective](#)

[A3 Collective - Welcome video](#)

[Home health service gets assist from pharmacists](#) (AJHP)

Council on Pharmacy Management 1809: Health Insurance Policy Design

To advocate that all health insurance policies be designed and coverage decisions made in a way that preserves the patient–practitioner relationship; further,

To advocate that health insurance payers and pharmacy benefit managers provide public transparency regarding and accept accountability for coverage decisions and policies; further,

To oppose provisions in health insurance policies that interfere with established drug distribution and clinical services designed to ensure patient safety, quality, and continuity of care; further,

To advocate for the inclusion of hospital and health-system outpatient and ambulatory care services in health insurance coverage determinations for their patients.

This policy supersedes ASHP policy 1520.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

[Insurers restrict copayment coupons but leave coverage explanations to pharmacy staff](#) (AJHP)

Council on Pharmacy Management 1810: Pharmacy Accreditations, Certifications, and Licenses

To advocate that healthcare accreditation, certification, and licensing organizations include providers and patients in their accreditation and standards development processes; further,

To advocate that healthcare accreditation, certification, and licensing organizations adopt consistent standards for the medication-use process, based on established evidence-based principles of patient safety and quality of care; further,

To encourage hospitals and health systems to include pharmacy practice leaders in decisions about seeking recognition by specific accreditation, certification, and licensing organizations; further,

To advocate that health-system administrators, including compliance officers and risk managers, allocate the resources required to support medication-use compliance and regulatory demands.

This policy supersedes ASHP policy 1303.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Practice 1811: Use of International System of Units for Patient- and Medication-related Measurements

To advocate that the U.S. healthcare system adopt and only use the International System of Units (SI units) for all patient- and medication-related measurements and calculations; further,

To advocate that healthcare organizations use clinical decision support systems, equipment, and devices that allow input and display of patient- and medication-related measurements and calculations in SI format only; further,

To advocate that health information technology manufacturers utilize only SI units in their product designs for patient- and medication-related measurements; further,

To promote education in the use of SI units and the importance of using SI units to prevent medical errors.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Practice 1812: Availability and Use of Appropriate Vial Sizes

To advocate that pharmaceutical manufacturers provide drug products in vial sizes that reduce pharmaceutical waste and enhance safety; further,

To collaborate with regulators, manufacturers, and other healthcare providers to develop best practices on the safe and appropriate use of single-dose, single-use, and multiple-dose vials.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Pharmacy Practice 1813: Use of Closed-System Transfer Devices to Reduce Drug Waste

To recognize that a growing body of evidence supports the ability of specific closed-system transfer devices (CSTDs) to maintain sterility beyond the in-use time currently recommended by United States Pharmacopeia Chapter 797, when those CSTDs are used with aseptic technique and following current sterile compounding standards; further,

To foster additional research on and develop standards and best practices for use of CSTDs for drug vial optimization; further,

To educate healthcare professionals, especially pharmacists and pharmacy technicians, about standards and best practices for use of CSTDs in drug vial optimization.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 1814: Direct and Indirect Remuneration Fees

To advocate that payers and pharmacy benefit managers be prohibited from recovering direct and indirect remuneration fees from pharmacies on adjudicated dispensing claims; further,

To oppose the application of plan-level quality measures on specific providers, such as participating pharmacies.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. In addition to [other advocacy](#) on the topic, in July 2018, ASHP and over 100 pharmacy groups and individual pharmacies signed onto a letter to DHHS urging the

department to eliminate altogether or prohibit retroactive direct and indirect remuneration (DIR) fees collected by PBMs under Medicare Part D.

Council on Public Policy 1815: Impact of Drug Litigation Ads on Patient Care

To oppose drug litigation advertisements that do not provide a clear and conspicuous warning that patients should not modify or discontinue drug therapy without seeking the advice of their healthcare provider.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 1816: Biosimilar Medications

To encourage the development of safe and effective biosimilar medications in order to make such medications more affordable and accessible; further,

To encourage research on the safety, effectiveness, and interchangeability of biosimilar medications; further,

To support legislation and regulation to allow Food and Drug Administration (FDA) approval of biosimilar medications that are also determined by the FDA to be interchangeable and therefore supports substitution for the reference product without the intervention of the prescriber; further,

To oppose the implementation of any state laws regarding biosimilar interchangeability prior to finalization of FDA guidance; further,

To oppose any state legislation that would require a pharmacist to notify a prescriber when a biosimilar deemed to be interchangeable by the FDA is dispensed; further,

To support the development of FDA guidance documents on biosimilar use, with input from healthcare practitioners; further,

To require postmarketing surveillance for all biosimilar medications to ensure their continued safety, effectiveness, purity, quality, identity, and strength; further,

To advocate for adequate reimbursement for biosimilar medications that are approved by the FDA; further,

To promote and develop education of pharmacists about biosimilar medications and their appropriate use within hospitals and health systems; further,

To advocate and encourage pharmacist evaluation and the application of the formulary system before biosimilar medications are used in hospitals and health systems.

This policy supersedes ASHP policy 1509.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. In addition to ASHP's [drug pricing advocacy](#), ASHP served as a member of the [Biosimilars Forum](#) Stakeholder Workshop on Education and published [Biologics and Biosimilars](#) (Lucio).

Council on Public Policy 1817: 340B Drug Pricing Program Sustainability

To affirm the intent of the federal drug pricing program (the “340B program”) to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services; further,

To advocate legislation or regulation that would optimize access to the 340B program in accordance with the intent of the program; further,

To advocate with state Medicaid programs to ensure that reimbursement policies promote 340B program stability; further,

To advocate for clarification and simplification of the 340B program and any future federal discount drug pricing programs with respect to program definitions, eligibility, and compliance measures to ensure the integrity of the program; further,

To encourage pharmacy and health-system leaders to provide appropriate stewardship of the 340B program by documenting the expanded services and access created by the program; further,

To educate pharmacy leaders and health-system administrators about the internal partnerships and accountabilities and the patient-care benefits of program participation; further,

To educate health-system administrators, risk managers, and pharmacists about the resources required to support 340B program compliance and documentation; further,

To encourage communication and education concerning expanded services and access provided by 340B participants to patients in fulfillment of its mission.

This policy supersedes ASHP policy 1407.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP [advocacy](#), education, and communication efforts.

Council on Public Policy 1818: Federal Quality Rating Program for Pharmaceutical Manufacturers

To advocate that the Food and Drug Administration (FDA) assign quality ratings to pharmaceutical manufacturers based on the quality of their manufacturing processes, sourcing of active pharmaceutical ingredients and excipients, selection of contract manufacturers, and business continuity plans; further,

To advocate that the FDA consider offering incentives for manufacturers to participate in the program.

This policy supersedes ASHP policy 0814.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Public Policy 1819: Intravenous Fluid Manufacturing Facilities as Critical Public Health Infrastructure

To advocate that federal and state governments recognize intravenous fluid and associated supply manufacturing facilities as critical public health infrastructure.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. ASHP, along with the American Society of

Anesthesiologists, American Hospital Association, American Society of Clinical Oncology, and Institute for Safe Medication Practices, released a set of recommendations that came as a result of the interprofessional summit of healthcare leaders, [Drug Shortages as a Matter of National Security: Improving the Resilience of the Nation's Health Care Critical Infrastructure](#), held in September 2018.

Council on Public Policy 1820: Medical Devices

To advocate that the Food and Drug Administration (FDA) and manufacturers of drug preparation, drug distribution, and drug administration devices and associated new technologies ensure transparency, clarity, and evidence be provided on the intended use of devices and technologies in all phases of the medication-use process; further,

To advocate that the FDA and device manufacturers ensure compatibility between the intended use of any device and the drugs to be used with that device.

This policy supersedes ASHP policy 9106.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 1821: Ensuring Effectiveness, Safety, and Access to Orphan Drug Products

To encourage continued awareness of, research on, and development of orphan drug products; further,

To advocate for the use of innovative strategies and incentives to expand the breadth of rare diseases addressed by this program; further,

To encourage postmarketing research to support the safe and effective use of orphan drug products for approved and off-label indications; further,

To advocate that health policymakers, payers, and pharmaceutical manufacturers ensure continuity of care and patient access to orphan drug products; further,

To advocate federal review to evaluate whether orphan drug designation is being used inappropriately to receive FDA approval, extend patents, decrease competition, or limit discounts, thereby reducing patient access.

This policy supersedes ASHP policy 1413.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 1822: Rational Use of Medications

To promote evidence-based prescribing and deprescribing for indication, efficacy, safety, duration, cost, and suitability for the patient; further,

To advocate that pharmacists lead interprofessional efforts to promote the rational use of medications, including engaging in strategies to monitor, detect, and address patterns of irrational medication use in patient populations.

This policy supersedes ASHP policy 1312.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 1823: Responsible Medication-related Clinical Testing and Monitoring

To recognize that overuse of clinical testing leads to unnecessary costs, waste, and patient harm; further,

To encourage pharmacist accountability and engagement in interprofessional efforts to promote the judicious use of clinical testing and monitoring; further,

To promote research that evaluates pharmacists' contributions and identifies opportunities for the appropriate ordering of medication-related procedures and tests; further,

To promote the use of interoperable health information technology services and health information exchanges to decrease unnecessary testing.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 1824: Use of Biomarkers in Clinical Practice

To promote appropriate, evidence-based use of biomarkers in clinical practice; further,

To encourage research that evaluates the clinical and safety implications of biomarkers in the care of patients and to guide clinical practice; further,

To promote Food and Drug Administration qualified biomarkers in drug development, regulation, and use in clinical practice; further,

To foster the development of timely and readily available resources about biomarkers and their evidence-based application in clinical practice.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Education and Workforce Development 1825: Clinician Well-being and Resilience

To affirm that burnout adversely affects an individual's well-being and healthcare outcomes; further,

To acknowledge that the healthcare workforce encounters unique stressors throughout their education, training, and careers that contribute to burnout; further,

To declare that healthcare workforce well-being and resilience requires shared responsibility among healthcare team members and between individuals and organizations; further,

To encourage individuals to embrace well-being and resilience as a personal responsibility that should be supported by organizational culture; further,

To encourage the development of programs aimed at prevention, recognition, and treatment of burnout, and to support participation in these programs; further,

To encourage education and research on stress, burnout, and well-being; further,

To collaborate with other professions and stakeholders to identify effective preventive and treatment strategies at an individual, organizational, and system level.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. ASHP has an active Clinician Well-being and Resilience initiative, including a dedicated [ASHP Connect Community](#), an [online resource center](#), and a [State Affiliate Toolkit Well-Being and Resilience](#). ASHP provided a meditation/quiet room at the Midyear meeting as well as a travelling art exhibit on the topic.

Council on Education and Workforce Development 1826: Student Pharmacist Drug Testing

To advocate for the use of pre-enrollment, random, and for-cause drug testing throughout pharmacy education and pharmacy practice experiences, based on defined criteria with appropriate testing validation procedures; further,

To encourage colleges of pharmacy to develop policies and processes to identify impaired individuals; further,

To encourage colleges of pharmacy to facilitate access to and promote programs for treatment and to support recovery; further,

To encourage colleges of pharmacy to use validated testing panels that have demonstrated effectiveness detecting commonly misused, abused, or illegally used substances.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Education and Workforce Development 1827: Collaboration on Experiential Education

To encourage practitioner contributions to pharmacy education; further,

To encourage pharmacists and pharmacy leaders to recognize their professional responsibility to contribute to the development of new pharmacy practitioners; further,

To promote collaboration of experiential teaching sites with the colleges of pharmacy (nationally or regionally), for the purpose of fostering preceptor development, standardization of experiential rotation schedule dates and evaluation tools, and other related matters; further,

To encourage colleges of pharmacy and health systems to define and develop collaborative organizational relationships that support patient care and advance the missions of both institutions in a mutually beneficial manner.

This policy supersedes ASHP policies 0315 and 0804.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. In addition, ASHP has an active Section of Inpatient Care Practitioners Advisory Group on Pharmacy Practice Experiences that is continually building resource for APPE and IPPE preceptors.

Council on Education and Workforce Development 1828: Promoting the Image of Pharmacists and Pharmacy Technicians

To promote the professional image of pharmacists and pharmacy technicians who work in all settings of health systems to the general public, public policymakers, payers, other healthcare professionals, and healthcare organization decision-makers.

This policy supersedes ASHP policy 0703.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Education and Workforce Development 1829: Pharmacy Training Models

To promote pharmacy training models that: (1) provide experiential and residency training in interprofessional patient care; (2) use the knowledge, skills, and abilities of student pharmacists and residents in providing direct patient care; and (3) promote use of innovative and contemporary learning models; further,

To support the assessment of the impact of these pharmacy training models on the quality of learner experiences and patient care outcomes.

This policy supersedes ASHP policy 1316.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts. Interprofessional care is incorporated into [ASHP residency standards](#).

Council on Public Policy 1830: ASHP Statement on Advocacy as a Professional Obligation

To approve the ASHP Statement on Advocacy as a Professional Obligation.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Council on Therapeutics 1831: Safe and Effective Use of IV Promethazine

To advocate that intravenous promethazine be used only when medically necessary.

This policy supersedes ASHP policy 1105.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

Pharmacist-specific Issues in Parenteral Nutrition (Recommendation): Carol Rollins (AZ, MA)

Recommend that ASHP offer continuing education activities (e.g., boot-camp, plenary sessions, certificate program) that include patient care and pharmacist-specific issues (e.g., stability compatibility, calculations, storage) related to both adult and pediatric parenteral nutrition management.

ASHP is committed to continue to provide education and resources for nutrition to its members. The Section of Clinical Specialists and Scientists reviews member needs when selecting network facilitators and nutrition support will continue as a facilitated session at the 2018 Midyear Clinical Meeting as well as providing contributions to ASHP Connect that members would find interesting or essential. Additionally, the Section Executive Committee is working with the Nutrition Support Network Facilitator to create a resource center for ASHP members that is dedicated to nutrition support, both parenteral and enteral in nature.

ASHP has also begun work on adding a [certificate program](#) in nutrition that will focus on both parenteral and enteral nutrition for nonspecialists. The goal of this certificate program is to help pharmacists who are not nutrition specialists develop a level of competency such that they can offer assistance to their interprofessional colleagues in the assessment and management of patients with uncomplicated nutritional needs. ASHP plans to have this certificate available in 2019.

Diversity and Inclusion (Recommendation): Christopher M. Scott (IN); Tate N. Trujillo (IN); IA, CT, PA, NH

Given the diversity of patients whom we serve, we recommend ASHP intentionally and strategically expand and support initiatives that promote diversity and inclusion in programming, policy, leadership, recognition, and membership. (This should incorporate all realms of diversity and inclusion, e.g., ethnic, cultural, gender, LGBTQ, etc.)

ASHP as a large national and international membership organization represents those from many facets including age, ethnicity, culture, gender, sexual orientation, religion, and more. ASHP supports and celebrates the diversity of our membership and seeks to promote inclusion.

Concern of Gray Market Distributors/Wholesalers (Recommendation): Lonnye Finneman (MT)

That the Council of Pharmacy Management revise existing ASHP drug distribution policy(s) to address the concern of gray market distributors/wholesalers contributing to increased drug prices and drug shortage issues.

This recommendation was referred to the Council on Pharmacy Management, which revised ASHP policy position 1707, Pharmaceutical Distribution Systems, to address this issue. In addition to the [ASHP Guidelines on Managing Drug Product Shortages](#), ASHP policies that touch on this issue include:

0814 – FEDERAL REVIEW OF ANTICOMPETITIVE PRACTICES BY DRUG PRODUCT MANUFACTURERS

1622 – INCLUSION OF DRUG PRODUCT SHORTAGES IN STATE PRICE-GOUGING LAWS

1716 – GREATER COMPETITION AMONG GENERIC AND BIOSIMILAR MANUFACTURERS

Multi-state Law Certification (Recommendation): Matthew Christie (ME)

ASHP work with states to develop regional licenses for pharmacists such as New England as done by other professions and VA.

ASHP Government Relations staff are investigating opportunities to advocate on this issue.

The Alignment of Beyond Use Dating for Single Dose and Multi-Dose Vials (Recommendation): Caryn Belisle (MA)

In order to reduce drug waste and mitigate safety risks in the event of drug shortages, all enforceable regulatory standards that address the beyond-use-date of a single or multi-dose drug vial must be in alignment with each other, and also recognize published literature that supports beyond-use-dating.

The Council on Pharmacy Practice agrees that this is an important topic and would be an additional policy in lieu of this past year's policy, Availability and Use of Appropriate Vial Sizes. The council may choose to deliberately wait for the new USP 797 standards to be released before choosing to write policy on this topic, but the topic will be discussed during the current council year.

Student Learner Consistency within Policies and Position Statements (Recommendation): SACP

The Section of Ambulatory Care Practitioners recommends that ASHP create an advisory group to review existing policies and position statements for alignment and the consistency of inclusion of student learners.

ASHP policy positions are periodically sunset reviewed, and the inclusion of student pharmacists will be added to that process moving forward.

USP 797: Literature-based Beyond Use Dating (Recommendation): Jeff Little (KS, MO)

ASHP should work with USP to develop evidence to support and potentially update USP 797 standard beyond use dating.

ASHP has submitted comments on recent proposed revisions to USP Chapters <795> and <797> asking for science-based information on beyond-use date assignments. ASHP will continue to work with USP to request more transparency in the science behind beyond-use date assignments so that compounded sterile preparations may be used safely while also minimizing waste. The ASHP House of Delegates and Board of Directors recently passed ASHP policy position 1813: Use of Closed-System Transfer Devices to Reduce Drug Waste. The policy position recognizes that some evidence supports using a closed-system transfer device to extend the duration that a vial may be used without microbial contamination. ASHP supports further studies and the development of standards to address this practice.

Creation of a New PGY-1 Residency Program in Pharmacy Operations (Recommendation): Justin Konkol (WI and the Vizient Pharmacy Executive Committee)

We ask ASHP to create a task force to develop competency areas, goals, and objectives (CAGO) for the creation of a new PGY-1 health-system pharmacy operations residency program.

The ASHP Commission on Credentialing (COC) reviewed the recommendation at the August 2018 meeting and concluded that the recommendation is inconsistent with the ASHP vision for residencies (see below). Further, the request focuses solely on training staff members – not supervisors, managers, or leaders. This is also inconsistent with ASHP's longstanding philosophy of residency training. Additionally, given the scope of responsibility of the medication-use system and technology (MST) pharmacist provided by the requestors, it was determined that the bulk of those are technical in nature and therefore may be areas of growth of increased scope of responsibilities for pharmacy technicians.

Technician Representation on ASHP Councils (Recommendation): Lindsay Massey (KS, MO, IL)

To recommend that ASHP evaluate the role of a technician representative on the ASHP Councils.

ASHP appreciates the desire to include pharmacy technicians in the policy-making process through ASHP Councils. A representative from the Pharmacy Technician Forum Executive Committee has been invited to participate in Policy Week and can attend all of the ASHP Council meetings, which is consistent with the other membership Sections of ASHP. In addition, a member of the Pharmacy Technician Forum Executive Committee will serve on the 2019-2020 Council on Pharmacy Practice.

Meeting Attendance Incentives for ASHP-related Positions (Recommendation): SCS

Encourage ASHP to evaluate meeting-related incentives to ASHP-related positions (e.g., program presenters, council chairs/vice chairs, section network facilitators, as appropriate) when meeting related activities are integral to the designated role.

ASHP offers a wide variety of volunteer leadership opportunities such as serving on Councils or as network facilitators. These volunteer roles are just a few of the many ways that our exceptional members provide their expertise and time to support ASHP's patient care and public health mission.

ASHP recognizes the need to always review and be sensitive to the time volunteers are asked to engage in various committee and other activities. The support ASHP currently provides is generally consistent with the underlying purpose and philosophy of volunteer service to ASHP and other mission-driven not-for-profit organizations. However, one area ASHP will review now is what is implied or encouraged of ASHP Council Chairs and/or Vice Chairs with regards to the House of Delegates and attending the ASHP Summer Meetings, which should be viewed as optional.

Delegate Financial Support for ASHP Annual Summer Meetings (Recommendation): Michelle Eby; Carla Darling; (Washington Metro Area)

We recommend that ASHP provide reduced or waived registration fees for each delegate to attend the ASHP Annual Summer Meetings.

During its September 2015 meeting, the ASHP Commission on Affiliate Relations discussed a variety of ways that ASHP could support House of Delegate activities, including adjusting the delegate stipend process. Their discussion considered Summer Meeting registration fees. The Commission concluded that increasing the delegate stipend would be the most efficient method to provide additional support for each state's delegates. Therefore, starting in 2017, ASHP increased the stipend amount provided to support each delegation, and that stipend will be evaluated on an ongoing basis. The Commission requested that ASHP continue to collect best practices around delegate issues by surveys of members and state organizations and to share this information on a regular basis.

Social Determinants of Health (Recommendation): Davena Norris (NM)

To encourage the development of policy related to training pharmacists and student pharmacists to understand, identify, and address social determinants of health in collaboration with other team members.

The Council on Education and Workforce Development considered this recommendation at its September meeting. See its report for more information about ASHP activities on this topic.

Collaborative Practice Consistency (Recommendation): SACP

The Section of Ambulatory Care Practitioners recommends that ASHP convene a task force to review existing policies and position statements for consistency in use of the term collaborative practice.

ASHP policy position 0905, Credentialing and Privileging by Regulators, Payers, and Providers for Collaborative Drug Therapy Management, is the only ASHP policy position still containing the term “collaborative drug therapy management.” The Council on Public Policy revised the policy position, using the term “collaborative practice” instead.

New Antimicrobial Therapy Advocacy (Recommendation): Lucas Schulz (WI)

To advocate for identification of innovative strategies to incentivize pharmaceutical manufacturers to continue developing and studying optimal use scenarios for novel antimicrobial agents and immune modulation therapies.

ASHP believes there may be an opportunity to work with FDA on expediting off label indications for some of these products. If the NDA only lists one indication for the product, FDA will only approve or not approve based upon the indication in the application. Obviously it takes considerable time to resubmit another NDA, but perhaps the off label approach would speed things along. ASHP also recognizes that CMS is looking to ensure that newly developed antimicrobials do meet any coverage or reimbursement barriers as well. There may be an opportunity to communicate with manufacturers about their NDA processes and the potential for FDA to expedite off-label use if there is evidence to support that the product is effective for uses not specified in the NDA. There are incentives for companies to develop and fast track use of antimicrobials in limited populations. However, these products have not gone through the full approval process by FDA and are allowed only as a last resort. ASHP communicates with FDA frequently on issues relating to public health. This issue could be something ASHP includes for FDA as a way to continue to develop new antimicrobial therapies.

The Council on Pharmacy Practice believes there is enough being done at a federal level that policy related to this topic is not needed. ASHP works closely with the CDC, TJC, Pew Trusts, and others about antimicrobial stewardship. ASHP has discussed this model with our CDC and TJC colleagues. Given the level of interest, this topic would make a good subject for an *AJHP* editorial.

USP 800: Ensuring Safe and Consistent Implementation (Recommendation): Jeff Little (KS and MO)

ASHP should work with USP to develop evidence based/expert opinion national standards for safe and consistent implementation of the USP 800 standard to prevent each institution from evaluating and developing their own standards.

Consistent application of USP Chapter <800>, specifically related to the hazardous drug list and assessment of risk, is also something ASHP is actively working toward. In April 2018, ASHP submitted comments to www.regulations.gov on the NIOSH proposed revisions to the List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings, 2018 and on the NIOSH Policy and Procedures for Developing the NIOSH List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings. ASHP requested that the hazardous drug groups be sorted by type of risk rather than AHFS pharmaceutical class. Clearer categorization of the hazardous drug list should allow more consistent practice in applying USP Chapter <800> to non-antineoplastic drugs. ASHP will continue working with NIOSH and USP to look for opportunities to provide more guidance and drug information on the hazardous drug list so that stakeholders can make informed and consistent decisions about the application of USP Chapter <800>.

Recruitment of Pharmacy Technicians to Pharmacy Workforce (Recommendation): Lonnye Finneman (MT)

Recommend that the new Pharmacy Technician Forum develop and disseminate information related to career opportunities to enhance recruitment and retention of qualified pharmacy technicians.

ASHP intends to address the development and dissemination of information related to career opportunities to enhance recruitment and retention of qualified pharmacy technicians with the creation of one of the

Pharmacy Technician Forum's new advisory groups: the Professional and Career Ladder Development Advisory Group (operational Fall 2018). The goal of this advisory group is to provide education and training materials for practicing pharmacy technicians and student pharmacy technicians. Specifically, the advisory group is charged with:

- Developing submissions for AJHP to support facets of pharmacy technician professional and career ladder development;
- Reviewing and developing Forum professional career ladder development resources of pharmacy technicians; and
- Planning educational and/or networking opportunities at ASHP's MCM18 and SM19.

Outside Access to Health System Electronic Health Records for Transitions of Care (Recommendation): Dave Hager (WI)

That ASHP create a policy encouraging pharmacists in post-discharge care locations such as ALFs, SNFs, LTACs, and community pharmacies be granted health system electronic health record access to improve the safety of the transitions of care process with explicit oversight on who may obtain access by the health system's pharmacy department.

Two existing ASHP policies, Transitions of Care (1208) and Electronic Information Systems (0507), cover the intent of the recommendation. Access to electronic health information is broad and all-encompassing and will be served appropriately by policies that include all areas of care. Access for community pharmacies to individual health system EHRs may be helpful but can create legal issues with cybersecurity, credentialing, and privileging for all of those organizations and individuals. Informaticists agree that it is much broader than having access to just one system. All pertinent health data should be available to pharmacists and other involved healthcare providers. Some areas of the country have achieved this with regional Health Information Exchanges.

The new SOPIT Strategic Plan, finalized at the ASHP Summer Meetings, recognizes this issue and appears in our Mission Statement as follows:

Vision: Health information technology is utilized to ensure that medication use processes are optimal, safe, and effective for all people all the time.

Mission: Support the mission of ASHP by being the professional home for all members who are dedicated to advancing medication use and health outcomes through the use of health information technology.

Through collaboration, provide a collective voice on best practices and issues related to the use of health information technology for medication use processes across the continuum of care, and the advancement of pharmacy informatics as a specialty practice.

There are other organizations working on this issue as well, the biggest of which is likely the Pharmacy Health Information Technology Collaborative. ASHP is a Founding Member of this organization, and SOPIT has multiple representatives on each of their five workgroups. Composed of multiple national professional organizations, their mission is to create successful pharmacy interoperability so as to create an environment in healthcare as described in the recommendation.

By having a broad approach in our policies and other statements and collaboration with other pharmacy organizations, ASHP supports the interoperability of all areas of practice across the continuum of care, and SOPIT is working diligently as a Section and ASHP as a whole to achieve these goals.

Emergency Supply of Medications during Catastrophic Events (Recommendation): Charzetta James (FL)

To advocate for increased limits in day's supply of prescription medication dispensed by non-community pharmacy permit holders during catastrophic events.

The Council on Public Policy considered this recommendation at its September meeting and developed a policy recommendation, Emergency Refills.

Recognition of Perpetual Inventory of Controlled Substances in Automated Dispensing Technologies (Recommendation): Kate McKinney (OH)

To encourage ASHP to partner with the DEA to recognize perpetual inventory of controlled substances (CII-V) for biennial inventory (title 21 CFR Part 1304.1) inventory requirements.

The ASHP Government Relation staff is exploring opportunities to advocate this topic with the Drug Enforcement Administration.

Pharmacist Authority to Prescribe Controlled Substances (Recommendation): Heather Ourth (VA Affairs)

ASHP to develop policy and advocacy efforts to support state practice act expansion for prescribing of controlled substances by pharmacists, including federal authorization which allows pharmacists to obtain X waivers to prescribe medication assisted treatment.

ASHP does support state scope of practice expansion to include pharmacists prescribing and weigh in on the state level when one of our affiliates requests us to do so. In other cases, ASHP provides any useful resources to our affiliates who are working the issue on the ground.

As for federal efforts, ASHP has been partnering with APhA on this issue and has had numerous meetings on Capitol Hill. The most recent action ASHP has taken is a letter to Senate leadership on the opioid issue requesting that pharmacists be eligible for the DATA waiver to prescribe controlled drugs. ASHP professional policy sufficiently covers this, as ASHP has state scope of practice policy as well as policy on provider status.

ASHP Policy to Manage PBMs (or guidelines) (Recommendation): Nish Kasbekar (PA)

That ASHP develop strategies to assist health systems with managing PBM relationship or assisting health systems (providing guidance) to create their own.

The role and impact of PBMs continue to plague and impact health-systems and the pharmacy enterprise. ASHP has been working through its advisory groups and government relations to develop strategies to assist health-systems with managing PBM relationships and assisting health-systems to create their own. As is well known, the group of members that typically have the influence over or are impacted by PBM-related decisions from a health-system perspective are the Chief Pharmacy Officers. This issue will continue to be a priority item for ASHP and the Section of Pharmacy Practice Managers and can be anticipated in being an issue addressed by the new Section of Specialty Pharmacy Practitioners with the goal of developing education and resources for members.

Some recent ASHP activities related to this issue include:

1. Development of two policies that were approved by the House of Delegates in 2018:
 - 1808 – Patient Access to Pharmacist Care Within Provider Networks
 - 1809 – Health Insurance Policy Design

2. Education session and workshop at the 2018 ASHP Leaders Conference:
 - a. Pharmacy Benefit Managers: Opportunities and Challenges for Executives
<https://leaders.ashp.org/Education-and-Posters/Tuesday>
 - b. Specialty Pharmacy Workshop (by invite only)

3. ASHP advocacy regarding retroactive DIR fees:

ASHP Issue Brief: Direct and Indirect Remuneration Fees

ASHP Comments on Blueprint to Lower Drug Prices and Reduce Out-of-Pocket Costs

4. PBM Connect Community

<https://connect.ashp.org/communities/community-home?CommunityKey=7fe59dde-9418-45b1-a0ca-b8b78f5530d2>

Sections and Forums Integration (Recommendation): Kevin Marvin (VT, MA, NE)

We recommend that ASHP develop a structure that manages issues identified by sections and forums that require integration of resources between the sections and forums to address specific topics and create specific deliverables. Furthermore, this structure should be supported by ASHP staff and have additional staff as specialized task forces are created

The recommendation to develop a structure to address topics of common interest between and among the membership Sections and Forums is one of great merit. ASHP intends to move forward with piloting a system to meet the intent of the recommendation.

House of Delegates State Affiliate Membership Requirement (Recommendation): Amada Hansen (OH)

Consider requiring state affiliate membership as a requirement of serving as a state representative for ASHP HOD.

ASHP understands the intent of this recommendation; however, requiring state affiliate membership as a prerequisite for participation as a delegate in the ASHP House of Delegates is not consistent with the ASHP Governing Documents. All ASHP practitioner members must have the opportunity to serve and vote in ASHP delegate elections, regardless of state affiliate membership status.

State affiliate organizations may determine the nomination criteria for delegate elections conducted in the state, which could include state affiliate engagement as part of the delegate nominations process. The ASHP Commission on Affiliate Relations discussed best practices in ASHP House of Delegates activities in September 2018, and ASHP shared the results of the discussion with affiliates.

Amazon Entry into Pharmacy (Recommendation): SACP

The Section of Ambulatory Care Practitioners recommends that ASHP partner with other national pharmacy organizations to approach companies that are considering entry into the healthcare marketplace (e.g., Amazon) about being at the table for discussions that would affect the profession of pharmacy.

ASHP strongly advocates for the pharmacy profession, collaborating with other pharmacy and healthcare organizations when advantageous. ASHP is closely monitoring the entry of new players in the healthcare marketplace and will advocate for the profession when antitrust considerations allow and when ASHP members have a strong interest in outcomes.

Addressing Barriers to Biosimilar Reimbursement (Recommendation): Karen McConnell (CO); Amy Sipe (MO); Snehal Bhatt (MA)

For ASHP to evaluate the impact of reference product rebates on the third party reimbursement of biosimilar products.

Because of ASHP's market power, ASHP volunteers and staff need to be aware of the possible antitrust exposure that may arise when representatives of competing entities discuss issues and recommend activities such as influencing pricing (e.g., opposing rebate programs). This may be interpreted as actions by competitors. ASHP has policies related to access, biosimilars, and fair reimbursement (see below):

- 0814 - FEDERAL REVIEW OF ANTICOMPETITIVE PRACTICES BY DRUG PRODUCT MANUFACTURERS
- 1001 - HEALTH INSURANCE COVERAGE FOR U.S. RESIDENTS
- 1716 - GREATER COMPETITION AMONG GENERIC AND BIOSIMILAR MANUFACTURERS
- 1807 - REIMBURSEMENT AND PHARMACIST COMPENSATION FOR DRUG PRODUCT DISPENSING
- 1809 - HEALTH INSURANCE POLICY DESIGN
- 1816 - BIOSIMILAR MEDICATIONS

ASHP will continue its pursuit to advocate on addressing barriers to patient access and on the ideal site of care to ensure continuity of care and patient safety are not compromised.

Disclosure of Price Increases by Drug Product Manufacturers (Recommendation): Jesse Hogue (MI)

ASHP should develop a policy to advocate that drug product manufacturers be required to provide public notification in advance of significant price increases.

The Council on Public Policy considered this recommendation at its September meeting and made the policy recommendation, Notification of Drug Product Price Increases.

Professional Organization Involvement/Engagement as a Professional Obligation (Recommendation): Katie Morneau (TX, NH)

Professional organization involvement is a professional responsibility and no current ASHP policies exist that speak to this topic.

The [ASHP Statement on Leadership as a Professional Obligation](#) states that “Pharmacists also have an obligation to exert leadership and participate in shaping the future of the profession. Participation in professional societies such as ASHP provides opportunities to shape the future of the profession and affords excellent opportunities for the development of leadership skills.” The Council on Pharmacy Practice reviewed and discussed this recommendation during its February 2019 meeting. The Council believes this recommendation to be a sound idea and may require an expansion of existing ASHP policy, but the Council will defer to the Council on Education and Workforce Development to move forward during the next year given the scope of the needed language and associated actions

Availability of Electrical Outlets at HOD (Recommendation): Carla Darling and Laura Zendel (Washington Metro)

Consider providing necessary resources for HOD meeting such as electrical outlets.

The issue of providing electrical outlets at the House of Delegates has been considered but is not easily implemented. From a meeting management perspective, the setup required for the House of Delegates makes distribution of power sources logistically challenging. Unfortunately, convention centers do not have the type of furniture that include electrical outlets and power sources to adequately meet our needs in a safe, efficient, and cost-effective manner. However, ASHP does provide charging stations in multiple stations that may be used by our attendees immediately prior or after the House of Delegates.

Cannabinoids (Recommendation): Scott Anderson (VA)

Recommend ASHP to review and update policy 1101 to include cannabinoids and related research.

ASHP policy 1101 originated with the Council on Therapeutics. There has been much discussion between CPHP, CPuP, and COT about the medical use of marijuana/cannabinoids over the past three years. At this point ASHP has decided not to revise this policy given that, with the exception of a newly approved product, the grouping is still categorized as Schedule I at the federal level. ASHP knows that states are actively creating laws and policies, but again at the federal level none of these products are considered legal, so changing the terminology to be more inclusive may be warranted, but it may still be premature until more can be done with this policy. ASHP is monitoring this topic and will act when the timing is appropriate. Please also see the Council on Therapeutic policy recommendation, Therapeutic Use of Cannabidiol, before the House at this meeting.

House of Delegates Term Limits (Recommendation): Scott Knoer (OH)

Consider imposing term limits on ASHP state delegates to give more members the opportunity to be involved and engaged.

Serving as an ASHP delegate is indeed an excellent membership engagement opportunity. Election of state delegates should be in accordance with the bylaws of ASHP’s affiliated state societies and in accordance with the state’s delegate election procedures. However, eligibility of the delegates should be in accordance with the ASHP Bylaws. All ASHP practitioner members must have the opportunity to serve and vote in ASHP delegate elections.

State affiliates may determine the nomination criteria for state delegate elections which could consider term limits. The ASHP Commission on Affiliate Relations will be discussing best practices in ASHP House of Delegates activities in September 2018 and ASHP will be sharing the results of the discussion with our affiliates. This could include information and recommendations about term limits of state delegates.

Pharmacist Involvement in Post-Acute Care Settings (Recommendation): Tammy Cohen (TX)

That ASHP recognize that post-acute care pharmacy services are integral components.

This recommendation has been shared with the appropriate ASHP sections and is being investigated for advocacy, research, and education.

Student Programming: Resilience (Recommendation): Nancy Korman (CA)

ASHP to develop programming specific for the student forum that addresses student specific scenarios which lead to burnout and stress.

The focus on clinician burnout as a growing public health problem is gaining significant momentum. ASHP is an original sponsor of the National Academy of Medicine (NAM) Action Collaborative on Clinician Well-Being and Resilience and is honored to lead the pharmacy profession on this issue. ASHP recognizes that a healthy and thriving clinician workforce is essential to ensuring optimal patient health outcomes and safety. Therefore, ASHP is committed to fostering and sustaining the well-being, resilience, and professional engagement of pharmacists, pharmacy residents, student pharmacists, and pharmacy technicians.

The Pharmacy Student Forum Executive Committee met at the ASHP Summer Meetings and will be incorporating well-being and resilience into Forum programs and activities for this year. For example, ASHP is planning educational programming related to workforce well-being and resilience for the upcoming Midyear Clinical Meeting and it will be added to our student programming. ASHP encourages members to join the conversation around well-being and resilience by joining the ASHP Connect Community on Clinician Well-Being and Resilience.

Utilization of Electronic Resources to Streamline Amendments, Recommendations, and New Business Items during the ASHP House of Delegates (Recommendation):

To recommend that ASHP investigate alternative electronic methods to collate recommendations, amendments, new business items, and other HOD relevant materials to streamline efforts and facilitate timely dissemination of revised information.

In response to this recommendation, ASHP staff discussed several suggestions with the Chair of the House of Delegates about using ASHP Connect and other technologies to collect proposed amendments, recommendations, and new business. Delegate use of ASHP Connect has grown tremendously in the past few years, and it has already been used to improve the amendment process before the House meets. Making more use of ASHP Connect at the Summer Meetings and even during the House of Delegates is a wise suggestion that is worthy of implementation.

Awareness and Education for Rare (Orphan) Diseases (Recommendation): Mindy Burnworth, Carol Rollins, Renee Tyree (AZ)

To recommend that ASHP develop a statement on the pharmacist's role in the management of patients with rare (orphan) diseases and orphan drug products; further,

To develop a resource center on rare diseases that includes information on orphan drug products (e.g., unusual procurement procedures, special handling, dosing and administration) and related disease information; further,

To collaborate with rare disease, medical, and other pharmacy organizations to promote healthcare provider and public awareness, education, and resources for patients with rare disorders.

This recommendation is under consideration by the Council on Pharmacy Practice.

Sterile and Non-Sterile Compounding Continuing Education (Recommendation): SACP, Home Infusion SAG, MA, AZ

Recommend that ASHP include a track with multiple activities related to sterile and non-sterile compounding for the Summer 2019 Meeting, and then continue to provide compounding-related CE activities especially sterile compounding, in small units (e.g., 1-4 hours) through various formats (e.g., Midyear meeting, electronic formats) to meet the growing need for education in compounding.

ASHP will offer two workshops on sterile compounding at the [Summer Meetings](#).

Use of International Classification of Disease Terminology in Publications (Recommendation): Paul Driver (ID)

AJHP and ASHP should use International Classification of Disease (ICD) diagnosis code terminology in publications.

This recommendation has been shared with ASHP publishing staff and will be implemented as possible in coming publications.

Reconsideration of Policy Title “Use of International System of Units for Patient- and Medication-related Measurements” (Recommendation): Elizabeth Wade (NH)

I recommend amending the title of the policy to include medication-related measurements.

The council recently reviewed and discussed this request and has no issues with changing the name. This will be done in the near future.

ASHP Guidelines for Pharmacist Relations with Industry (Recommendation): Jim Lile (MI)

That ASHP complete the update to ASHP Guidelines for Pharmacists’ Relations with Industry

The guidelines are still in development, due to competing priorities and volunteer turnover.

Pharmacy Technician Forum Request (Recommendation): Steven Gray (CA)

Ask the Pharmacy Technician Forum to consider the ASHP policy that was just adopted regarding Student Pharmacist Drug Testing to apply to student and employed pharmacy technicians for adoption next year.

This recommendation was referred to the Pharmacy Technician Forum, which proposed a policy recommendation on the topic.

Recruitment Process: ASHP Residency Showcase (Recommendation): Joan Kramer (KS, MO)

To recommend that ASHP convene a task force to assess the ASHP Residency Showcase and resident recruitment process, including but not limited to match rates and residency program return on investment for participation; further, to recommend the task force findings and action plan to close any identified gaps be presented to the ASHP Board of Directors within the next 12 months.

ASHP appreciates the interest in improving the recruitment process for residents and shares the desire to enhance the process. ASHP has looked at ways to improve the process and has recently invested in some technology advances to assist with the ASHP Residency Showcase and recruitment process.

Beginning in 2018, ASHP has partnered with two of the leading vendors in their respected industries to improve both the application/booth assignment process and program listing portal of the Residency Showcase. Moving forward, ASHP will have a new portal for programs to use to request booth space at the Midyear Clinical Meeting. The new portal is a streamlined, user-friendly system that has allowed ASHP to update its policies and create a significantly more customer-centric experience. In addition, ASHP has invested in technology to host the program listing sheets and will greatly enhance the experience of both programs and candidates. Programs will have access to sign in and post/edit their own listings, while adding specific description and category elements. Candidates will have a dynamic, mobile friendly, searchable and sortable list of residency opportunities available at the Residency Showcase. They will be able to browse through descriptions and sort by numerous categories with a focus of arriving at Midyear with a clear plan to attack the Residency Showcase.

These are the first round of improvements that will be made to the Residency Showcase process. ASHP will continue to look at any procedural and systematic enhancements while focusing on opportunities that

will allow programs new chances for promotion of their opportunities and make the candidate experience more user-friendly.

Incorporation of Sterile and Non-sterile Compounding Educational Sessions at the 2019 ASHP Summer Meetings (Recommendation): Karl Gumper (MA)

ASHP should provide educational sessions at the 2019 ASHP Summer Meetings that provide both sterile and non-sterile compounding to meet MA pharmacist annual CE requirements.

ASHP will offer two workshops on sterile compounding at the [Summer Meetings](#).