

House of Delegates

Recommendations from the 2019 House of Delegates

The delegate[s] who introduced each Recommendation is [are] noted. Each Recommendation is forwarded to the appropriate body within ASHP for assessment and action as may be indicated.

1. High-Cost Drug Management Impacting Patients and Pharmacies

Jerome Wohleb (NE), Nebraska delegation

Recommendation: Position/guidance statement for high-cost medication being developed impacting viability of health systems and pharmacies.

Background: Specialty drugs are critical to the integrated health systems and hospitals for patient access, optimum care, and vertical integration of healthcare driving excellent patient care outcomes. However, new gene therapy and rare orphan drugs may exceed reimbursement models projected by CMS and commercial payers. These multi-million dollar drugs could compromise health-system viability.

2. Home Infusion Pharmacy Standing Working Group

Carol Rollins (AZ)

Recommendation: Recommend that ASHP appoint a standing working group on home infusion pharmacy to keep the small but active home infusion pharmacy group involved in the multiple issues that impact home infusion pharmacy, especially with the home infusion SAG having been dissolved.

Background: None.

3. Certificate Program in Pediatric Nutrition Support

Carol Rollins (AZ)

Recommendation: Recommend development of a pharmacy-oriented certificate program in pediatric nutrition support pharmacy that includes the entire range of pediatric patients and a second subset of the certificate for pharmacists that only work with neonatal patients; further, the primary emphasis of the certificate program should be parenteral nutrition (PN).

Background: Pediatric patients requiring nutrition support, especially parenteral nutrition, are high-risk patients, and PN is a high-risk product. Few colleges/schools of pharmacy teach pediatric nutrition support and no pharmacy residency, including PGY2 pediatric residencies require training in pediatric nutrition support.

4. ASHP Response to State Laws Approving Importation of Drugs from Canada

Jennifer Davis (CO) Colorado delegation

Recommendation: To minimize confusion and clarify ambiguity in the current ASHP policy statement, ASHP should issue a renewed statement opposing state and federal movements approving importation of drugs from Canada solely based on cost due to its lack of feasibility.

Background: Several states have passed legislation allowing importation of drugs from Canada if approved by Secretary Azar (CO, VT, FL). See Colorado Senate Bill 5. These bills are not actionable and are creating confusion. ASHP should educate officials and the community about the futility of this approach.

5. Development and Implementation of a Pharmacy Resident Research Database

Tyler Vest, New Practitioners Forum

Recommendation: The New Practitioners Forum recommends that ASHP consider development and implementation of a comprehensive resident research database.

Background: Most pharmacy residents complete a research or quality improvement project as a required component of their ASHP-accredited pharmacy residency. Currently, there is no centralized system for recording and retrieving these projects. Our goal is to seek development of a comprehensive database to house resident research projects for the purposes of connecting residents, preceptors, programs, and health systems over similar research projects and areas of interests all while maintaining relevance rather than duplication. Simultaneously, the quality and content of these research projects would continue to rise and advance the boundaries of pharmacy practice in allowing for larger, potentially more impactful projects.

6. Unifying Name for Pharmacists Providing Direct Patient Care

Jannet Carmichael, Past President

Recommendation: ASHP should study, select, and market a name for pharmacists who perform direct patient care services that would be recognizable to the public.

Background: Many names have been promulgated over the years for pharmacists with an advanced scope of practice. Pharmacy education has been elevated; residency training is more common; formal specialties credentials and certificates are available, and years of experience have led to many trained professional pharmacists providing direct patient care. The public may be confused about who these pharmacists are. ASHP should define and name (e.g., pharmacist practitioner) these pharmacists and market this name to the public.

7. International Pricing Index (IPI) Model

Patti Hawkins, Josh Fleming, Anastasia Jenkins, Kristie Gholson, Wes Pitts, (MS)

Recommendation: ASHP should develop official policy to oppose the implementation of the IPI model.

Background: The American Hospital Association published a letter on December 27, 2018, summarizing concerns with the IPI model proposal. It appears the IPI model would have third parties or vendors “dispensing” and shipping in certain drugs that are to be used in hospitals, clinics, etc. This ‘forced white bagging’ does not address the root problem which is high drug costs from manufacturers. In addition to the negative direct financial impact, the administrative burden and patient safety issues are paramount.

8. Substance Abuse in the Elderly: The Unique Issues and Concerns that Pharmacists Can Address

Karen L. Kier (OH) Ohio delegation

Recommendation: Data suggest that the elderly have a higher rate of substance abuse than other demographics and this results in unique opportunities for pharmacists to be involved in their care.

Background: Recent data suggest higher rates of substance abuse in the elderly and the impact this can have on medication issues, hospitalizations, and falls. HHS publication #SMA-11-4618 indicates that treatment of elderly substance abuse will double by 2020. Benscholf and Harrawood discuss in their article the unique issues this presents for the healthcare profession and health systems.

9. Pharmacist’s Role in Educating the Public on the Dangers of Vaping

Karen L. Kier (OH) Ohio delegation

Recommendation: To encourage pharmacists to engage in community outreach to educate the public on the dangers of vaping and to oppose consumer advertising of vaping products.

Background: ASHP policy 1625 discusses position on E-cigarettes and tobacco products but does not address pharmacists’ role in educating the public on the dangers of vaping. Considering the September 12, 2018, FDA Commissioner’s statement on youth vaping as an epidemic, pharmacists should lead the way in educating and community outreach. (See similar outreach as stated in ASHP policy 1305.) Also to directly oppose DTC on TV and print on vaping.

10. Transparency of Pharmacy Payer Networks

Section of Specialty Pharmacy Practitioners (SSPP)

Recommendation: The SSPP recommends development of a policy on transparency of pharmacy provider networks.

Background: Pharmacy payer networks may be structured to allow access of health system pharmacies or to restrict access of health system pharmacies. The trend to restrict access is increasing. The new policy should support full transparency of all requirements for access for all pharmacies and demonstrate equal treatment of health system pharmacies.

11. Minimization of ASHP Expenditures in States that Pass Laws and Regulations That Limit or Deny Access to Healthcare

Brian I. Kawahara

Recommendation: That the ASHP Board of Directors adopt policies that avoids minimize ASHP expenditures in state where laws have been passed legislation and/or regulations designed to force values upon their citizens leading to the denial, removal, or prohibition of their constitutional rights and freedoms, that denies and individual of legal age and sound mind, their ability to access healthcare or interferes with patient physician confidentiality.

Background: Recently several states have passed laws which infringe upon the access of healthcare and/or a decision between physician and patient for a healthcare procedure. Since pharmacists are patient advocates, ASHP should protect basic rights to healthcare. This recommendation is written broadly to cover not only current laws and regulations but future infringements on these basic rights.

12. ADA Accessibility at ASHP Functions

Mindy Burnworth (AZ)

Recommendation: To support further incorporation of American Disabilities Act (ADA) accessibility needs for individuals at ASHP functions.

Background: ASHP has been proactive in sending basic registration emails for RDC and HOD events. Consider adding a question to determine if ADA accessibility needs are required in advance. For example, for those individuals who are mobile via wheelchair, seating should be located at a convenient location free of obstructions and accessible to microphones and prepared in advance to prevent an awkward or embarrassing situation in that moment. In addition, instead of the “front and back” microphones; have a “small” and “TALL” microphone in speaker rooms and the House floor, or a “mobile and immobile” microphone.

13. CBD Guidance Document

Craig Kirkwood (VA)

Recommendation: For ASHP to develop a guidance document to assist healthcare pharmacists for managing the diversity and variation in state and federal laws and regulations pertaining to CBD.

Background: None.

14. High Significance of Joint Council Recommendations

Mindy Burnworth (AZ)

Recommendation: To support further activities (such as policy development) associated with joint collaboration among the councils to emphasize significance of importance.

Background: Many policies cross various councils and with group collaboration a more robust policy may be created. For example, 2019 Suicide Awareness and Prevention was created and passed.

15. Exploration of Flexible Pharmacy Staffing Models to Support the Working Professional
Justin Konkol (WI)

Recommendation: ASHP should study, publish, and promote staffing models that provide flexibility for practitioners that recognizes the changing priorities of the workforce while maintaining consistent, safe, high quality patient care.

Background: Members are being challenged to evolve/modify staffing models to meet their staff members changing priorities for additional flexibility in the workplace being identified through staff engagement surveys and published literature on the workforce. Leaders are being challenged to maintain high-quality and consistent patient care services from their customers and have to work through individual HR departmental rules. Promoting models that balance patient care with staff priorities would help the profession.

16. Work-Life Integration Through Family Participation at Pharmacy Continuing Education Events

Mindy Burnworth (AZ)

Recommendation: To further support ASHP's emphasis on work-life integration by offering family friendly participation and attendance at live CE events.

Background: Building on the availability of childcare at the MCM, ASHP has taken strides to emphasize the importance of work-life integration. CE requirements may be more easily obtained for working mothers and fathers if children are allowed to participate in the events. For example, considering offering an inaugural CE program whereby children are taught about "look alike" medications (human or animal) to candy and safe medication use. For the pharmacist parents, share tips on how to prevent overdose of medications by children or pets.

17. Pharmacists Can Mitigate the Primary Care Physician Shortage

Lucas Schulz (WI)

Recommendation: Recommend that the Pharmacists Can Mitigate the Primary Care Physician Shortage clause 2 delete "comprehensive medication management" and replace with "medication management services" to be consistent with the Joint Commission on Pharmacy Practice.

Background: <https://jccp.net/wup-content/uploads/2018/05/Medication-Management-Services-Definition-and-Key-Points-Version-1.pdf>. Also see Anna Dopp.

18. Policy on Pharmacist Participation in the Emerging Healthcare Gig Economy

David Hager (WI)

Recommendation: That ASHP create policy on the professional obligations of pharmacists participating in the emerging healthcare contingent work facilitated by digital platforms, more commonly referred to as the “gig economy”.

Background: Aspen RxHealth intends to create the first gig economy for pharmacists in 2019. These pharmacists will be connected to patients and paid by health plans to optimize therapy. Resulting recommendations may be regarding patients cared for by health system pharmacists, by pharmacists outside of their system. This could lead to competing recommendations to providers. We should recognize the value in providing this work opportunity for those seeking additional income given student debt, so careful policy will need to be crafted.

19. Pharmacists Role in the Care of a Solid Organ Transplant

Justin Konkol (WI)

Recommendation: ASHP to continue to educate to CMS that a pharmacist should be the primary discipline qualified to provide pharmacy services on the SOT content care team.

Background: CMS interpretive guidelines updated on 3/29/2019 expanded the language to include other disciplines qualified to provide pharmacology services.

20. Methods for Continuation of Training in Nutrition Support Pharmacy

Carol Rollins (AZ) and delegates from MA, TX, PA

Recommendation: ASHP to appoint a group of pharmacists trained in or who have experience as a program director for a nutrition support pharmacy residency and/or fellowship to determine effective methods to assure continued training of pharmacists in the specialized knowledge associated with nutrition support pharmacy and the benefits to patient safety from such training, especially for complex patients requiring parenteral and enteral nutrition for both acute and ongoing care.

Background: With sunseting of accreditation by ASHP for PGY2 nutrition support pharmacy residencies, there is a lack of formally recognized training programs in nutrition support. While nutrition support is included in a couple of PGY2 residency programs, the majority of those programs depend on nutrition support trained pharmacists to provide that training. ASPEN provides nutrition support training; however, pharmacy-specific topics, especially more in-depth topics, are rarely accepted for presentation because of perceived lack of participation from the ASPEN membership, which is overwhelmingly dietitians. Shortages of parenteral nutrition products over the past decade have highlighted the importance of pharmacy-specific knowledge related to nutrition support as errors have occurred when products which are therapeutic equivalents (e.g., amino acids) are treated as generic equivalents when there are significant differences in products that affect patient safety and product efficacy (e.g., increased risk of precipitation, instability, component inactivation). As a registered dietitian myself and one who has taught dietetic interns parenteral nutrition for over three decades, I can state with assurance that dietitians are NOT prepared to

handle nutrition support without more in-depth post-registration/licensure training, nor is any healthcare professional.

21. Proportionate Delegate Allocation for Pharmacy Technicians, Pharmacy Student, and New Practitioner Forums

Mindy Burnworth (AZ), Tara McNulty (FL), Jen Towle (NH), Florida delegation

Recommendation: To support further incorporation of the Pharmacy Technician and Pharmacy Student and New Practitioner Forums by re-evaluating the number of allocated delegates serving on the AHSP HOD from these forums to parallel the continued growth of the forum membership.

Background: As the involvement of the newly created Pharmacy Technician Forum continues to expand, re-consideration of the number of delegates allocated to represent pharmacy technicians may need to be revised. Consideration for determining parallel needs for the Pharmacy Student Forum may be necessary as well.

22. Electronic Processing for HAK Whitney Award Seating

Brandon Ordway, Matt Ditmore, Paul Krogh, Kevin Dillion (MN); Jamie Sinclair, Lisa Mascardo, David Weetman (IA); Past President Chris Jolowsky

Recommendation: Develop an electronic HAK Whitney Award ticket exchange for seating.

Background: The current ticket exchange, while nostalgic, has run its course. Attendees arrive different days and times for the meeting. The current process is inefficient as attendees balance their travel, work responsibilities and session attendance with need to queue up for a good seat at the table. This also disadvantages those who arrive late. We recommend being able to request seats and tables electronically (after confirming that someone has a valid ticket).

23. Medicare Administrative Contractor Actions That Interfere with Safe Pharmacy Practice

Jennifer Davis (CO)

Recommendation: We recommend that ASHP work with CMS and its Medicare administrative contractors (MACs) to oppose reimbursement practices that restrict compounding flexibility and compromise safety.

Background: Some MACs have started to deny reimbursement for waste of drug products if the smallest vial size/NDC is not used. In some cases, use of the smallest vial size or specific NDCs increases the cost of CSTDs and increases the complexity of compounding.

24. Raise ASHP-PAC Visibility

Jeff Little (KS)

Recommendation: In an effort to raise awareness for the ASHP-PAC, ASHP should evaluate further opportunities to publicize the publicly reported PAC data including financial statements and recipients of PAC funding.

Background: In attempting to fundraise for the ASHP-PAC over the years, the PAC Advisory Committee has found there is a lack of awareness about the ASHP-PAC in the general membership. Many members do not know where the PAC money goes, how much money the ASHP-PAC spends, or even in some cases that ASHP has a PAC. ASHP should evaluate potential opportunities when there is a captive audience of ASHP members to raise awareness of the PAC.

25. Dose Rounding of High-Cost Medications to Reduce Waste and Reduce Cost

Kevin Marvin (VT, NH, MA, RI, ME, CT)

Recommendation: We recommend that ASHP initiate an effort to develop specific standards for the rounding of BSA and weight-based dosing for all such ordered medications to reduce waste and medication costs; furthermore, such effort shall include specific recommendations for EHR and label communication of this rounding from ordering to medication administration in collaboration with the Hematology and Oncology Pharmacists Association (HOPA).

Background: Many facilities when implementing dose rounding are doing it inconsistently. Through rounding workflows pharmacists are converting the weight-based doses to non-weight-based doses and therefore compromising safe therapy monitoring, dose checking and administration workflows. HOPA has developed recommendations for what information needs to be carried on a rounded order/label. Best practice standards are needed to support these rounding workflows.

26. ASHP Standardize 4 Safety Expansion

Kevin Marvin (VT, NH, MA, RI, ME, CT)

Recommendation: We recommend that ASHP continue with expansion of the ASHP Standardization for Safety Initiative with the goal to develop standards that support a goal of sharable order sets, therapy protocols and IV pump libraries across health systems and to increase the availability of pre-packaged products to include: standardized dosing units of measure, standardized common recommended doses, and standardized unit of use package sizes or injectable and oral liquid medications for all adult, pediatric, and neonatal use.

Background: The standardization of medication ordering, preparation, and administration has tremendous potential to increase safety, efficiency, and availability of medications and the medication use process. Such efforts should be considered as a continuous quality improvement effort as opposed to a project with a defined beginning and end. ASHP is well positioned to lead this initiative to develop and support the appropriate decision making structures for this continuing pharmacist driven effort.

27. Collaborate with CDC, FDA to Provide More Guidance on Blood Borne Pathogen Testing for Diversion from HCWs Involving Tampering

Tricia Meyer, Tammy Cohen, Jeff Wagoner, Steve Knight, Katie Morneau, Sid Phillips, Lea Eiland, Roger Woolf (TX delegation)

Recommendation: ASHP to work with CDC, FDA to develop recommendations when healthcare worker diversion involves tampering, used/shared needles/syringes that may expose patients to harm that support and justify testing of implicated HCW for blood borne pathogens.

Background: Numerous outbreaks have been described by CDC due to HCW diversion. CDC, FDA mention/comment on further testing for HCW.

28. Nutrition Support Education of Pharmacists

Texas delegation, Tammy Cohen, Steven Knight, Katie Morneau, Tricia Meyer, Sidney Phillips, Jeffrey Wagoner on behalf of Todd Canada; Arizona delegates Carol Rollins, Mindy Burnworth

Recommendation: Incorporate nutrition support training, especially related to parenteral nutrition into existing PGY1 competency areas, goals, and objectives.

Background: Pharmacy nutrition support education and training has reached a nadir with sun setting of the Nutrition Support PGY2 competency areas, goals, and objectives this past year. The lack of ASHP (outside of a proprietary certificate program) and health-system pharmacy leadership/administrative support for safe nutrition care practices has led to the incorporation of these specific duties into a general pharmacy role including the compounding or outsourcing of parenteral nutrition. Currently only PGY2 Pharmacotherapy and Critical Care competency areas, goals, and objectives have nutrition support as a required patient experience or direct patient care (pediatrics and oncology do not) and only enteral nutrition is required for PGY2 Geriatrics. Health-system pharmacy leadership is expecting all pharmacist to be competent in the use of parenteral and enteral nutrition when it is not a fundamental component of any PGY1 training program. It should be advocated for pharmacists in direct patient care to have nutrition support training by 2020 especially in the era of drug shortages and with electronic health records bypassing connectivity to automated compounders.

29. Creation of a Section Advisory Group for Investigational Drug Services (IDS)

Elyse MacDonald, Kavish Choudhury, Erin Fox, UT delegation, IN delegation

Recommendation: IDS pharmacy practice is becoming more complex from the operational and clinical perspectives, so much so, in pharmacy practice in this area is become more recognized as a specialty.

Background: There are not many “homes” in pharmacy organizations for IDA practitioners. Also, IDS practice touches many specialties, (e.g., oncology, informatics) which brings pharmacy staff from these areas to collaborate to conduct studies accurately. Practice in IDS needs the opportunity to expand services outside of the

central pharmacy. Joining pharmacy practitioners together to discuss IDS-related issues will help move this pharmacy specialty forward as research continues to grow.

30. Parity of Reimbursement for Pharmacist Services

Davena Norris, Melanie Dodd (NM)

Recommendation: Recommend a policy be developed regarding parity of reimbursement for services provided by pharmacists acting within their scope of practice when these same services are reimbursed if provided by a physician or other healthcare provider.

Background: It remains difficult for pharmacists to get reimbursed for patient care services despite state provider status. Several states are working to pass payment parity legislation, such as Texas HB 3441 and NM HB 578. HB 578 would prevent insurers from discriminating with respect to reimbursement against any pharmacist who is acting within the scope of his/her license and require insurers to reimburse pharmacists at the same rate that the plan reimburses a physician or physician assistant for that service.

31. ASHP Organizational Task Force

M. Woods, S. Sheaffer, D. Ginsburg, J. Boone (Past Presidents)

Recommendation: Given the recent development of the Technician Forum and Specialty Pharmacy Section we recommend ASHP consider the formation of an Organizational Task Force to review, assess, and optimize the effectiveness of the current policy development process and membership engagement.

Background: None.

32. Pharmacy of Distinction

Leigh Briscoe-Dwyer (NY)

Recommendation: That ASHP explore the development of an accreditation program for health-system pharmacy, similar to that of the Magnet Recognition Program that recognizes pharmacies of distinction that have met standards for quality, service, cost, and human resources.

Background: None.

33. Use of Certificate Program Materials for Student, Resident, and Multiple Pharmacist Training

Carol Rollins, Delegates from MA, TX, PA, AZ

Recommendation: Recommend that ASHP develop a plan for use of certificate program materials in training program involving multiple students, residents, and/or pharmacists that includes a group rate with or without actual certification exam completion; further, that ASHP identify a select group of topic experts who could be contracted to serve as facilitators for the training process.

Background: ASHP has invested considerable time and finances, as well as volunteer time, into developing the various certificate programs because a need for such information has been identified. Developing a plan to allow training of groups (students, residents, pharmacists) using the already developed materials would leverage ASHP investment and likely would reach a broader audience if group pricing were developed (e.g., it might be possible for affiliates, colleges/schools of pharmacy, and/or residency programs to offer the program as many now do for APhA certificate programs). Having a non-certificate option (i.e., materials are reviewed by the certificate exam is not completed) at a reduced price could potentially increase the pharmacists/trainees who receive the information associated with certificate programs and still provide improved patient safety. Many colleges/schools of pharmacy lack faculty with expertise in the areas covered by the ASHP certificate programs and having an option of the high quality ASHP certificate program information available at an affordable price would allow pharmacy trainees the benefit of learning from the experts, especially if an option were available for an expert identified by ASHP to be brought in to facilitate the training process.

34. Revision of Article 7.1 in the ASHP Bylaws to Increase the Number of Fraternal Delegates allotted to the Department of Veterans Affairs

Heather Ourth, Veterans Affairs

Recommendation: On behalf of the nearly 9,000 VHA pharmacists, we recommend amending article 7.1 in the ASHP Bylaws to increase the number of fraternal delegates allotted to the Department of Veterans Affairs.

Background: The Department of Veterans Affairs has nearly 9,000 pharmacists of which over 4,500 have a scope of practice that includes prescriptive authority and over 600 residents are trained through ASHP accredited residency programs each year. VA would request amending the bylaws and increase the number of fraternal delegates allotted to the system. APhA allots to fraternal delegates to VA.

35. Recertification Materials to State Affiliates

Ursula Iha, Carla Darling, Michelle Eby (AK, DC, AZ)

Recommendation: Recommend that ASHP develop a plan to provide board certified pharmacotherapy pharmacists recertification materials to state affiliates for continuing education.

Background: We believe that the ability to provide intensive programs will improve the quality and attendance for our state's continuing education programs and conventions. It will help to increase membership and elevate the profession at the grassroots level.

36. Therapeutic Uses of Cannabinoid Derivatives

Daniel Dong (CA)

Recommendation: I recommend that ASHP develop a broad professional policy on the research, education, therapeutic uses, and adverse effects of cannabinoid derivatives.

Background: I recommend that ASHP develop a broad professional policy on cannabinoid derivatives to potentially avoid having separate professional policies covering each individual derivative such as CBD oil. This will allow ASHP to have a professional policy when these new entities become commonly used.

37. Pharmacist* Practice Across State Lines

***(not pharmacy dispensing)**

Steven Gray (self)

Recommendation: ASHP, as the national organization for pharmacists, should actively pursue the ability to practice CMM across state borders.

Background: Too many states require a pharmacist in a “Center of Excellence” in another state to be licensed also in the state in which the patient resides. This prevents patients from getting the best care from the practitioners of their choice.

38. Licensed Pharmacist Assistant

Elizabeth Wade, Staci Hermann (NH)

Recommendation: To recommend that ASHP evaluate the role of a licensed pharmacist assistant.

Background: Other countries have pharmacists, pharmacy technicians, and a licensed pharmacist assistant role. As our pharmacy technician workforce meets more challenging demands for training and certification, the pay scale for technicians has not risen to meet the same level of skill. New Hampshire has introduced legislation for the role of a new licensed pharmacist assistant. It would be helpful for ASHP to assist with research of this role in other countries and the potential risks and benefits of having such a role in the United States.

39. Task Force for ASHP’s Relationship with Schools of Pharmacy

Christene Jolowsky, Diane Ginsburg, Steve Sheaffer (Past Presidents)

Recommendation: Recommend that ASHP convene a task force to address relationships with schools of pharmacy.

Background: APhA and AACP have a well-established working relationship. Both have prominent visibility at each others’ meetings, along with a high level of support of APhA through schools’ faculty. Students often see ASHP meetings as a requirement for residencies, not as a sustained organizational choice. Health-system pharmacy is vital to the profession. There is value in strengthening the exposure to ASHP on campuses, and strengthening our relationships with students and faculty.

40. Mental Health First Aid

Julie Kalabalik, Lu Brunetti, Paul Goebel (NJ)

Recommendation: ASHP should develop a policy on advocating mental health first aid training for pharmacists, pharmacy technicians, and support staff.

Background: APhA 2019 House of Delegates adopted a policy encouraging healthcare personnel to receive mental health training. Pharmacists practice in settings that place them in ideal situations to identify mental health issues; however, appropriate mental health training will provide the tools needed to identify mental health issues.

Citation: Giannetti V, Caley CF, Kamal KL et al. Community pharmacists and mental health: a survey of service provision, stigma, attitudes, and beliefs. *Int J Clin Pharm* 2018;40(5):1096-1105.

41. Inclusion of Pharmacists as Part of Optimal Team-Based Care in AHA Training Videos

Jodi Taylor (NY, LA, IN, MO, MS, AL, OH, OR, NM, NC, MN, DC, AK, KY, WI, WA, VA, TX, MI, ME, WV, MA)

Recommendation: ASHP should petition the American Heart Association (AHA) to ensure that pharmacists are appropriately represented as part of optimal team-based care in Acute Cardiovascular Life Support (ACLS) training videos.

Background: The AHA ACLS course materials emphasize the importance of effective team dynamics and role selection for team members to maximize team effectiveness during cardiac arrest codes; however, the course video showcases multiple team members delivering care without the assistance of a pharmacist. Literature and ASHP policy 1527 support the inclusion of the pharmacist in emergency response teams. New AHA training materials will be developed after release of the 2020 guideline update.

** Of note, the Tennessee Pharmacists Association House of Delegates, at the recommendation of the Tennessee Society of Health-System Pharmacists, adopted a resolution to work with ASHP to petition the AHA on behalf of pharmacists in 2018.

42. Pharmacist's Role in the Selection of Health-System's Pharmacy Benefit Manager (PBM)

Samm Anderegg (TX, SOPIT)

Recommendation: Pharmacy leadership should be directly involved in the selection of their health system's pharmacy benefit manager servicing their employee's health plan.

Background: The PBM market is an oligopoly. Many health systems are self-insured entities and have control over which PBM provides pharmacy benefits. PBMs inflate costs, over charging health systems. Currently very few pharmacy leaders are involved in the process.

43. Pharmacists Can Mitigate the Primary Care Physician Shortage

Mollie Ashe Scott, Laura Traynor, Julie Groppi, Melanie Dodd, and Heather Ourth

New Business Item: We recommend that ASHP create a new statement on the physician shortage and the important role that pharmacists play on interprofessional teams. Specific recommendations for elements for such a statement include:

1. To recognize the shortage of primary care physicians; further,
2. To advocate that pharmacists are direct care providers who increase access to care and unburden the interprofessional team through comprehensive medication management, population health, and prevention and wellness services; further,
3. To partner with interprofessional stakeholders at the state and national level to develop solutions to the primary care provider shortage that include the incorporation of pharmacists into primary care models of care.

Background:

The Association of American Medical Colleges recently published an updated report in April 2019 entitled “Complexities of Physician Supply and Demand: Projections from 2016-2030” that projected a shortage of up to 122,000 physicians by the year 2032, including a shortfall of up to 55,200 primary care physicians. Population growth and aging are the most important contributing factors for increased demand in healthcare services. The shift from fee-for-service to value-based care as part of the U.S. healthcare system transformation places an increased emphasis on population health initiatives that achieve the quadruple aim of healthcare including lowering costs, improving quality, and improving the patient and provider experience. Increases in chronic disease, mental health concerns, and the opioid epidemic have impacted on the number of patients needing care, and improving access to care is a goal of the Affordable Care Act. Rural and underserved communities are particularly impacted by the primary care provider shortage, leading to health disparities and poorer outcomes.

Pharmacists are considered our nation’s medication experts, and multiple organizations including the National Governors’ Association, the Patient Centered Primary Care Collaborative (PCPCC), and Get the Medications Right Institute advocate for recognizing pharmacists as providers, embedding pharmacists into primary care practices and creating financial sustainability for the provision of comprehensive medication management by pharmacists, ASHP has long championed the role of the pharmacist on interprofessional teams, the development of collaborative practice agreements, and served as a leader in developing best practices in ambulatory care. Pharmacists across the country provide a wide variety of services in interprofessional teams including but not limited to, annual wellness visits, disease management, transitions of care, comprehensive medication management, immunizations, medication assistance, medication adherence programs, and many others. In order to increase uptake of these models, ASHP developed the Ambulatory Care Self-Assessment as part of the Practice Advancement Initiative, and partnered with the A3 Collaborative to support pharmacists and health systems with the development of innovative care models that increase access to care and improve patient care outcomes. Despite all that the

profession of pharmacy does to improve patient care outcomes through the provision of direct patient care services, the AAMC report focuses primarily on the role that physician assistants and nurse practitioners play to mitigate the primary care physician shortage. As the national grapples with the how to care for an aging population and provide comprehensive, accessible, patient-centered care for a growing population, it is paramount that pharmacists are seen as a profession who can mitigate the primary care provider shortage. Collaboration with medical, physician assistant, and nurse practitioner professional organizations as well as groups such as Get the Medications Right Institute, the A3 Collaborative, PCPCC, CMS, and others, is warranted so that the profession of pharmacy is at the table when solutions to the primary care shortage are developed.

Suggested Outcomes:

1. Pharmacists are nationally recognized as a viable and integral solution for addressing the primary care shortage.
2. Creation of an ASHP Statement on “How Pharmacists Can Mitigate the Primary Care Shortage” that is endorsed by interprofessional external stakeholders.