

House of Delegates

Recommendations from the 2020 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. **Autoverification**

On behalf of the Joint SICP Section Advisory Group for Medication Safety, and SOPIT Clinical Decision Support and Analytics Task Force for Autoverification;
New Hampshire Delegation: Keith Foster, Kristine Willett,
Elizabeth Wade

To recommend that ASHP develop a call to action for regulatory agencies to clarify the role of autoverification in electronic health records

Background: Autoverification occurs when a medication is entered and released, bypassing the pharmacist verification step, and is automatically verified in the EHR. In the 2019 ASHP survey of health-systems, 62.2% of health-systems use autoverification functionality, a significant increase since 2016. However, regulatory standards are lacking; MM 05.01.01. states: “A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.” Autoverification is not specifically mentioned, and with the prevalence of its use in EHR’s, clear guidance is needed from regulatory agencies.

2. **Amendment to CPM 1808 Patient Access to Pharmacist Care within Provider Networks**

JoAnn Stubbings, Section of Specialty Pharmacy Practitioners

On behalf of the Section of Specialty Pharmacy Practitioners, I would like to recommend the Council consider the following amendment to 1808 Patient Access to Pharmacist Care within Provider Networks: To advocate that the criteria developed by the healthcare payer is transparent to and standardized across all network providers in order to ensure the same level of patient care within the network.

Background: This policy as written addresses the criteria for pharmacists or pharmacies to participate in healthcare networks. The proposed amendment addresses a practice among healthcare payers in which the payer's stated criteria are not standardized across all network participants, resulting in different levels of patient care within a network. For example, the criteria for a health system pharmacy to participate in a specialty or infusion contract may be different from the healthcare payer's criteria for

its own specialty or infusion pharmacy. Due to a lack of transparency and standardization across all network providers, the level of patient care may not be the same within the network.

3. Labor and Reimbursement Practices for Frontline Pharmacy Personnel During Unprecedented Times

Mindy Burnworth, Arizona; Christi Jen, Arizona; Christopher Edwards Arizona; Andrew Mays, Mississippi

To advocate that ASHP ensure that pharmacy personnel are included in federal legislation regulating labor and reimbursement practices for frontline essential workers with known exposure to serious disease for which adequate protection cannot be provided or during a natural disaster, public health emergency, pandemic, and unprecedented times.

Background: The current COVID19 pandemic prompted the consideration of hazard pay and labor/reimbursement practices for frontline essential workers with known exposure to serious disease for which adequate protection cannot be provided. Federal laws supporting such hazard benefits include US Department of Labor and Code of Federal Regulation. Several national pharmacy organizations including NCPA, APhA, and ASHP advocated for inclusion of pharmacists in the Heroes Act. Moving forward, pharmacy personnel should be included in similar legislation from the beginning.

4. Alternative and Virtual Residency Learning Experiences during Unprecedented Times

Mindy Burnworth, Arizona; Christi Jen, Arizona; Christopher Edwards Arizona; Andrew Mays, Mississippi

To recognize that in-person, hands-on clinical experience provides the most meaningful learning opportunities in resident learners, further;

To encourage ASHP explore the impact of virtual or alternative learning experiences during residency training (PGY1, PGY2) during exceptional or unprecedented times, further;

To encourage that ASHP Residency Accreditation Standards address virtual or alternative learning experiences during exceptional or unprecedented times.

Background: The current COVID19 pandemic prompted the need for virtual or alternative pharmacy practice learning experiences (introductory and advanced) for student learners. These novel learning experiences mandated accelerated creation and rapid collaboration with ACPE, AACP, state boards of pharmacy, and colleges of pharmacy to ensure “reactive” approval. These valuable “lessons learned” about education during a pandemic prompted a reflection on resident learners and how

learning/teaching may require adaptation. ASHP is encouraged to explore the possibilities of having virtual or alternative learning experiences during residency training should the need arise. This proactive approach will ensure consistent learning and precepting during exceptional and unprecedented times and can be further highlighted in ASHP Residency Accreditation Standards.

5. **Role of the Pharmacy Workforce in Pandemics**

Mindy Burnworth, Arizona; Christi Jen, Arizona; Christopher Edwards Arizona; Andrew Mays, Mississippi

To recognize that pandemics in the U.S. are a public health crisis; further,

To affirm that the pharmacy workforce has important roles in a comprehensive public health and medical approach to pandemics, including leadership roles in their communities and workplaces; further,

To foster the continued expansion of education, training, and resources to prepare the pharmacy workforce for their roles during a pandemic; further,

To support research and dissemination of information on the effectiveness of pharmacy-focused pandemic-management strategies.

Background: While ASHP has Statements on the Role of Health-System Pharmacists in Emergency Preparedness and Role of Health-System Pharmacists in Public Health, the intent of these statements was to “stimulate dialogue” about the role that health-system pharmacists can play in providing care that improves public health in the United States. To modernize the intent of these statements and document the revolutionary progress that the pharmacy workforce demonstrated during the COVID19 pandemic (remdesivir & other evidence-based agents, screening), ASHP is encouraged to refine these statements and create a free-standing policy to better highlight the proven benefits and activities of the pharmacy workforce during a pandemic (evaluating the literature for evidence-based management during a pandemic). In addition, it is important that the pharmacy workforce be provided with the appropriate education, training, and resources (including personal protective equipment) to foster pharmacy’s continued success in the management of pandemics, while preserving their health.

6. **Dissemination of ASHP Political Action Committee Report during House Proceedings**

Mindy Burnworth, Arizona; Jeff Little, Kansas

To affirm that ASHP is committed to advocacy as a professional obligation; further,

To strongly encourage that ASHP disseminate the ASHP Political Action Committee (PAC) Report in its entirety as a line item during the annual House of Delegates proceedings.

Background: ASHP recently published a statement on Advocacy as a Professional Obligation. To elevate the role of ASHP in promoting advocacy, reporting of the ASHP Political Action Committee (PAC) Report [like the President's Report and Treasurer's Report] during the House of Delegates meetings is appropriate. Sharing of the PAC Report will also foster increased awareness of advocacy as a professional obligation. Dissemination of the PAC Report could be via various methods: oral or written report outlining PAC donations, PAC expenditures, and balance on hand.

7. ASHP Pharmacy Residency Verification Database

Florida delegation: Farima Fakheri Raof, Bill Kernan, Jeffrey Bush, Dave Lacknauth, Michael DeCoske, Gary Dalin

ASHP to develop a Pharmacy Residency Training Verification Database

Background: Currently there is no database or verification process to confirm if a pharmacist has successfully completed a residency training program. Having access to an online database which lists individual names, residency program/entity name, program completed and residency graduation date will be a helpful tool in pharmacy recruiting processes.

8. ASHP Residency Trained Credential

Florida delegation: Farima Fakheri Raof, Bill Kernan, Jeffrey Bush, Dave Lacknauth, Michael DeCoske, Gary Dalin

ASHP to explore the creation of a Residency Training Credential to be used by pharmacists who have successfully completed an accredited residency training program

Background: Completing a residency training has been highly encourage by ASHP and is now an important step in advancing pharmacist training. However, it is often observed that the members of multidisciplinary teams are not familiar with or aware of pharmacy residency trainings. Dedicating a formal credential will help bring awareness in regards to these advanced trainings similar to Pharm.D., BCPS, CPh and other credentials.

9. Primary Source of Raw Materials for Medication

Brian I. Kawahara, California

ASHP should recommend that the FDA and other government entities mandate manufacturers find and use more than one source of raw materials for medications especially those needed for emergent situation (e.g., those needed on crash carts, oncology medications, etc.)

Background: The recent Covid-19 crisis and other disasters have led to a shortage of several critical medications due to the dependence of obtaining raw materials from a

single source (e.g., China or India). This has led to delayed or change in therapy and increased the risk of medication errors. It has also been seen when contamination occurs in the raw product (e.g., metformin, ranitidine, etc.) leading to recalls of finished product from several manufacturers. Also, this has led to development of "gray" or "black" market suppliers increasing the likelihood of a counterfeit product being received. This situation cannot continue as it endangers the lives and well-being of patients.

10. Virtual Access to ASHP Midyear

New York Delegation; Liz Shlom, Karen Berger, Heide Christensen, Ruth Cassidy, Frank Sosnowski

We recommend that ASHP plan to provide virtual access to meetings and events at the ASHP Midyear 2020.

Background: Some hospitals (one of the NYS delegates works at such a hospital) have already stated that their staff are not permitted to attend conferences in 2020. Not knowing how the Fall will unfold in regards to a second wave of COVID-19, it is recommended that ASHP plan for at least some members not being able to attend in person.

11. Pharmacist Role in Global Health Threats

David Hager, Wisconsin

ASHP create policy in relation to the pharmacists role in Global Health Threats including pandemics.

Background: I am sure there will be many asking for this and wanted to make sure it was included.

12. Pharmacist Response to Global Warming

David Hager, Wisconsin

ASHP craft a policy on the impact global warming will have on public health, pharmaceutical use and global health as well as the pharmacists role mitigating global warming.

Background: Global health will change as the earth continues to warm. As a result so will pharmaceutical use (Journal of Toxicology and Environmental Health, Part B, 16:285–320, 2013). Policy on a pharmacists involvement would guide policy.

13. Opposition to Patent Protection by Transfer to Native American Populations

David Hager, Wisconsin

To craft policy in opposition of pharmaceutical companies use of Native American's sovereign status under federal law made the patents immune from administrative review from the US patent office.

Background: Allergan attempted this in 2019. We should oppose this abuse of native populations.

14. Productivity Metrics

Molly Leber, Connecticut

Recommend that ASHP create a Task Force or develop a White Paper around safe staffing ratios, future guidance on the use of productivity metrics and value based care

Background: Recognizing that as for-profit organizations are expanding and other organizations are looking for cost savings, there is a need to create a minimum staffing ratio, similar to what nursing has. It is recommended that ASHP create a Task Force or develop a White Paper around safe staffing ratios and future guidance on the use of productivities metrics and value based care.

15. Virtual Regional Delegate Conferences

Washington, DC Metro delegation: Michelle Eby, Kit Wong

Beginning in 2021, we recommend that all Regional Delegate Conferences (RDCs) are held virtually.

Background: Virtual RDCs allow for increased attendance, reduced cost to ASHP, and reduced cost to members. They also allow members from distant states to network who would otherwise not have the opportunity to do so. If ASHP decides to hold RDCs virtually, you may consider changing the name as they will no longer be regional. Perhaps they can be called Virtual Delegate Conferences (VDCs).

16. Survey of Strategic Planning Performed by Health-System Pharmacies

Andrew Donnelly, Illinois

Recommend that the extent, if any, of strategic planning in health-system pharmacies be assessed by ASHP via a standalone survey or in conjunction with a broader survey being performed by ASHP.

Background: A recent literature search that I performed on strategic planning in health-system pharmacies when getting ready to do strategic planning in my department resulted in very few articles on this topic, with the majority being quite dated. However, it was reported that hospital pharmacy departments that performed strategic planning resulted in administrators having a greater satisfaction with the department and that the department had a higher number and quality of clinical pharmacy programs. I think

the general membership of ASHP, especially those in management/leadership positions, would benefit from a well-designed survey assessing how departmental strategic planning is structured, the strategic priorities identified, and the mechanism used for implementation of the plan.

17. Hospital/Health-System and Insurer Partnership

Justin Konkol, Wisconsin

Encourage ASHP to engage with Insurers and Health-Systems around developing sustainable financial models for both interested parties to prevent segmented care from occurring (primary care in a non-affiliated clinic, infusion at a non-health-system infusion entity).

Background: Through vertical integration insurers continue to carve out care from hospitals and health-systems from providing patient care offerings which include but are not limited to infusion services, urgent care etc. The reason for this carve-out is routinely due to being able to provide care at a lower cost. Would be interested in some demonstration projects or partnership developments that can help maintain the patient continuity and care delivered AND meet both the insurer and hospital-health-system financial goals.

18. Development and Creation of Sustainable Telehealth Business Models

Justin Konkol, Wisconsin

Recommend ASHP help members create and develop robust toolkits and business plans around implementing, sustaining, and growing telehealth services.

Background: With COVID-19, organizations such as my own have recommitted to providing 1/3 of their care virtually. Currently, except under emergency rules, many pharmacists providing telehealth services do not receive reimbursement for these services. With facility fee charging not applicable to virtual visits, our profession needs support to redefine the role of the pharmacist in telehealth.

19. Developing an Engaged Work-from-Home Pharmacy Workforce

Justin Konkol, Wisconsin

I would encourage ASHP to help develop and create training, tools, and programming for pharmacy leaders around how to best manage, maintain, and engage pharmacy team members with team members working in multiple sites.

Background: Many organizations are moving to permanently keep workers at home, displaced by COVID, at home. There is already some information being shared on virtual burnout. We as leaders will require new tools, techniques, and support to attract new

talent, engage team members, and work through the new virtual barriers created to remain successful to care for our patients and execute on our organizational goals.

20. Investigational Drug Services Sustainable Business Model

Justin Konkol, Wisconsin

Would encourage ASHP to help develop toolkits, staffing metrics and other useful business tools to manage departments who manage investigational drug programs.

Background: The amount of work to manage investigational drug programs continue to skyrocket with complexity and numbers of studies continuing to expand. There is not universal metric to evaluate acuity or complexity of a study (Vizient has published some data) around this topic. Additional surveys, presentations, publications around the business operations of this complex environment are sparse at best.

21. Opposition to Laws and Regulations That Limit or Deny Access to Health Care and Health Care Information and Interferes with Provider/Patient Relations

Brian I. Kawahara, California

That ASHP opposes the passage of federal, state, and local health care legislation and/or regulations that are designed use values or religious philosophies rather than scientifically based evidence to deny or interfere with the ability of a patient to access provider services and/or health care information to make a decisions about their health care, resulting in the denial, removal, or prohibition of their constitutional rights and freedoms, even though the individual is of legal age and sound mind.

Background: Several states have passed laws and create regulations that infringe upon a patient of sound mind and legal age, access to healthcare services and/or a decision between health care provider and patient for healthcare procedures based. These laws and regulation are based on values rather than scientifically based evidence. Since pharmacists are patient advocates, ASHP should protect basic rights to healthcare and provider-patient confidentiality. This recommendation is written broadly to cover not only current laws and regulations but future ones that infringe on these basic rights.

22. Best Practice for Managing a Strategic National Stockpile

Colorado Delegation: Michelle Then, Jennifer Davis, Karen McConnell

We recommend that ASHP work with state, federal, and industry partners to create a best practice for managing a strategic national stockpile of critical medications for hospitals as well as creating a plan for distribution of new drugs/vaccines to ensure adequate supply, transparency and prompt response in the event of pandemics and emergencies.

Background: We recommend that ASHP work with state, federal, and industry partners to create a best practice for managing a strategic national stockpile of critical

medications for hospitals as well as creating a plan for distribution of new drugs/vaccines to ensure adequate supply, transparency and prompt response in the event of pandemics and emergencies.

23. ASHP Response to Racial Injustice

Mollie Ashe Scott, Zachary Weber

New Business Item:

1. We recommend that ASHP develop a statement or policy that supports widespread education for pharmacists, residents, students, and technicians about implicit bias and systematic racism.
2. We recommend that a Section Advisory Group be established within the new Section of Education to support educational initiatives on inclusion, diversity, and racial inequity.

Suggested Outcome:

Creation of resources and deliverables for ASHP members that contribute to breaking down barriers that support systemic racism in healthcare.

24. ASHP Support of the World Health Organization

Marianne Ivey, Philip Schneider

New Business Item:

To encourage ASHP and its members to strongly support the mission work of the World Health Organization (WHO) in its role in public health preparedness, prevention, and control to improve the health and wellbeing of people globally; further,

To prioritize the revision of the ASHP Statement on the Role of Health-System Pharmacists in Public Health.

Background:

In an age of global travel between and among countries the efforts to prevent, control, treat and eradicate diseases and conditions that decrease health and well-being of all peoples are critical to all countries independent of factors such as income and education. Addressing new vectors of disease transmission and behavioral conditions related to lifestyles and environmental conditions continue to provide challenges that need to be addressed. Agencies such as WHO that provide evidence-based warnings, guidelines, education, research and advocacy and collect data to help countries prepare their public health infrastructure are critical in providing all peoples with the tools and resources needed to address critical health issues globally. The current ASHP Statement on the Role of Health-System Pharmacists in Public Health was published in 2008 and should be reviewed and updated.

Suggested Outcome:

The ASHP HOD will approve this new business and emphasize the importance of the role of WHO through its statement on the role of pharmacists in public health.