Summary of Actions of the March Virtual House of Delegates

March 19-26, 2021
The House of Delegates

Ultimate authority over ASHP professional policies

One annual session consisting of 2 meetings at the June online House of Delegates and 3 virtual meetings in March, May, and November

• Reviews policy proposals that have been approved by the Board of Directors
• Most of these professional policy proposals are contained in reports from ASHP councils
ASHP Policy Process

Governance → ASHP Professional Policy

House of Delegates

Board of Directors

- Councils
- Other Appointed Groups
- Component Groups

Operations

Members
Delegates approved the following 15 recommendations by 85% or more, the threshold for final approval. Six policy recommendations did not meet that threshold and will be slated for consideration at the June meeting of the House.
COT: Direct-to-Consumer Clinical Genetic Tests

To support research to validate and standardize genetic markers used in direct-to-consumer clinical genetic tests and guide the application of test results to clinical practice; further,

To encourage the Food and Drug Administration (FDA) to continue to regulate direct-to-consumer clinical genetic tests as medical devices and work with the National Institutes of Health to evaluate and approve direct-to-consumer clinical genetic tests; further,

To advocate that direct-to-consumer clinical genetic tests be provided to consumers through the services of appropriate healthcare professionals who order tests from laboratories certified under the Clinical Laboratories Improvement Amendments of 1988 (CLIA); further,
COT: Direct-to-Consumer Clinical Genetic Tests (cont’d)

To support FDA policies and procedures regarding advertising of direct-to-consumer clinical genetic tests, including the following requirements: (1) the relationship between the genetic marker and the disease or condition being assessed is clearly presented, (2) the benefits and risks of testing are discussed, and (3) such advertising is provided in an understandable format, at a level of health literacy that allows the intended audience to make informed decisions, and includes a description of the established patient-healthcare provider relationship as a critical source for information about the test and interpretation of test results; further,

To encourage health systems to create policies and procedures addressing direct-to-consumer genetic testing results as it relates to confirmatory testing, integration of genomic information into the healthcare record, genetic counseling, and clinical decision-making; further,

To encourage pharmacists to educate consumers and clinicians on the potential risks and benefits of direct-to-consumer clinical genetic tests for disease diagnosis and decisions involving drug therapy management.

Note: This policy would supersede ASHP policy 1103.
COT: Use of Antimicrobials in Surgical Wounds and Procedures

To oppose the use of antimicrobial agents in surgical wounds and procedures not based on evidence; further,

To encourage further research to assess the efficacy, safety, and risks of resistance development of antimicrobials used in surgical wounds and procedures; further,

To foster evidence-based recommendations on the use of antimicrobial agents in surgical wounds and procedures and on how to prepare those agents according to appropriate sterile practices; further,
COT: Use of Antimicrobials in Surgical Wounds and Procedures (cont’d)

To advocate that antimicrobial stewardship programs review and monitor the use of antimicrobial agents in surgical wounds and procedures; further,

To encourage pharmacists to educate prescribers on adverse outcomes and reactions associated with the use of antimicrobials in surgical wounds and procedures; further,

To support clear and consistent documentation of antimicrobial agents used for surgical wounds and procedures in the electronic health record.
To recognize that pharmacy workforce development is an essential component of staff recruitment, retention, and well-being; further,

To recognize that pharmacy workforce development encompasses more than formal education programs and includes informal learning among colleagues, mentoring, participation in activities of professional organizations, and other types of learning; further,

To encourage healthcare executives to support pharmacy workforce development programs, including leadership succession planning, as an important benefit that aids in recruiting and retaining qualified staff; further,

To support healthcare executives with pharmacy workforce development by providing educational programs, services, and resources.

Note: This policy would supersede ASHP policy 0112.
CEWD: Fostering Leadership

To work with healthcare organization leadership to foster opportunities, allocate time, and provide resources for members of the pharmacy workforce to move into leadership roles; further,

To encourage leaders to seek out and mentor members of the pharmacy workforce in developing administrative, managerial, and leadership skills; further,

To encourage members of the pharmacy workforce to obtain the skills necessary to pursue administrative, managerial, and leadership roles; further,
CEWD: Fostering Leadership (cont’d)

To encourage colleges of pharmacy and ASHP state affiliates to collaborate in fostering student leadership skills through development of co-curricular leadership opportunities, leadership conferences, and other leadership promotion programs; further,

To reaffirm that residency programs should develop leadership skills through mentoring, training, and leadership opportunities; further,

To foster leadership skills for members of the pharmacy workforce, including skills for pharmacists to use on a daily basis in their roles as leaders in patient care.

*Note: This policy would supersede ASHP policy 1611.*
CEWD: Interprofessional Education and Training

To advocate for interprofessional education as a component of didactic and experiential education in pharmacy workforce education and training programs; further,

To support interprofessional education, mentorship, and professional development for healthcare professionals and learners; further,

To urge collaboration with other healthcare professionals and executives in the development of education and training models for interprofessional, team-based, patient-centered care; further,

To foster documentation and dissemination of outcomes achieved as a result of interprofessional education of healthcare professionals.

*Note: This policy would supersede ASHP policy 1612.*
CEWD: Pharmacy Education and Training Models

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

To encourage the collaboration between colleges of pharmacy and residency programs with accreditation agencies on innovative education and training models; further,

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

Note: This policy would supersede ASHP policy 1829.
CEWD: Pharmacy Internships

To encourage state boards of pharmacy to adopt the standardized pharmacy internship hour requirements recommended in the National Association of Board of Pharmacy Model Rules for Pharmacy Interns; further,

To support structured requirements, goals, and objectives for pharmacy internship experiences, in alignment with requirements for introductory and advanced pharmacy practice experiences; further,

To promote new staffing models that offer expanded roles for pharmacy interns, providing work experiences that build upon their knowledge and help them develop as future pharmacists.

Note: This policy would supersede ASHP policy 1110.
CPM: Patient Experience

To encourage the pharmacy workforce to evaluate their practice settings for opportunities to improve the experience patients have with healthcare services and with the outcomes of their drug therapy; further,

To educate the pharmacy workforce about the relationship between patient experience and outcomes; further,

To develop or adopt tools that will (1) provide a system for monitoring trends in the quality of pharmacy services to patients, (2) increase recognition of the value of pharmacy services, and (3) provide a basis for making improvements in the process and outcomes of pharmacy services in efforts to engage patients and improve their experience; further,
To promote use of interactive patient technology (e.g., self-learning teaching resources) to augment patient experience and help prioritize and improve the effectiveness of pharmacy services; further,

To facilitate a dialogue with and encourage education of patient experience database vendors to include the value of pharmacy services in the patient experience.

*Note: This policy would supersede ASHP policy 1616.*
CPM: Pharmacy Services for Uninsured and Underinsured Patients

To support the principle that all patients have the right to receive care from pharmacists; further,

To declare that pharmacists should play a leadership role in ensuring access to pharmacists' services for indigent or low-income patients who lack insurance coverage or are underinsured; further,

To encourage the pharmacy workforce to work with organizational patient assistance, case management, and care coordination teams to ensure seamless patient care transitions for all patients, including uninsured and underinsured patients; further,
To advocate better collaboration among health systems, community health centers, state and county health departments, and the federal Health Resources and Services Administration in identifying and addressing the needs of indigent and low-income patients who lack insurance coverage or are underinsured.

Note: This policy would supersede ASHP policy 0101.
CPhP: Patient Access to Pharmacy Services in Small and Rural Hospitals

To advocate that critical-access hospitals (CAHs) and small and rural hospitals meet national medication management and patient safety standards, regardless of size or location; further,

To provide resources and tools to assist pharmacists who provide services to CAHs and small and rural hospitals in meeting standards related to safe medication use; further,

To promote allocation policies that address the unique challenges faced by CAHs and small and rural hospital pharmacies in procuring medications and supplies.

*Note: This policy would supersede ASHP policy 1022.*
CPhP: Integrated Approach for the Pharmacy Enterprise

To discontinue ASHP policy 1618, Integrated Approach for the Pharmacy Enterprise, which reads:

To advocate that pharmacy department leaders promote an integrated approach for all pharmacy personnel involved in the medication-use process; further,

To advocate a high level of coordination of all components of the pharmacy enterprise across the continuum of care for the purpose of optimizing (1) medication-use safety, (2) quality, (3) outcomes, and (4) drug therapy.
To discontinue ASHP policy 1117, Pharmacist Role in Medication Reconciliation, which reads:

To affirm that an effective process for medication reconciliation reduces medication errors and supports safe medication use by patients; further,

To advocate that pharmacists, because of their distinct knowledge, skills, and abilities, should take a leadership role in interdisciplinary efforts to develop, implement, monitor, and maintain effective medication reconciliation processes; further,

To encourage community-based providers, hospitals, and health systems to collaborate in organized medication reconciliation programs to promote overall continuity of patient care; further,

To declare that pharmacists have a responsibility to educate patients and caregivers on their responsibility to maintain an up-to-date and readily accessible list of medications the patient is taking and that pharmacists should assist patients and caregivers by assuring the provision of a personal medication list as part of patient counseling, education, and maintenance of an individual medical record.
CPuP: Pharmacist Involvement in the Strategic National Stockpile

To advocate for the inclusion of pharmacist expertise in the development and maintenance of the Strategic National Stockpile (SNS); further,

To advocate for transparency and improvement of SNS processes, including standardization of the request process and enhanced periodic review of SNS contents; further,

To advocate that pharmacists lead distribution of medications and related supplies requested from the SNS.
CPuP: Medication Price-Gouging Laws

To advocate for price-gouging laws that include medications.

Note: This policy would supersede ASHP policy 1622.
To discontinue ASHP policy 0611, Redistribution of Unused Medications, which reads:

To advocate that any program for the return and reuse of medications comply with all federal and state laws (including laws regarding controlled substances); further,

To advocate that in order to ensure patient safety and provide an equal standard of care for all patients, such a program should include the following elements: (1) compliance with practice standards, accreditation standards, and laws related to prescription dispensing; (2) a requirement that these medications must not have been out of the possession of a licensed health care professional or his or her designee; (3) protection of the privacy of the patient for whom the prescription was originally dispensed; (4) inclusion of only those drug products that are in their original sealed packaging or in pharmacy-prepared unit-of-use packaging that is not expired and has been properly stored; (5) the presence of a system for identifying medications for the purpose of a drug recall or market withdrawal; (6) a definition of patient eligibility for participation in the program; and (7) adequate compensation of participating pharmacists for any associated costs.
Results of March virtual House of Delegates

The six policy recommendations that **did not achieve the 85% threshold for approval** are as follows:

- Vaccine Hesitancy
- Tobacco, Tobacco Products, and Electronic Nicotine Delivery Systems
- Professional Identity Formation
- Zero Tolerance of Harassment and Discrimination
- Minimizing the Use of Abbreviations
- Standardized Documentation and Attribution of Clinical Interventions by Pharmacists
COT: Vaccine Hesitancy

To recognize the significant negative impact vaccine hesitancy has on public health in the United States; further,

To affirm that pharmacists are integral members of the interprofessional team to address vaccine hesitancy and promote disease prevention efforts; further,

To foster education, training, and the development of resources to assist healthcare professionals in identifying factors that lead to vaccine hesitancy and addressing vaccine hesitancy; further,

To promote pharmacist engagement with vaccine-hesitant patients, healthcare providers, and caregivers, and to educate those populations on the risks of vaccine hesitancy and the importance of timely vaccination.
COT: Tobacco, Tobacco Products, and Electronic Nicotine Delivery Systems

To discourage the use, distribution, and sale of tobacco, tobacco products, and electronic nicotine delivery systems (e.g., vaporizers, vape pens, hookah pens, and electronic cigarettes and pipes) in and by pharmacies; further,

To advocate for tobacco-free environments in hospitals and health systems; further,

To promote the role of pharmacists in tobacco-cessation counseling and comprehensive medication management; further,
To join with other interested organizations in statements and expressions of opposition to the use of tobacco, tobacco products, and electronic nicotine delivery systems; further,

To educate the public and patients on the risks of nicotine consumption through traditional and electronic delivery systems.

*Note: This policy would supersede ASHP policy 1625.*
CEWD: Professional Identity Formation

To encourage the pharmacy workforce and pharmacy education and training programs to foster professional identity formation.

Note: This policy would supersede ASHP policy 1113.
CEWD: Zero Tolerance of Harassment and Discrimination

To assert that the pharmacy workforce has a right to expect and responsibility to ensure a profession in which all individuals are treated with respect and civility, free of all harassment and discrimination, including but not limited to sexual harassment and malicious behaviors; further,

To commit to a culture of responsibility and accountability within the profession with zero tolerance of harassment and discrimination; further,

To foster the development of tools, education, and other resources to promote such a culture.
CPM: Minimizing the Use of Abbreviations

To support efforts to minimize the use of abbreviations in healthcare; further,

To encourage education of healthcare professionals and learners (e.g., residents, students) on minimizing the use of abbreviations across all patient care settings.

*Note: This policy would supersede ASHP policy 0604.*
CPhP: Standardized Documentation and Attribution of Clinical Interventions by Pharmacists

To promote the use of standardized documentation of clinical interventions by pharmacists in a patient’s health record to improve patient outcomes and allow for the attribution of pharmacist services across the continuum of care; further,

To advocate for the standardization in the measurement of clinical interventions by pharmacists on patient outcomes.
Questions or Suggestions?

Feel free to contact:

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ASHP: https://www.ashp.org/Pharmacy-Practice/Policy-Positions-and-Guidelines/Participate-in-Guidance-Development