

# House of Delegates

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## Final Board Actions on House Amendments to Policy Recommendations

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June 8, 2021

TO: House of Delegates

FROM: Paul W. Abramowitz, Pharm.D., Sc.D. (Hon), FASHP  
Chief Executive Officer  
Secretary, House of Delegates

SUBJECT: Final Board Actions on Policy Recommendations Amended at the First Meeting  
of the 2021 House of Delegates Session

At its first meeting on June 6, the House of Delegates approved the proposed changes to the ASHP bylaws and seven policy recommendations without amendment:

- Council on Therapeutics policy recommendations 1, 6, 7, and 8;
- Council on Education and Workforce policy recommendation 2;
- Council on Pharmacy Management policy recommendation 2; and
- Council on Pharmacy Practice policy recommendation 2.

The House of Delegates amended 16 policy recommendations, including nonsubstantive editorial changes to one policy recommendation, as detailed below.

The Board of Directors met on Monday, June 7, to duly consider those amendments and editorial suggestions. The Board agreed with all the House's amendments and editorial changes, with the nonsubstantive editorial changes noted below. **No further action by the House is required, as the Board has accepted the House amendments and editorial suggestions.**

### Amended Policy Language Accepted by the Board

In the text below, amendments made by the House are delineated as follows: Words added are underlined; words deleted are ~~stricken~~. Text added as nonsubstantive editorial changes by the

Board is indicated in **bold double underline**; text deleted as minor editorial changes by the Board is indicated in ~~**bold double strikethrough**~~. **Because the Board has accepted the House amendments to the policies that follow, no further action by the House is required.**

### Council on Therapeutics 2: Vaccine Confidence

To recognize the ~~significant negative impact vaccine hesitancy has on~~ importance of vaccination to public health in the United States; further,

To affirm that ~~pharmacists~~ members of the pharmacy workforce are integral members of the interprofessional team to ~~address vaccine hesitancy and~~ promote disease prevention efforts and health equity through vaccine confidence and access; further,

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

To promote ~~pharmacist~~ pharmacy workforce engagement with ~~vaccine-hesitant~~ patients, healthcare providers, and caregivers, and to educate ~~those populations~~ patients on the risks of vaccine hesitancy and the importance of timely vaccination.

**The Board duly considered and agreed with the amended language. (Note title change to “Vaccine Confidence.”)**

### Council on Therapeutics 3: Therapeutic Indication in Clinical Decision Support

To encourage healthcare organizations to optimize use of clinical decision support systems with indications-based prescribing; further,

To advocate to the Food and Drug Administration, the National Council for Prescription Drug Programs, and other organizations to select and implement a single standard coding system for labeled therapeutic indications that can be integrated throughout the medication-use process, enabling optimum clinical workflows and decision support functionality; further,

To advocate for federal and state laws and regulations to include diagnosis-based indication(s) on medication order(s) or prescription(s), ~~with the exception of protected classes of drugs~~; further,

To advocate for federal and state laws and regulations to allow withholding of indication on medication prescription labels when patient privacy risk outweighs benefit.

*Note: This policy would supersede ASHP policy 1608.*

**The Board duly considered and agreed with the amended language.**

**Council on Therapeutics 4: Preventing Exposure to Allergens**

To advocate for ~~pharmacist~~ pharmacy workforce participation in the collection, assessment, documentation, and reconciliation of a complete list of allergens and intolerances pertinent to medication therapy, including food, excipients, medications, devices, and supplies; further,

To promote the education of the healthcare team and patients on the differences between medication-related allergic reactions and medication intolerances; further, [MOVED FROM BELOW]

To encourage vendors of electronic health records to create readily available and distinct data fields with consistent designations for medication allergies and intolerances; further,

To advocate that vendors of medication-related databases incorporate and maintain information about medication-related allergens and cross-reactivity; further,

To encourage the accurate and complete documentation of allergens and intolerances within the electronic medical record, including detailed descriptions of the reactions occurring upon exposure, for the purpose of clinical decision-making; further,

To advocate that pharmacists actively review allergens and intolerances pertinent to medication therapy and minimize patient and healthcare worker exposure to known allergens, as feasible; ~~further,~~

~~To promote the education of the healthcare team and patients on the differences between medication-related allergic reactions and medication intolerances. [MOVED ABOVE]~~

*Note: This policy would supersede ASHP policy 1619.*

**The Board duly considered and agreed with the nonsubstantive editorial changes.**

**Council on Therapeutics 5: Tobacco, Tobacco Products, and Electronic Nicotine Delivery Systems**

To discourage ~~the use, of tobacco, tobacco products, and electronic nicotine delivery systems (e.g., vaporizers, vape pens, hookah pens, and electronic cigarettes and pipes)~~ due to their long-term adverse health effects; further,

To oppose the 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 or facilities that contain a pharmacy; further,

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

To promote legislation that supports pharmacist prescriptive authority for tobacco-cessation medications; further,

To promote the ~~role of~~ pharmacist's **interprofessional** ~~interdisciplinary~~ role in tobacco-cessation counseling and **comprehensive** medication ~~therapy~~ 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.*

**The Board duly considered and agreed with the amended language, with the following nonsubstantive editorial changes. The Board removed the list of examples of electronic delivery systems (“vaporizers, vape pens, hookah pens, and electronic cigarettes and pipes”) from the first clause, suggesting it would be better placed in the rationale because the examples might be considered limiting if new technologies emerge. The Board also changed “interdisciplinary” to “interprofessional” and “medication therapy management” to “comprehensive medication management” in the fifth clause to conform to ASHP style.**

### **Council on Education and Workforce Development 1: Professional Identity Formation**

To encourage the pharmacy workforce and pharmacy education and training programs to foster professional identity formation, described as the process of developing a commitment to: (1) high professional standards of pharmacy practice, (2) high personal standards of integrity and competence, (3) service to humanity, (4) a just and inclusive healthcare system and society, (5) analytical thinking and ethical reasoning, (6) continuing professional development, (7) acquisition of personal leadership skills, (8) development of effective interpersonal skills, (9) maintenance of personal well-being and resiliency, and (10) membership and participation in professional organizations.

*Note: This policy would supersede ASHP policy 1113.*

**The Board duly considered and agreed with the amended language.**

### **Council on Education and Workforce Development 3: Zero Tolerance of Harassment, Discrimination, and Malicious Behaviors**

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 ~~with~~ zero tolerance for all forms of 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, and promote anti-retaliation policies and timely follow-up with zero tolerance of harassment and discrimination; further,

To ~~foster the development of~~ tools, education, and other resources to ~~promote~~ ensure such a culture.

**The Board duly considered and agreed with the amended language. (Note title change to “Zero Tolerance of Harassment, Discrimination, and Malicious Behaviors.”)**

### Council on Pharmacy Management 1: Standardizing and Minimizing the Use of Abbreviations

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

To oppose use of abbreviations when communicating with patients to enhance transparency and understanding; further,

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

*Note: This policy would supersede ASHP policy 0604.*

**The Board duly considered and agreed with the amended language, with the nonsubstantive editorial change of adding “standardizing and” to the final clause for consistency. (Note title change to “Standardizing and Minimizing the Use of Abbreviations.”)**

### Council on Pharmacy Management 3: 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 require healthcare payer provider networks to ~~include~~ consider all qualified pharmacists ~~and pharmacies~~ who apply to participate as a provider in the network and to reimburse all participating providers fairly and equitably for services that are a covered benefit; 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 for laws and regulations that would help ensure the same level of patient care within a payer network by requiring healthcare payers to (1) disclose to participating providers

and those applying to participate the criteria used to include, retain, or exclude providers; (2) ensure that those criteria are standardized across all network providers; and (3) collect data on how well providers meet those criteria and report that data to providers; further,

To advocate for comparative, transparent sharing of performance and quality measure data based on those criteria.

*Note: This policy would supersede ASHP policy 1808.*

**The Board duly considered and agreed with the amended language.**

#### **Council on Pharmacy Management 4: ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive**

To approve the ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive (please see Appendix for amendments, in red).

**The Board duly considered and agreed with the amended language.**

#### **Council on Pharmacy Practice 1: Role of the Pharmacy Workforce in Pandemic Preparedness and Response**

To advocate that all healthcare organizations include pandemic preparedness in emergency preparedness planning; further,

To encourage all healthcare organizations to be actively engaged with their regional healthcare coalitions and to promote collaboration and communication among healthcare workers, healthcare organizations, government agencies, industry, and other stakeholders in pandemic preparedness and response; further,

To promote pharmacy workforce involvement in networks at the federal, state, local, and institutional levels for emergency response; further,

To advocate that pharmacy personnel be included as leaders on teams responsible for pandemic preparedness planning and response at the federal, state, local, and institutional levels, and that they integrate such planning into emergency preparedness planning for their workplaces; further,

To encourage all healthcare organizations to establish criteria for evidence-based medication-use decisions, even when such evidence is scarce, incomplete, or conflicting, and recognize the unique role that pharmacy personnel have in ensuring the safe and effective use of medications based on best available evidence and resources; further,

To advocate that healthcare organizations recognize the unique and collective stress a

pandemic places on healthcare workers and provide suitable resources to maintain workers' well-being and resilience; further,

To support research on and provide resources and education to aid the pharmacy workforce in preparing for and responding to pandemics.

**The Board duly considered and agreed with the amended language. (Note title change to “Role of the Pharmacy Workforce in Pandemic Preparedness and Response.”)**

### Council on Pharmacy Practice 3: Documentation of Pharmacist Patient Care

To promote the use of standardized, integrated documentation of clinical interventions by pharmacists care provision 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 that documentation by pharmacists in the medical record be used for billing and attribution of value without **requiring** additional documentation from other clinicians; further,

To advocate for ~~the standardization in the~~ standardized measurement of clinical interventions by pharmacists care provision ~~on~~ and the attribution of those activities to ~~through~~ patient-centered outcomes.

**The Board duly considered and agreed with the amended language, with the nonsubstantive addition of “requiring” to the second clause for clarity. (Note title change to “Documentation of Pharmacist Patient Care.”)**

### Council on Pharmacy Practice 4: Influenza Vaccination Requirements to Advance Patient Safety and Public Health

To advocate that hospitals and health systems require healthcare workers to receive an annual influenza vaccination in accordance with U.S. Centers for Disease Control and Prevention Advisory Committee on Immunization Practices guidelines recommendations ~~except when (1) it is contraindicated, or (2) the worker has religious objections, or (3) the worker signs an informed declination~~; further,

To encourage the hospital and health-system pharmacists pharmacy workforce to take a lead role in developing and implementing policies and procedures for vaccinating healthcare workers and in providing education on the patient safety benefits of annual influenza vaccination; further,

To work with the federal government and others to improve the vaccine development and supply system in order to ensure a consistent and adequate supply of influenza virus vaccine.

*Note: This policy would supersede ASHP policy 0615.*

**The Board duly considered and agreed with the amended language, with the nonsubstantive change of “guidelines” to “recommendations” in the first clause to more accurately reflect CDC ACIP terminology.**

#### **Council on Pharmacy Practice 5: Safe and Effective Extemporaneous Compounding**

To affirm that extemporaneous compounding of medications, when done to meet immediate or anticipatory patient needs, is part of the practice of pharmacy and is not manufacturing; further,

To support the principle that medications should not be extemporaneously compounded when ~~they~~ drug products are commercially and readily available in the form necessary to meet patient needs; further,

To encourage ~~pharmacists~~ the pharmacy workforce members who compound medications to use only drug substances that have been manufactured in Food and Drug Administration-registered facilities ~~that have been inspected within the past two years~~ and that meet official United States Pharmacopeia (USP) compendial requirements where those exist; further,

To advocate that all compounding activities meet applicable USP standards and federal and state regulations; further,

To support the principle that ~~pharmacists~~ the pharmacy workforce be adequately trained and have sufficient facilities and equipment that meet technical and professional standards to ensure the quality of compounded medications; further,

To encourage USP to develop drug monographs for commonly compounded preparations; further,

To educate prescribers and other healthcare professionals about the potential risks associated with the use of extemporaneously compounded preparations.

*Note: This policy would supersede ASHP policy 0616.*

**The Board duly considered and agreed with the amended language.**

#### **Council on Pharmacy Practice 6: Universal Immunization for Vaccine-Preventable Diseases in the Healthcare Workforce**

To support policies that promote universal vaccination ~~against~~ for preventable infectious diseases among healthcare workers, including all members of the pharmacy workforce, as a safeguard to patient and public health; further,



To encourage the use of evidence-based risk assessments to determine inclusions and exemptions for mandatory vaccine requirements; further,

To support employers in establishing and implementing mandatory vaccine requirements for vaccines approved by the Food and Drug Administration (FDA) and encouraging the use of vaccines that have received FDA emergency use authorization if risk assessments determine it would promote patient and public health; further,

To urge healthcare organizations to have policies that address additional infection prevention practices required for exempted healthcare workers; further,

To ~~foster the development of~~ tools, education, and other resources to ~~reduce~~ promote vaccine confidence ~~hesitancy~~, increase vaccination rates, and prevent vaccine-preventable diseases among healthcare workers.

**The Board duly considered and agreed with the amended language.**

#### Council on Public Policy 1: Pharmacist Engagement in and Payment for Telehealth

To advocate for pharmacists' provision of telehealth services in all sites of care; further,

To advocate that reimbursement for pharmacists' provision of telehealth services be commensurate with the complexity and duration of service and consistent with other healthcare providers sufficient to support the practice.

**The Board duly considered and agreed with the amended language, with the nonsubstantive editorial change of adding "services" in both clauses and "pharmacists' provision of" to the second clause for clarity.**

#### Council on Public Policy 2: Pharmacy Services in a State of Emergency

To advocate that states ~~boards of pharmacy grant temporary licensure to pharmacists and~~ temporary licensure, registration, or any other necessary state-mandated credential to ~~pharmacy technicians~~ eligible pharmacies and members of the pharmacy workforce during states of emergency; further,

To encourage the expedient licensure or registration for eligible members of the pharmacy workforce during states of emergency; further,

To advocate that state and federal regulatory agencies allow for flexibilities necessary to provide patient care during a declared state of emergency.

**The Board duly considered and agreed with the amended language.**



# House of Delegates

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## ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive

### 1 Position

2 Leading hospitals and health systems must have a strategic and innovative pharmacy executive who  
3 plans and oversees the design and operation of the entire and complex medication-use process  
4 throughout the system. It is essential that this leader report to an executive who can help the leader  
5 execute the practice models of tomorrow that include business outside normal hospital practice.

6 As the most knowledgeable leader of the medication-use process, this leader (may be referred  
7 to as the “chief pharmacy officer” but hereafter “the pharmacy executive”) proactively aligns pharmacy  
8 goals with strategic organizational initiatives to advocate for pharmacy practice advancement and  
9 improved patient care. The intrinsic value a pharmacy executive brings to the organization’s enterprise  
10 and executive leadership includes the following:

- 11 • Ensuring the enterprise’s strategic planning leverages pharmacy services across the continuum of  
12 care to improve health outcomes.
- 13 • Ensuring pharmaceuticals and pharmaceutical benefit designs focus on total health through the  
14 formulary, with procurement driven by clinical efficacy.
- 15 • Collaborating with healthcare executives within and external to the health system to foster and  
16 build cross-functional relationships and to align interdisciplinary services with initiatives such as  
17 quality metrics and financial performance.
- 18 • Advancing patient care services through the promotion of pharmacy best practices by the creation  
19 and adoption of emerging technologies and innovative services.
- 20 • Ensuring the pharmacy workforce is provided an environment that is free of discrimination and  
21 harassment and supportive of diversity, equity, and inclusion.

22

## 23 **Background**

24 Significant changes in pharmacy practice, healthcare, and health-system management over the past 20  
25 years have dramatically transformed the traditional role of the pharmacy director.<sup>1</sup> More widespread  
26 use of the title “chief pharmacy officer” was first proposed in 2000 in an attempt to meet these new  
27 transformations and to enhance the contribution pharmacy makes to patient care by creating  
28 organizational parity between the pharmacy executive and other executive officers (e.g., chief nursing,  
29 medical, and information officers).<sup>2</sup>

30

## 31 **Responsibilities and value of the pharmacy executive**

32 The pharmacy executive assesses the ever-changing healthcare environment for emerging trends and  
33 identifies opportunities to leverage the pharmacy team’s expertise to improve the value of care across  
34 the healthcare continuum. Success as a pharmacy executive is predicated on building and maintaining  
35 relationships with diverse groups of people in order to be part of setting the overall strategy for the  
36 organization. Navigating solid and dotted-line reporting relationships, such as in a matrix organizational  
37 structure, requires the pharmacy executive to exercise a wider range of influence and persuasiveness  
38 rather than relying on traditional hierarchy and formal control to accomplish objectives. As it relates to  
39 patient care and clinical services, the pharmacy executive leads all pharmacists and pharmacy staff  
40 across the organization. The pharmacy executive ensures that pharmacists are optimally positioned  
41 and resourced to improve the quality, safety, and efficiency of medication management and patient  
42 outcomes in the most cost-effective manner. The pharmacy executive leads the pharmacy’s financial  
43 performance within the context of the broader health system through the evaluation of medication  
44 expenditure patterns and reimbursement trends, including value-based reimbursement and  
45 purchasing. As reimbursement and revenue capture become increasingly complex, the pharmacy  
46 executive can provide leadership across multiple disciplines (e.g., finance, nursing, medicine,  
47 pharmacy) to optimize reimbursement from involved government and commercial payment programs  
48 and meet metrics for value-based contract requirements.<sup>3,4</sup> She or he is also responsible for  
49 medication access in their organization to ensure patients have the most effective and affordable  
50 medications.

51 In performing these responsibilities, the pharmacy executive must bring continuous and  
52 evergreen value to the pharmacy team, the health system’s executive team, and the organization as a  
53 whole. The pharmacy executive establishes key relationships with both internal multidisciplinary  
54 executives and external vendors, group purchasing organizations, and manufacturers to elevate services

55 and optimize the pharmaceutical supply chain, respectively. In addition to optimizing the supply chain,  
56 the pharmacy executive plays a key role in developing a vision for information and technology solutions  
57 in the medication-use process and must work collaboratively with the chief information officer to  
58 advance pharmacy informatics and technology. During all phases of a public health emergency or  
59 disaster event, pharmacy executive presence in a hospital or health system's emergency operations  
60 center is pivotal for proactive planning and maintaining secure, functional, and resilient health and  
61 public health critical infrastructure. The pharmacy executive is integral in advancing pharmacy services  
62 in the midst of rising competitors, ensuring the vitality of the organization as healthcare transforms.<sup>5-7</sup>  
63 She or he must maintain a focused effort to acquire, share, and reinvest in their own self-development  
64 and the development of the leadership team striving for a continuous pursuit of practice advancement.

65 The pharmacy executive must commit to ensuring a culture in which all individuals are treated  
66 with respect and civility and that is conducive to the highest levels of patient care for the organization's  
67 workforce. This commitment includes leading a workplace that fosters diversity, equity, and inclusion,  
68 with zero tolerance for discrimination and harassment. Ensuring the pharmacy workforce is working in a  
69 safe environment and one that is supportive of growth, wellness, and resilience is a critical factor in  
70 organizational success in meeting its patient care mission, employee retention, training and recruitment,  
71 and ability to advance pharmacy practice.

72

### 73 **Experience and education of the pharmacy executive**

74 The pharmacy executive is a professionally competent, legally licensed pharmacist with a broad level of  
75 experience in health-system pharmacy practice and management and with a strategic vision for the  
76 profession. Additional qualifications may include an advanced management degree; a clearly evident  
77 successful record of leading people, operations, finance, and clinical services; and completion of a  
78 pharmacy residency program accredited by ASHP (e.g., health-system pharmacy administration and  
79 leadership residency).

80 What distinguishes the pharmacy executive from the established director of pharmacy position  
81 is the increased breadth and depth of the involvement in the health system's strategic planning and  
82 decision-making processes at the most senior levels. The pharmacy executive has experience in leading  
83 the medication-use process, including optimizing the pharmaceutical supply chain, making evidence-  
84 based systematic clinical decisions, supporting medication-management systems and policies,  
85 implementing technology to elevate patient care, and optimizing financial performance. The pharmacy  
86 executive, therefore, provides pharmacy's unique clinical and business perspectives in decisions

87 related to changes in the medication-management system.<sup>8-10</sup> To support these changes, the  
88 pharmacy executive leverages technology to develop the most cost-effective labor model.

89

### 90 **Reporting structure**

91 The pharmacy executive has a market-competitive title internally consistent with others reporting at  
92 that organizational level, reports directly to the organization’s principal executive (e.g., chief executive  
93 officer [CEO], chief operating officer [COO]), participates as a member of the medical executive  
94 committee, and routinely engages with the health system’s executive leadership as well as the board of  
95 directors. By working collaboratively with others at this most senior executive level, the pharmacy  
96 executive ensures that health-system pharmacy services are optimally positioned to most effectively  
97 contribute to the organization’s strategic initiatives and address systemwide opportunities. A structure  
98 in which pharmacy leadership reports directly to the principal executive rather than through layers of  
99 management allows the pharmacy executive to engage in critical decision-making and be more effective  
100 and influential in helping the health system anticipate and address rapid change.

101

### 102 **Conclusion**

103 Optimal patient care, quality health outcomes, and pharmacy practice advancement requires  
104 progressive hospitals and health-systems that have an educated pharmacy executive responsible for  
105 the strategic planning, design, operation, and improvement of the organization’s pharmacy services  
106 across the care continuum. Because of these expected contributions, the pharmacy executive must be  
107 properly positioned within the health system’s senior executive management team to ensure that  
108 health-system pharmacy services are best leveraged to meet the ever-changing demands of the future  
109 of healthcare delivery.

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