

# Proceedings of the 51st annual session of the ASHP House of Delegates, June 7 and 9, 1999

HENRI R. MANASSE, JR., SECRETARY

The 51st annual session<sup>a</sup> of the ASHP House of Delegates was held at the Reno Sparks Convention Center, in conjunction with Annual Meeting '99.

## First meeting

The first meeting was convened at 3 p.m., Monday, June 7, by Chair of the House of Delegates Steven L. Sheaffer. Bruce E. Scott, Vice Chair of the Board of Directors, gave the invocation.

Chair Sheaffer introduced the persons seated at the head table: John E. Murphy, Immediate Past President of ASHP and Vice Chair of the House of Delegates; Bruce R. Canaday, President of ASHP and Chair of the Board of Directors; Henri R. Manasse, Jr., Executive Vice President of ASHP and Secretary to the House of Delegates; and Joy Myers, Parliamentarian.

Chair Sheaffer then pointed out that, although last year's session of the house was called the 49th annual session, this year's was being termed the 51st annual session. He explained that staff research had uncovered a discrepancy in the historical record. The printed proceedings for 1952 were mislabeled as the 3rd session when the meeting was, in fact, the 4th. This meant that the actual 50th anniversary had passed without notice at the Baltimore meeting last year. To rectify this situation, the Chair requested the delegates' applause to recognize and celebrate 50 plus years of professional policymaking in ASHP's House of Delegates.

Chair Sheaffer welcomed the delegates and described the purposes and functions of the House. He emphasized that the House has considerable responsibility for establishing policy related to ASHP professional pursuits and pharmacy practice in health systems. He reviewed the general procedures and processes for the House of Delegates.

The roll of official delegates was called. A quorum was present, including 184 voting delegates representing 50 states, student delegates, officers and members of the Board of Directors, and past presidents of ASHP. No Fraternal Delegates were present. In addition, Chair Sheaffer introduced Carla B. Frye, Chair, ASHP Section of Clinical Specialists, and Barbara T. McKinnon, Chair, ASHP Section of Home Care Practitioners. He explained that the section chairs sit in the House as observers and have the privilege of the floor but do not vote.

Chair Sheaffer reminded delegates that the report of the 49th annual session of the ASHP House of Delegates had been published in the August 15, 1998, issue of the *American Journal of Health-System Pharmacy (AJHP)*. Delegates had been advised earlier to review this report. The proceedings of the 49th House of Delegates session were received without objection.

Since there were no Resolutions this year, Chair Sheaffer called on Steve Litsey for the report of the Committee on Nominations.<sup>b</sup> Nominees were presented as follows:

### President-elect

Max L. Hunt, Jr., M.S., M.B.A., Irving, Texas, Director, Member Relations Pharmacy Department, Novation

Patricia Clancy Kienle, M.P.A., FASCP, FASHP, Wilkes-Barre, Pennsylvania, System Director of Pharmacy Services for Owen Healthcare at Mercy Health Partners in Northeastern Pennsylvania

### Board of Directors (2000–2003)

Brian L. Erstad, Pharm.D., FASHP, Tucson, Arizona, Associate Professor of Pharmacy Practice and Science at the University of Arizona

Douglas R. Lang, St. Louis, Missouri, Pharmacy Supervisor, BJC Home Care Services

Jill E. Martin, Pharm.D., FASHP, Cincinnati, Ohio, Research Assistant Professor of Pharmacy Practice at the University of Cincinnati College of Pharmacy

Douglas J. Scheckelhoff, M.S., FASHP, Washington, District of Columbia, Director of Pharmacy at Children's National Medical Center

### Chair, House of Delegates

Marjorie Shaw Phillips, M.S., FASHP, Augusta, Georgia, Pharmacist, Medical College of Georgia Hospital and Clinics, and Adjunct Clinical Associate Professor, University of Georgia College of Pharmacy

Steven L. Sheaffer, Pharm.D., FASHP, Darby, Pennsylvania, Director of Pharmacy at Mercy Fitzgerald Hospital and Mercy Community Hospital, Havertown, Pennsylvania

A "Meet the Candidates" session to be held on Wednesday, June 9, was announced.

**Chair of the Board.** President Canaday summarized his report to the House, which had previously been distributed to delegates. (The complete report presented to the House is included in these proceedings.) There was no discussion, and the delegates voted to accept the report of the President and Chair of the Board.

**Treasurer.** David A. Zilz presented the report of the Treasurer. There was no discussion, and the delegates voted to accept the Treasurer's report.

**Executive Vice President.** Henri R. Manasse, Jr., presented the report of the Executive Vice President. He supplemented his report with brief comments on some of its elements. He praised the hard work this year of the Board of Directors, the various volunteer council and commission members, and the staff of ASHP. He went on to outline the current challenges to pharmacy practice in three broad areas: the proposed expanded outpatient drug benefit of Medicare, the evolving and maturing nature of pharmacy-related credentialing, and the role of pharmacy in ensuring the drug supply during the period of uncertainty surrounding potential "Y2K" computer problems. He then turned to internal issues, discussing the changing demographics of the membership, the nature of ASHP and state affiliate relationships, the ongoing efforts to improve public relations activities, and the manner in which ASHP is positioning itself to use the Internet and the World Wide Web by allotting resources to enhance information technology functions and continually deepen the content of the ASHP Web site. He concluded with a reiteration of ASHP's commitment to remaining a strong and influential voice on behalf of quality care for patients.

**Recommendations.** Chair Sheaffer called on members of the House of Delegates for Recommendations. (The name and state of the delegate who introduced the item and the subject of the item precede each Recommendation.)

### Charles J. Arrison (NJ): Drug information

**Recommendation:** That ASHP develop an electronic notification system to provide its members and subscribers timely information regarding recalled products, FDA labeling changes, and other FDA actions.

**Background:** This Recommendation is consistent with ASHP's project in 1999 to enhance its core strength as a drug information provider. This is also a Recommendation to take action on concerns con-

This report is an abstract of the proceedings of the House of Delegates session. An audiotape recording of the complete session is filed at ASHP headquarters.

tained in the 1999 Board of Directors report on the Council on Legal and Public Affairs regarding FDA approval of new drug products and postmarketing surveillance.

*Charles J. Arrison (NJ): Membership categories and statistics*

*Recommendation:* That the Board of Directors report on membership include statistics for the current year and two previous years.

*Background:* Consistent with ASHP's concerns regarding member services and ASHP member recruitment and retention, membership statistics may serve as an index of how well members' needs are being met. This index would serve ASHP and its committees and councils in planning and other activities to meet the needs of the Society's various constituents.

*Charles J. Arrison (NJ): Blood products and derivatives*

*Recommendation:* That ASHP identify all regulations and requirements with which pharmacists who handle blood products and derivatives must comply. That ASHP formulate and publish guidance to assist pharmacists in keeping with these regulations and requirements.

*Background:* A 1999 policy recommendation from the Council on Legal and Public Affairs addresses what pharmacists need from pharmacy information system vendors with respect to these products.

*Dennis Williams (NC): Promoting pharmacists as clinician scientists*

*Recommendation:* ASHP should advocate for the recognition of pharmacists as clinician scientists.

ASHP should assume a leadership role in promoting the inclusion of pharmacists on decision-making bodies that support clinical and translational research, by communicating with federal scientific agencies (e.g., National Science Foundation, National Institutes of Health).

ASHP should develop mechanisms to inform pharmacists of extramural funding opportunities to support the training of clinician scientists and the conduct of clinical and translational research.

*Background:* The ASHP Task Force on Science notes that, as a profession, pharmacy has not historically been well recognized in the area of clinical research. We have not been at the table when decisions are made regarding support for clinical sciences research for the next 10 to 20 years. Pharmacist involvement and influence in organizations such as NIH are lacking. For example, the NIH Directors Panel on Clinical Research did not include a single pharmacist. Recently, national attention has been drawn to the decline in clinical scientists, traditionally defined as M.D.–Ph.D.'s or any practicing physician who devotes a significant portion of his or her time to pursuing the discovery of new knowledge. Trends in education and grant support strongly suggest that physicians are increasingly opting not to pursue careers that incorporate a research focus. The decline in health professionals trained in either basic or applied science and clinical medicine is viewed as a serious impediment to translating knowledge to advance patient care. NIH has recently created several new funding opportunities to encourage the scientific training of health care professionals and the conduct of translational research. Pharmacists with research credentials are eligible for these awards and should be encouraged to pursue them in the interest of advancing the science of pharmacotherapy.

*Suggested outcome:* Policy, programs (educational), and communications with appropriate agencies.

*Michael Cunningham (CA): Treasurer's report*

*Recommendation:* That the annual ASHP Treasurer's report contain information on how well the organization performed financially compared with the budgeted amounts for the year.

*Background:* This year's Treasurer's report did not contain any information about financial performance against budgeted amounts for the 1998 year. This information is a valuable tool in determining how well the organization is performing and has been provided in limited amounts in previous years' reports (e.g., in 1997).

*Suggested outcome:* Inclusion of budget information in the annual Treasurer's report.

Chair Sheaffer announced that Recommendations would be referred to the appropriate ASHP bodies and staff for study and action.

**Council reports.** (Note: The complete council reports were

published in the April 1, 1999, issue of *AJHP* and are not duplicated in these proceedings. For background on the council policy recommendations approved by the House, and for information on other council activities, refer to pages 641–67 of the April 1 issue of *AJHP*.)

Chair Sheaffer outlined the process used to generate council reports. He announced that each of the council's recommended policies would be introduced as a block. He further advised the House that any delegate could raise questions and discussion without having to "divide the question," and that the need to divide the question would be relevant only when a delegate desires to amend a specific proposal or to take an action on one proposal separate from the rest of the recommendations. Requests to divide the question would be granted unless another delegate objected.

Lois M. Nash, Board Liaison to the Council on Administrative Affairs, presented the council's policy recommendations A through M. It was requested to divide the question for considering Policy Recommendation B. It was then moved and seconded to amend Policy Recommendation B by deleting the words "to prevent" and replacing them with the words "that could cause" in the first paragraph. There was no discussion, and the amendment was approved. Policy Recommendation B, as amended, was then adopted. It reads as follows (words to be deleted are underscored; words to be added are in italics):

#### *B. Compliance with governmental payment policies*

To encourage pharmacy managers to identify and resolve medication-related billing issues in government health care programs to prevent *that could cause* challenges under fraud and abuse laws; further,

To encourage pharmacy managers to establish an internal audit system for medication-related services, in conjunction with their corporate compliance programs, in order to meet the requirements of government health care payment policies.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final action on the above issue.)

It was requested to divide the question for considering Policy Recommendation H. It was then moved and seconded to amend Policy Recommendation H by deleting the word "and" following "Healthcare Organizations" and adding the words ", and governmental entities" in the second paragraph following the words "other accreditation bodies." There was no discussion, and the amendment was approved. Policy Recommendation H, as amended, was then adopted. It reads as follows:

#### *H. Pharmacists' role in drug procurement, distribution, and control*

To replace ASHP policies 8701 and 8702 with the following (words to be deleted are underscored; words to be added are in italics):

To affirm the pharmacist's expertise and responsibility in the procurement, distribution, and control of all drug products used within the health system, including investigational agents and medications brought into the system by the patient; further,

To encourage the Joint Commission on Accreditation of Healthcare Organizations, and other accreditation bodies, *and governmental entities* to assure the pharmacist's role in drug procurement, distribution, and control.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final actions on the above issue.)

It was requested to divide the question for considering Policy Recommendation C. It was then moved and seconded to amend Policy Recommendation C by deleting the word "and" following "administration" and adding the words ", and education" in the first paragraph. There was no discussion, and the amendment was approved. Policy Recommendation C, as amended, was then adopted. It reads as follows (words to be deleted are underscored; words to be added are in italics):

#### *C. Optimizing the medication-use process*

To urge health-system pharmacists to assume leadership, responsibility, and accountability for the quality, effectiveness, and effi-

ciency of the entire medication-use process (including prescribing, dispensing, administration, and monitoring, *and education*) across the continuum of care; further,

To urge health-system pharmacists to work in collaboration with patients, prescribers, nurses, and other health care providers in improving the medication-use process.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final actions on the above issue.°)

It was requested to divide the question for considering Policy Recommendation F. It was then moved and seconded to amend Policy Recommendation F by adding the words "(including lot numbers and expiration dates)" in the last paragraph following the words "package contents." There was no discussion, and the amendment was approved. Policy Recommendation F, as amended, was then adopted. It reads as follows (words to be added are in italics):

#### F. Use of machine-readable code technology

To replace ASHP policy 8503 with the following:

To support the application of machine-readable codes in health systems; further,

To evaluate the current state of this technology and the benefits that it offers to the medication-use process; further,

To advocate that all drug product packaging include a machine-readable code in a manner that identifies the package contents (*including lot numbers and expiration dates*) and improves patient safety.

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final actions on the above issue.°)

Policy Recommendations A, D, E, G, I, J, K, L, M were then adopted. They read as follows:

#### A. Fostering pharmacy leadership

To encourage pharmacy managers to serve as mentors to their staff, pharmacy students, pharmacy residents, and peers in a manner that fosters the development of future pharmacy leaders.

#### D. Emergency preparedness

To encourage health-system pharmacists to establish emergency plans within their practice site and local community to address the public's medication needs in the event of biological or chemical terrorist attack or other disasters; further,

To encourage health-system pharmacists to establish appropriate local, state, and national contacts for providing the information and supplies needed to address emergencies related to biological and chemical terrorism or other disasters; further,

To work with various agencies, including the Centers for Disease Control and Prevention, the Federal Emergency Management Agency, and the Public Health Service, to advocate the need for pharmacist participation in developing and planning procedures for responding to natural, biological, and chemical public health emergencies.

#### E. Diversifying pharmaceutical services

To replace ASHP policies 8403 and 8501 with the following:

To encourage health-system pharmacy managers to assess the development and marketing of diversified pharmaceutical services (e.g., home care, ambulatory care), consistent with the mission of their health system; further,

To include in such assessments considerations of patients' needs for comprehensive and continuous pharmaceutical care, cost-effectiveness of services, risk management, ethical principles, and legal issues.

#### G. Workload and productivity monitoring and reporting

To replace ASHP policies 8902 and 9119 with the following:

To advocate the implementation of a pharmacy productivity monitoring system that analyzes productivity changes in terms of their impact on patient outcome; further,

To continue communications with health-system administrators, consulting firms, and professional associations on the value

of pharmaceutical services and on the use of accurate data to assess pharmacy productivity and staffing levels; further,

To encourage practitioners and computer software vendors to develop and use a standard protocol for collecting and reporting pharmacy workload data; further,

To advocate to health-system administrators, consulting firms, and computer software vendors the use of valid workload and productivity measurement systems for pharmacy patient care services.

#### I. Electronic information systems

To replace ASHP policies 8703 and 9602 with the following:

To advocate the use of electronic information systems, with appropriate security controls, that enable the sharing of patient-specific data among the components of a health system; further,

To expect computer software vendors and pharmaceutical suppliers to use a standard coding format for electronic information systems that is consistent with the needs of pharmacy services in a health system; further,

To advocate the development of both formal and informal liaisons with appropriate health care associations to ensure that the interests of pharmacy are fully represented in the implementation of electronic information systems; further,

To strongly encourage health-system administrators, regulatory bodies, and other appropriate groups to provide health-system pharmacists with full access to patient-specific clinical data.

#### J. Pharmacists' documentation of pharmaceutical care

To replace ASHP policy 8901 with the following:

To encourage pharmacists to document the provision of pharmaceutical care and validate the impact of pharmaceutical care on patient outcomes.

#### K. Outplacement of pharmacy directors

To discontinue ASHP policy 8305, Outplacement of Pharmacy Directors, which reads:

To recognize the Society's responsibility for support of its members who seek employment information through such mechanisms as the ASHP Personnel Placement Service, informal networking, and dissemination of information regarding external assistance agencies.

#### L. Health care financing: Departmental strategies

To discontinue ASHP policy 8402, Health Care Financing: Departmental Strategies, which reads:

To form an interdisciplinary group to develop a modular study plan by June 1985. The purpose of this group would be:

- To evaluate the contribution of pharmaceutical services, especially clinical services, toward reduction of hospital inpatient costs in support of a prospective pricing health care financing system.
- To evaluate contributions of pharmaceutical services to efficiencies in resource utilization in the health-care system as a whole.

Further, to include as components of the study plan feasibility, design, budget, funding potential and sources, and implementation strategy.

#### M. Hospital pharmacy management information system (HPMIS)

To discontinue ASHP policy 8519, Hospital Pharmacy Management Information System (HPMIS), which reads:

To reevaluate the current priority of, plans for, and need for the ASHP HPMIS; to promote more actively and prominently the HPMIS and the HPMIS national reporting program to all hospital pharmacies; and to discuss with AHA how HPMIS could be incorporated in the HAS/MONITOREND reporting system used by over 2500 hospitals.

Daniel M. Ashby, Board Liaison to the Council on Educational Affairs, presented the Council's Policy Recommendations A (1), A(2), B, C, and D.

It was requested to divide the question for considering Policy Recommendation A(2). It was then moved and seconded to refer Policy Recommendation A(2). Following discussion, Policy Recommendation A(2) was referred. It reads as follows:

*A(2). Residency training as preparation for pharmacy practice in health systems*

To strongly encourage the profession to move toward requiring residency training for pharmacists who plan to practice in health systems.

Policy Recommendations A(1), B, C, and D were then adopted. They read as follows:

*A(1). Expanding pharmacy residency training*

To continue efforts to increase the number of pharmacy residency training programs and positions available; further,

To expand efforts to make pharmacy students aware early in their education of the career choices available to them and the importance health-system employers attach to the completion of a residency.

*B. Uniform standards for pharmacy technician education and training*

To support the concept of uniform standards for the education and training of all pharmacy technicians; further,

To take a leadership role in advocating the development and adoption of uniform standards for the education and training of all pharmacy technicians.

*C. Leadership development in colleges of pharmacy*

To encourage colleges of pharmacy to include leadership skills in professional curricula; further,

To encourage colleges of pharmacy to offer combined residency-degree programs to develop pharmacy leaders; further,

To encourage colleges of pharmacy to develop more opportunities for students to pursue combined degree programs (e.g., Pharm.D.–M.B.A.) that develop administrative, management, and leadership skills in addition to pharmacy education.

*D. Teaching how to provide interdisciplinary patient care*

To encourage colleges of pharmacy to focus on the need to train students in the skills needed to work with other health care professionals to provide patient care; further,

To encourage the American Council on Pharmaceutical Education to include standards relating to teaching the delivery of interdisciplinary pharmaceutical care in the next revision of accreditation standards for colleges of pharmacy; further,

To encourage pharmacists to collaborate with other health professionals in the development of purposeful, deliberative interdisciplinary care models.

Debra S. Devereaux, Board Liaison to the Council on Legal and Public Affairs, presented the Council's Policy Recommendations A through F. It was requested to divide the question for considering Policy Recommendation A. It was then moved and seconded to amend Policy Recommendation A by adding a second paragraph that reads: "To affirm that the decision to participate in the use of medications in assisted suicide is one of individual conscience; further.". Following extensive discussion, the amendment was defeated. Policy Recommendation A was then approved as originally written. It reads:

*A. ASHP's position on assisted suicide*

To remain neutral on the issue of health professional participation in assisted suicide of patients who are terminally ill; further,

To offer guidance to health-system pharmacists who practice in states in which assisted suicide is legal.

It was requested to divide the question for consideration of Policy Recommendation D. It was then moved and seconded to amend Policy Recommendation D by replacing the second paragraph with the following language: "To provide leadership in supporting a single, voluntary, comprehensive medication error reporting program that (a) fosters a confidential, nonthreatening, and nonpunitive environment for the submission of medication error reports; (b) receives and analyzes these confidential reports to identify system-based causes of medication errors or potential errors; and (c) recommends and disseminates error prevention strategies; further, to provide leadership in encouraging the participation of all stakeholders in the reporting of medication errors to this designated voluntary program." It was then moved and

seconded to add the words "and adverse drug reactions" following the words "medication error" in each of the sentences in the substitute language. This amendment was defeated. It was then moved and seconded to amend the substitute language by removing the word "voluntary," from the substitute language. Following extensive discussion and a standing vote of the House of Delegates, the amendment to remove the word "voluntary," was approved. Policy Recommendation D, as amended, was then adopted. It reads as follows (words to be deleted are underscored; words to be added are in italics):

*D. Reporting medication errors and adverse drug reactions*

To revise ASHP policy 9709 as follows:

To encourage pharmacists to exert leadership in establishing a nonthreatening, confidential atmosphere in their work places to encourage pharmacy staff and others to report actual and suspected medication errors and adverse drug reactions in a timely manner; further,

To seek the development of a single, comprehensive national program that (a) receives and analyzes confidential medication-error reports from health systems and (b) fosters a nonthreatening and nonpunitive environment for the submission of such reports.

*To provide leadership in supporting a single, comprehensive medication error reporting program that (a) fosters a confidential, nonthreatening, and nonpunitive environment for the submission of medication error reports; (b) receives and analyzes these confidential reports to identify system-based causes of medication errors or potential errors; and (c) recommends and disseminates error prevention strategies; further,*

*To provide leadership in encouraging the participation of all stakeholders in the reporting of medication errors to this designated program.*

(See the report of the second meeting of this session, "Board of Directors duly considered matters," for final actions on the above issue.°)

Policy Recommendations B, C, E, and F were then adopted. They read as follows:

*B. Statement on pharmacist decision-making on assisted suicide*

To approve the ASHP Statement on Pharmacist Decision-making on Assisted Suicide.

*C. Confidentiality of patient health care information*

To approve the ASHP Statement on Confidentiality of Patient Health Care Information.

*E. Management of blood products and derivatives*

To strongly encourage the computer software industry to provide data fields for lot number, expiration date, and other necessary and appropriate information for blood products and derivatives and biologicals, in order to facilitate compliance with regulatory requirements concerning the use of these products, particularly with respect to recalls or withdrawals.

*F. Statement of principle for pharmacists' relationship with industry*

To discontinue ASHP policy 9118, Statement of Principle for Pharmacists' Relationship with Industry, which reads:

That ASHP take the initiative to formulate a statement of principle defining the professional standards of conduct for the pharmacist's working relationship with the pharmaceutical industry.

Marcia B. Gutfeld, Board Liaison to the Council on Organizational Affairs, presented the Council's Policy Recommendation A, concerning a change in the term of office for the Chair of the House of Delegates. It was moved and seconded to amend the recommendation by changing the number of years from three to two. Following discussion, the amendment was defeated. Following extensive discussion, Policy Recommendation A was defeated.

Michael J. Melby, Board Liaison to the Council on Professional Affairs, presented the Council's Policy Recommendations A, B, and C. It was requested to divide the question for considering Policy Recommendation A. It was moved and seconded to amend Policy Recommendation A by deleting the word "about" and replacing it with "for" following the words "a common vision"

and deleting the words “patients at a distance” at the end of the sentence. Following discussion, the amendments were approved. Policy Recommendation A was adopted as amended. It reads as follows (words to be deleted are underscored; words to be added are in italics):

#### A. Telepharmacy

To foster among health-system pharmacists and leaders of the telecommunications industry a common vision about for the integration of telecommunication technology into the delivery of pharmaceutical care to patients at a distance.

(See the report of the second meeting of this session, “Board of Directors duly considered matters,” for final actions on the above issue.)

It was requested to divide the question for consideration of Policy Recommendation B. It was then moved and seconded to amend Policy Recommendation B by deleting the word “public” and adding the words “publicly available” following the word “validate.” There was no discussion, and the amendments were approved. It was then moved and seconded to amend Policy Recommendation B by changing the word “the” to “a” before the word “primary.” This amendment was defeated. Policy Recommendation B was then adopted as amended. It reads as follows (words to be deleted are underscored; words to be added are in italics):

#### B. Pharmacist validation of public information related to medications

To support consultation with a pharmacist as a primary means for consumers to validate public publicly available information related to medications.

(See the report of the second meeting of this session, “Board of Directors duly considered matters,” for final actions on the above issue.)

Policy Recommendation C was then adopted. It reads as follows:

#### C. ASHP Statement on the Pharmacist’s Role in Primary Care

To approve the ASHP Statement on the Pharmacist’s Role in Primary Care.

Chair Sheaffer reminded delegates of the process for the submission of New Business items. Announcements were then made, and the meeting adjourned at 5:58 p.m.

## Second meeting

The second and final meeting of the House of Delegates session convened on Wednesday, June 9, at 2:30 p.m. A quorum was present.

Chair Sheaffer announced the appointment of tellers to canvass the ballots for the election of Chair of the House of Delegates. Those appointed were Philip J. Schneider (KS), Kristine B. Marcus (OR), and Gerald E. Meyer (PA).

**Recommendations.** Chair Sheaffer called on members of the House of Delegates for Recommendations. (The name and state of the delegate who introduced the item and the subject of the item precede each Recommendation.)

#### Diane B. Ginsburg (TX): Joint dues billing with state societies

*Recommendation:* ASHP shall conduct a pilot project exploring joint dues billing with affiliated state societies (ASCs).

*Background:* The Texas Society of Health-System Pharmacists has piloted a joint billing process with our local component chapters. We have seen an increase in membership in both the state and local organizations through this process. This request is *not* suggesting joint membership. If feasible, this could be a service that ASHP could provide to ASCs.

*Suggested outcome:* That ASHP work with representatives from various ASCs to design and conduct a pilot project of this nature.

#### Douglas R. Lang (MO): Implementation of a coding system for reimbursement for pharmacists’ cognitive services.

*Recommendation:* That ASHP take a leadership role in the implementation of codes for pharmacists’ cognitive services, including initiation of pilot projects on using the codes to document services

provided and outcomes achieved; further, to use the results of the pilot projects to develop strategies for reimbursement of pharmacists’ cognitive services.

*Background:* It has long been known that pharmacists provide cognitive services to patients, but it has been difficult to demonstrate the value of these interactions so that policymakers and third-party payers will recognize the services and reimburse for them. One mechanism used by other groups in health care is a system of reimbursement codes that allow the practitioner to not only document these services but also bill for the services. The best-known example is current procedural terminology (CPT) coding, initially developed for coding surgical procedures. Currently, a number of health care practitioner groups, including certified registered nurse anesthetists, physician assistants, registered dietitians, nurse practitioners, and non-surgeon physicians, are evaluating systems for coding the services they provide.

Pharmacists have traditionally been reimbursed on the basis of the product they provide, and pharmacy services have been implicitly included in reimbursement for the product. Product-based reimbursement, using NDC numbers or J codes, was acceptable when the reimbursement was adequate to cover both the product and pharmacists’ services. However, in the current health care environment, as payers move toward reimbursement based on acquisition cost, it is critical for pharmacists to differentiate services from products, document the services they provide, and demonstrate the value of these services. In the future, as pharmacists become disintermediated from the medication dispensing process and move toward individualization of pharmaceutical care plans with advanced technologies such as genomics, we must be defined as providers of pharmaceutical care services. In order to unbundle the reimbursement of pharmacy products and services, a system of codes is needed to adequately describe the services provided by pharmacists in a variety of practice settings throughout the health system.

Not only must a specific system of coding be identified, but substantial work will be required for the system to become accepted by policymakers, payers, and pharmacy practitioners. Demonstration projects are needed on using codes for cognitive services, submitting codes to different payer groups, and documenting the value of the cognitive services provided. Additionally, public relations efforts are crucial to demonstrate the role of the pharmacist as a provider of such services to the manufacturer and payer communities. ASHP should take a leadership role in educating pharmacists in order to implement effective strategies for obtaining reimbursement for cognitive services.

#### Suggested outcome:

1. Identify and analyze available coding systems; enhance development of appropriate systems for coding pharmacist cognitive services to include all settings of care throughout the health care system.
2. Educate pharmacist on the use of coding to bill for health care services and on coding mechanisms for obtaining compensation through different payment mechanisms (federal, state, and private).
3. Create an information database on the outcomes of pharmacy providers that utilize coding mechanisms to obtain compensation.
4. Implement pilot projects to assess the outcomes of using reimbursement codes to document services provided and to obtain reimbursement.
5. Analyze the information database and pilot project data to develop strategies for reimbursement of pharmacists’ cognitive services.

#### Roland A. Patry (TX): Comprehensive plan to address reimbursement for direct patient care services in ambulatory settings

*Recommendation:* In response to several Recommendations and New Business items that seek to convey a sense of urgency about compensation for direct patient care services in ambulatory care settings, it is recommended that ASHP, in concert with other pharmacy organizations, develop and implement a comprehensive plan to address the three interwoven components of the issue:

1. Recognition of a pharmacist by Medicare and other agencies and payers as a *care provider*, and the underlying issue of lack of recognition for pharmacist training in diagnosis, assessment, and care planning.

2. Recognition that pharmacists *will* require credentialing, certification, or privileging to be reimbursed for direct patient care activities and that in many states pharmacists, including ASHP members, are seeking legislative and regulatory relief to gain immediate access to reimbursement, and
3. Recognition that a more immediate solution to billing might be negotiation with the American Medical Association and then with the Health Care Financing Administration (HCFA) for modifiers to existing CPT codes, in addition to seeking consensus within pharmacy on a professionwide pharmacist coding system.

*Background:* Organized pharmacy has failed to date to gain recognition for direct care provided to patients partially because we have chosen to take a piecemeal approach to this multifaceted issue of provider status, credentialing, and billing. A comprehensive national plan must be developed to deal with these issues simultaneously.

*Michael D. Schlesselman (GA): Meeting attire*

*Recommendation:* That ASHP consider continuing "business casual" attire for the Annual Meeting and consider it for the Midyear Clinical Meeting.

*Suggested outcome:* Continue business casual at Annual Meeting.

*Beth Devine (CA): Member access to ASHP policies and background materials*

*Recommendation:* That background on existing ASHP policies be made readily accessible to ASHP members reviewing policies, preferably electronically, beginning with policies adopted at the 51st session of the ASHP House of Delegates in June 1999.

*Background:* Access to background material for existing policies would help those developing new policies to understand the rationale for and history surrounding existing ASHP policies.

*Suggested outcome:* Background materials for existing ASHP policies are available to members, preferably electronically.

*Kathleen M. Gura (MA): Honoring William A. Gouveia*

*Recommendation:* The delegates of the New England states would like to congratulate Bill Gouveia on receiving the 1999 Harvey A. K. Whitney Lecture Award for his contributions to the practice of pharmacy, and to wish him continued success.

*James P. Goulet (NE): Medication dispensing*

*Recommendation:* That ASHP recognize, evaluate, and delineate the Society's position on dispensing by nonpharmacists.

*Background:* Dispensing of prescription products is taking place in certain situations where pharmacists are not involved. Examples include, but are not limited to, public health clinics, rural and urban outreach clinics, hospital emergency rooms, physician offices (i.e., samples), and durable medical equipment vendors (e.g., oxygen).

*Suggested outcome:* Practice guidelines of ASHP are established and followed when state statutes, rules, and regulations are updated or rewritten. Consideration of "delegated drug dispensing" or similar term in given circumstances may address actual practice.

*Kathrin Kucharski (MD): Alternative and complementary substances*

*Recommendation:* That ASHP address the role pharmacists should play in the prescribing, procurement, dispensing, administration, and monitoring of alternative and complementary substances in the health-system setting.

*Background:* Alternative and complementary substances are being used in health systems. ASHP policies address the pharmacist as a source of education but do not address the pharmacist's responsibility. Independent of the pharmacist's personal belief and all ongoing pro and con discussion, alternative and complementary substances are being used, and pharmacists need to be involved.

*Andrew Donnelly (IL): ASHP member's state of affiliation*

*Recommendation:* That ASHP create a field within the membership application and database to allow members to select their state affiliation for the purpose of voting on and running for positions in the ASHP House of Delegates.

*Background:* Some ASHP members live in one state and practice in another. Often these members are active within a state society, even becoming officers. Yet, because of their mailing addresses in the ASHP database, they are not recognized by ASHP, for the purpose of

House of Delegates elections, as being affiliated with the state in which they are active. It is not practical or sometimes possible for these individuals to change their mailing address. ASHP should recognize its members' rights to choose their state of affiliation for the purpose of House of Delegates elections.

*James V. Dorociak (IL): ASHP council and committee appointments*

*Recommendation:* That ASHP require that individuals who are being considered for council and committee appointments be members of both ASHP and their respective state societies.

*Background:* To support leadership development within the state affiliates of ASHP, it is important to promote to the national level those individuals who have shown at least a minimal commitment to their state societies.

There are always many more members of ASHP who seek appointment to its councils and committees than can be placed. Oftentimes, individuals who are not appointed to a council or committee have served in their state societies in similar positions and have demonstrated a significant commitment to our profession at that level. Because many of the laws and regulations affecting pharmacy are promulgated at the state level, ASHP must send a clear message to all of its members that they should be active at both the state and national levels. Volunteers participating in any area of the state society's activities contribute to the success and viability of that entity. It is crucial for ASHP and the state societies to partner in every opportunity possible, including leadership development and promotion.

*Susan Teil Boyer (WA): Education of membership regarding assisted suicide*

*Recommendation:* ASHP will provide educational programming, including an ethics colloquium and Midyear Clinical Meeting educational session, on the topic of assisted suicide.

*Background:* Members need to better understand the issues surrounding assisted suicide and national policy development in order to make good personal, professional, institutional, and state-level decisions on this difficult topic.

*Suggested outcome:*

1. Make this a topic for the Joseph A. Oddis Ethics Colloquium at the Annual Meeting in June 2000.
2. Provide an educational session on assisted suicide at future Midyear Clinical Meetings.

*Pamela Ploetz (WI): A national pharmacist license*

*Recommendation:* That ASHP promote a national pharmacist license. Further, that ASHP collaborate with other organizations to articulate the value of a single license per pharmacist to the National Association of Boards of Pharmacy and state boards of pharmacy.

*Background:*

1. The National Council of State Boards of Nursing, Inc., is considering a system that would do this through the Mutual Recognition for Nursing Regulation, similar to what is used in the European Union.
2. There is a need for pharmacists who either travel to practice within a multistate integrated system or happen to live in a border state and practice in more than one state.
3. Potential to help pharmacist recruitment.
4. National licensure was mentioned in the Pew Commission report and discussed by the ASHP Commission on Goals in 1999.
5. Impact of telemedicine.

*Suggested outcome:* One license enables a pharmacist to practice anywhere in the world.

*Sharon A. Bronson (TX): Nonpunitive reporting systems*

*Recommendation:* That ASHP address methods for furthering membership awareness, education, implementation, and assessment of nonpunitive systems for reporting adverse drug events (medication errors and adverse drug reactions).

*Background:* The underreporting of adverse drug events is well documented. In many settings the fact that reporting systems are not nonpunitive is a major cause of nonreporting. Pharmacists have a critical role in the conduct of effective adverse drug event reporting systems.

ASHP should educate and inform pharmacists on nonpunitive re-

porting systems through existing means such as the council system, grassroots systems, medication misadventures resource center, and educational sessions at ASHP meetings.

This focus is separate from the pursuit of statutory protection related to the reporting of adverse drug events. However, it is critical to move toward nonpunitive reporting systems.

*Recommended outcome:* To further enable pharmacists to assume leadership roles within their practice environments regarding the development and implementation of nonpunitive reporting systems for adverse drug events.

*Janet Teeters (IL): Compliance with governmental payment policies*

*Recommendation:* That ASHP publish specific changes in governmental payment policies for pharmaceutical products in the *American Journal of Health-System Pharmacy (AJHP)* and develop an annually updated audit tool for pharmacists that would help promote compliance with governmental payment policies in all health care settings.

*Background:* Literature with regard to changes in governmental payment policies does not often appear in pharmacy journals, nor do health-system finance departments often send it to the pharmacy for review. ASHP could assist the profession in complying with governmental payment policies by providing an audit tool and by having a section in the journal devoted to governmental payment policies affecting health-system pharmacists. Of note is the recent *AJHP* review of the Robinson-Patman Act. Articles like this, albeit not a review of governmental payment policies, help pharmacists comply with promulgated laws affecting pharmaceutical products.

*Suggested outcome:*

1. Audit booklets published annually that will help pharmacists assess compliance with billing practices. Separate booklets focused on inpatient, outpatient, long-term care, home health, and hospice would be helpful.
2. A special section of *AJHP* devoted to compliance with governmental payment policies and billing and reimbursement.
3. Review and updating of ASHP Policy 8201, Plan of Action for Dealing with Pharmacy Reimbursement Matters.

*Michael Cunningham (CA): Business casual dress code*

*Recommendation:* That the ASHP presidential officers, Board of Directors, and executive vice president adhere to the business casual dress code promoted for the ASHP Annual Meeting.

*Background:* Business casual attire was the recommended attire for all sessions at this year's Annual Meeting. "Forget the ties" and "Leave the pumps at home" were slogans promoted heavily prior to this meeting. Yet this recommendation has not been uniformly followed by ASHP leadership at this meeting. This sends conflicting messages to attendees as to the proper attire.

*Suggested outcome:* Consistent attire is worn by all Annual Meeting attendees.

*Marlene I. Ritualo (RI): Revision of continuing-education (CE) credit certificates*

*Recommendation:* That the CE certificates issued by ASHP to participants at the Annual and Midyear Clinical meetings include program descriptions in addition to the number of CE credits received, for ease of tracking.

*Background:* Certain boards of pharmacy require CE on law or HIV, and certain employers require pharmacy specialists to have CE specific to their practice. Such a revision would help track these requirements.

*Suggested outcome:* Revision in format of CE certificate.

*Marlene I. Ritualo (RI): Interim therapeutic recommendations/guidelines during drug shortages*

*Recommendation:* That ASHP be more proactive in developing interim therapeutic guidelines for members in times of drug shortages and communicate these guidelines via the ASHP Web site in a timely manner.

*Background:* Drug shortages continue to occur, and practitioners are continually searching, without the luxury of time, for alternative products that meet patient needs and do not compromise patient outcome. Recent shortages such as urokinase 5000 units and lorazepam are examples. ASHP should be at the forefront when such

incidents happen and should use its Web site to provide members with information on therapeutic alternatives to consider.

*Marlene I. Ritualo (RI): Pharmacy practice across the continuum*

*Recommendation:* That ASHP work with other pharmacy groups to develop practice standards for pharmacists involved in management of patients across the continuum.

*Background:* As patients are transferred from one setting to another (e.g., between home care and hospital or between nursing home and hospital), continuity of care is important to improve patient outcomes. This can be achieved by establishing standards.

*Suggested outcome:* Setting standards of practice.

*Kathleen M. Gura (MA): Nontraditional residency programs*

*Recommendation:* That ASHP develop alternatives to the current residency training system, recognizing that many graduates of nontraditional doctor of pharmacy programs may have different needs, as well as financial concerns and time constraints that make it difficult to participate in the current program.

*Background:* In recent years, there has been a tremendous increase in the number of B.S.-degreed pharmacists returning to school to pursue a nontraditional doctor of pharmacy degree. Unlike new graduates who enter a traditional residency program, these individuals have many years of experience and have needs very different from those of the current residents. In addition, leaving the work force for one to two years to pursue a traditional residency would incur financial hardship on many of these individuals, thus discouraging them from pursuing a residency.

ASHP should explore ways of tapping into this pool of new nontraditional doctor of pharmacy graduates. Unlike our current residents, these individuals should be able to apply some of their life experiences toward completion of ASHP residency requirements. Perhaps having mini-clerkships or special projects could also meet these needs.

*Kathleen M. Gura (MA): Medication error reporting*

*Recommendation:* That ASHP designate the USP-ISMP Medication Errors Reporting Program as the single, comprehensive, voluntary, and confidential national program for reporting medication errors.

*Background:* There has been much debate about the establishment of a single, comprehensive national medication error reporting program. The Medication Errors Reporting program, a cooperative effort of the United States Pharmacopeia (USP) and the Institute for Safe Medication Practices (ISMP), already fulfills many of the requirements for such a program. Unlike other reporting programs, the USP-ISMP program is multidisciplinary, consisting of pharmacists, nurses, and physicians, and has been sharing information in a confidential manner with FDA and other organizations for many years. There seems to be some confusion of this program with other programs currently in place (e.g., FDA's Medwatch) and others in the development stages.

*Suggested outcome:* That ASHP, USP-ISMP, and FDA host a session at the Midyear Clinical Meeting in Orlando explaining the relationship among these systems and how we can improve upon the systems. A related article could be included in *AJHP*.

*Kevin Colgan (IL): Pharmacists' role in recombinant DNA therapy, gene therapy, and therapy with live biologicals.*

*Recommendation:* ASHP should prepare pharmacist continuing education on gene therapy and other live biological therapies; furthermore, ASHP should develop a strategic work group that deals with regulations regarding these therapies.

*Background:* The next major gold mine of therapeutic entities revolves around the vast amount of research this decade on recombinant DNA therapy, gene therapy, and live biological therapies. Pharmacy should be intimately involved in the use of these products. This requires us to be prepared educationally and to be active concerning regulation of the dispensing of these products.

*Suggested outcome:*

1. To provide multiple sources of CE on these therapies (e.g., journal articles, meeting presentations).
2. To provide grants to fund pharmacist work with these therapies.
3. To develop a strategic work group of members and staff that deals with regulation surrounding these products.

*Caryn Bing (IL): Patient noncompliance with drug therapy*

**Recommendation:** To develop a policy statement on patient compliance programs.

**Background:** The issue of patient noncompliance with drug therapy is a public health concern that is no less serious than that of medication errors or adverse drug events. Pharmacists should take a lead in patient compliance programs. There was a *Pink Sheet* article this year concerning governmental regulation of the insurance industry and the use of "opt in" or "opt out" clauses in a patient's application for health insurance as it relates to this issue. The profession needs some direction on this topic.

**Suggested outcome:** That the development of such a statement be considered by the Council on Administrative Affairs and other councils as appropriate.

*Teri L. Bair (TX): Education regarding compliance with government regulations concerning fraud and abuse*

**Recommendation:** That ASHP continue to provide educational programming and information through its meetings, Web site, and journal in support of the new ASHP policy relating to compliance with governmental payment policies.

**Background:** In light of new enforcement directives, pharmacists need to stay current on the requirements of governmental programs.

**Suggested outcome:** More programs and articles.

*John P. Swenson (WA): Enhanced communication about regulatory changes that affect product and service reimbursement*

**Recommendation:** That the ASHP Government Affairs Division communicate to members in a timely manner reimbursement changes made by HCFA for drug products, through ICD-9 (International Classification of Diseases) coding changes, and for pharmaceutical care services.

**Background:** On October 1, 1998, HCFA instituted a new ICD-9 code (99.20 for the use of glycoprotein IIb/IIIa receptor antagonists in patients) in order to collect data over a 12-month period and evaluate increasing reimbursement to hospitals when these agents are used. No formal communication came to the membership regarding this change in HCFA coding for these expensive drugs.

**Suggested outcome:** That the ASHP Government Affairs Division closely track such HCFA reimbursement changes and communicate these changes to the membership in a timely manner.

*Marjorie Shaw Phillips (GA): Credentialing, professional competence, and public assurance of quality*

**Recommendation:** The issue of credentialing in pharmacy should have extremely high priority on the agenda of all 1999 ASHP councils (as applicable). Further, the ASHP membership should be actively encouraged to provide comments and input for the council deliberations.

**Background:** One of the most important issues currently facing pharmacy is credentialing. We need a process for ensuring professional competence for advanced practice that is credible to the public. There are many complex policy issues and questions related to pharmacy credentialing that need to be identified, analyzed, and addressed by ASHP.

The HCFA demonstration project on reimbursement for pharmacist disease management services in Mississippi has precipitated a wave of disease-focused certification and credentialing activities that may not serve the public or the profession well. In Georgia, legislation was passed in March giving the board of pharmacy sole authority to recognize accrediting and credentialing bodies in pharmacy within the state. (The original language would have given the board sole authority to credential pharmacists or accredit pharmacies.)

Some of the questions for ASHP to address are:

- What should be the role of regulatory bodies in determining professional credentials beyond initial licensure? (This could usurp the role of the profession in setting professional standards.)
- Should pharmacy move alone on disease management credentialing, or would it be more reasonable to be active participants in multidisciplinary credentialing processes (e.g., those of the National Lung Association and American Diabetes Association)?
- How can pharmacy avoid a piecemeal, disease-by-disease creden-

tialing approach that would be unworkable and unreasonable?

- What would/should be the relationship between proposed disease management and advanced-practice credentials and the professionally recognized Board of Pharmaceutical Specialties specialty certification process?
- What is advanced pharmacy practice, and how do we differentiate it from pharmaceutical care that can be provided by a generalist pharmacy practitioner? (Avoid limitations in the scope of pharmacy practice that are not warranted by quality concerns.)

**Suggested outcome:**

- Public announcement to the membership (Newsletter, Web, etc.) encouraging submission of comments and concerns in advance of the council meetings. Perhaps e-mail to all members of the Section of Clinical Specialists could also be used to solicit input.
- Active discussion at each of the council meetings resulting in a series of recommended actions for ASHP, and
- An organized approach for ASHP to deal with credentialing in pharmacy that complements ongoing activities of the Council on Credentialing in Pharmacy.

*Douglas R. Lang (MO): Role of regulatory bodies in pharmacist credentialing after initial licensure*

**Recommendation:** To have the Council on Legal and Public Affairs review the role of regulatory bodies in the establishment and provision of pharmacist credentials.

**Background:** Recently, certain states have passed laws giving regulatory bodies the sole authority over the approval of accrediting bodies. ASHP needs to analyze this and determine whether it is in the best interest of the public.

**Suggested outcome:** Develop a policy statement that determines the appropriate role of regulatory bodies in the credentialing of pharmacists. Provide appropriate tools and resources to affiliated state societies as this process evolves.

**Board of Directors duly considered matters.** The Board reported on seven Council policy recommendations that were amended at the first House meeting. Pursuant to Bylaws Section 7.3.1.1, the Board met on the morning of June 9, 1999, to "duly consider" the amended policy recommendations. The Board presented its recommendations as follows.

Regarding the first item, from the Council on Administrative Affairs, titled "Compliance with governmental payment policies," the Board agreed that the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the second item, from the Council on Administrative Affairs, titled "Optimizing the medication-use process," the Board agreed that the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the third item, from the Council on Administrative Affairs, titled "Use of machine-readable code technology," the Board agreed that the amendment was acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the fourth item, from the Council on Administrative Affairs, titled "Pharmacists' role in drug procurement, distribution, and control," the Board agreed that the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the fifth item, from the Council on Legal and Public Affairs, titled "Reporting medication errors and adverse drug reactions," the Board agreed the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the sixth item, from the Council on Professional Affairs, titled "Telepharmacy," the Board agreed that the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

Regarding the seventh item, from the Council on Professional Affairs, titled "Pharmacist validation of public information related to medications," the Board agreed that the amendments were acceptable. (See the report of the first meeting of this session, "Council reports.")

**New Business.** Chair Sheaffer announced that, in accordance with Article 7 of the Bylaws, there were six items of New Business to be considered. He noted that if an item of New Business is approved for referral to the Board, the delegates' discussion, ideas,



and comments on the item become a part of the referral.

Chair Sheaffer called on Past President R. Paul Baumgartner to introduce the first item of New Business, titled "Pharmacist care." After discussion and amendment of the motion, the item was approved for referral to the Board of Directors. It reads as follows:

*Pharmacist care*

*Motion:* That ASHP promote general use of the term "pharmacist care" when referring to the unique skills specific to pharmacists.

*Background:* The public and health professionals commonly recognize the term "pharmaceutical" as meaning "drug" or "medicine." For instance, "pharmaceutical manufacturers" are drug manufacturers and "pharmaceutical dispensing" means dispensing drugs.

Pharmaceutical care can be appropriately conceived as a health service provided by any health professional that involves the use of pharmaceuticals in the care of patients. Thus, when a physician prescribes and monitors drug therapy or a nurse administers drugs, this activity can be termed pharmaceutical care. The provision of pharmaceutical care cannot be construed as a function unique to pharmacists.

Pharmacists do possess unique education, training, and skills that position them as the best qualified to manage a broad range of activities related to the provision of optimum drug therapy, including product acquisition, storage, and distribution; application of pharmacoeconomic principles; provision of drug information; patient counseling; and reimbursement issues.

Pharmacists are at least as qualified as other health professionals in drug therapy monitoring and, given a diagnosis, drug product selection.

It will be in the best interest of ASHP and the profession to adopt and promote the use of the term "pharmacist care" when referring to the unique skills specific to pharmacists.

The second item of New Business, "Statutory protection for medication error reporting," was introduced by Pennsylvania delegate Gerald E. Meyer. After discussion, the item was approved for referral to the Board of Directors. It reads as follows:

*Statutory protection for medication error reporting*

*Motion:* To pursue the passage of statutory protection for contributors to the medication error reporting program.

*Background:* Statutory protection will greatly improve the value of a medication error reporting program by improving participation, which, in turn, will result in more rapid identification of system-based causes and in improved patient outcomes.

The third item of New Business, "Provider status for pharmacists and compensation for the provision of pharmaceutical care and other cognitive services," was introduced by Delegate Dennis Williams (NC) on behalf of the ASHP Section of Clinical Specialists. Following discussion, it was approved for referral to the Board of Directors. It reads:

*Provider status for pharmacists and compensation for the provision of pharmaceutical care and other cognitive services*

*Motion:* To take an assertive leadership role in pursuing changes in federal law to define the pharmacist as a health care provider, which would enable individual pharmacists to obtain compensation for the provision of cognitive services to patients covered by federal programs; further,

To assist in the passage of enabling legislation at the state level that would recognize the pharmacist as a health care provider eligible for compensation by state agencies and other third-party providers for the provision of cognitive services; further,

To provide tools and information to pharmacists to aid them in using appropriate and legal billing procedures for pharmaceutical care provided in a variety of settings.

*Background:* Pharmacists are increasingly providing cognitive services in a variety of health care settings. The care of patients is moving rapidly from acute care to ambulatory care settings. There is an increasing need for pharmaceutical care in health systems. The ability of pharmacists to provide care to patients is hindered by the lack of recognition of pharmacists as providers. Additionally, many pharmacists are unfamiliar with standard billing procedures and practice man-

agement principles. Pharmaceutical care services are often provided by other professionals who can bill payers for care and generate revenues for the system.

The ASHP Statement on Third-Party Compensation for Clinical Services by Pharmacists was last revised more than 10 years ago, in 1985. This Statement does not assertively establish ASHP's position on the provider status of pharmacists. The U.S. health care infrastructure has changed a great deal since that time, and there is an urgent need to proactively advocate for recognition of pharmacists as providers.

An excellent opportunity exists for ASHP to lead the profession in educating pharmacists about practice management.

Pharmacists need education and training in proper coding and billing for cognitive services in health care systems. There is also a need for products and services that enable pharmacists to bill for their cognitive services.

*Suggested outcome:*

1. Provider status for pharmacists at the state and national levels
2. Products, services, and education to support pharmacists in obtaining compensation for cognitive services

Delegate Kevin Colgan (IL) introduced the fourth item of New Business, titled "Distribution of short-supply pharmaceutical products." There was no discussion, and the item was approved for referral to the Board of Directors. It reads:

*Distribution of short-supply pharmaceutical products*

*Motion:* ASHP should investigate the distribution of short-supply pharmaceutical products and their impact on patients with the need for the short-supply product. Further, ASHP should provide guidance on the handling of short-supply situations.

*Background:* For the past 18 months, pharmacists have experienced an extraordinary number of drug shortages. A gray market has surfaced for specific items, such as intravenous immune globulin (IGIV) and ganciclovir, such that pharmacists can obtain product only through alternative distribution channels that supply the product for two to three times the usual and customary rates. The industry needs guidance on how to handle short-supply situations to ensure that product is available to patients who need it through normal distribution channels.

*Suggested outcome:* For ASHP to provide guidance and disseminate information to members on this topic.

The fifth item of New Business was introduced by Delegate David W. Fuhs (MN) and was titled "Medication shortages." Following discussion, the item was approved for referral to the Board of Directors. It reads:

*Medication shortages*

*Motion:* ASHP should take a more active role in addressing the problems associated with medication shortages.

*Background:* There have been an increasing number of shortages and outages of medications in the United States. The shortages are more than just a nuisance because of their increased frequency, duration, and widespread nature. Depending on the medication, the unavailability can be a serious threat to patient care. Examples include outages of kanamycin (followed by a shortage of gentamicin), urokinase, IVIG, metoprolol, atenolol, and phentolamine. While there may be a variety of reasons for the shortages (e.g., manufacturing problems, shortages of raw materials, consolidation in the industry), it does not appear that enough is being done to deal with and prevent future shortages.

*Suggested outcome:*

1. ASHP should take a leadership role in working with FDA, drug manufacturers, and wholesalers to make sure that medications are available in sufficient quantity for patient care. This may include a discussion of the potential for minimum quantities of critical medications that must be available so that, when shortages occur, the impact is not immediately felt.
2. ASHP should provide guidance regarding alternatives when shortages or outages occur.
3. ASHP should facilitate communication about shortages, including information about the expected duration and what steps need to be taken before the product will again be available. This could be done via a specific area of the ASHP Web site dedicated to drug product shortages and recalls.

Delegate Marjorie Shaw Phillips (GA) introduced the last item of New Business, titled “Advanced practice and disease-specific pharmacy competency assessment.” There was no discussion, and the item was approved for referral to the Board of Directors. It reads:

*Advanced practice and disease-specific pharmacy competency assessment*

**Motion:** To support the position that all professionally and publicly recognized pharmacy advanced-practice credentials should meet quality standards established by the Council on Credentialing in Pharmacy.

**Background:** The purpose of certification and credentialing processes, whether in our health systems or on a larger scale, is to provide public assurance of competence. Credentials recognized by public and private entities must be valid, and it is essential that the process that confers them is credible.

*Suggested outcome:*

1. ASHP will promote effective alternatives to regulatory bodies setting professional practice and competency standards.
2. ASHP will continue its leadership in the arena of pharmacist credentialing.
3. All processes for certification and credentialing in pharmacy will be credible and valid, offering society an assurance of practitioner competency.

**Election of House Chair.** Chair Sheaffer conducted the election for Chair of the House of Delegates. He called delegates to present completed official ballots to tellers, who certified the eligibility of delegates to vote. After the balloting, the tellers counted the ballots.

**Recognition.** Chair Sheaffer recognized members of the Board who were continuing in office. He also introduced members of the Board who were completing their terms of office.

As a token of appreciation on behalf of the Board of Directors and members of ASHP, Chair Sheaffer presented Immediate Past

President Canaday with an inscribed gavel commemorating his term of office. Immediate Past President Canaday recognized the service of Chair Sheaffer as Chair of the House of Delegates and a member of the Board of Directors.

Chair Sheaffer recognized John E. Murphy’s years of service as a member of the Board, in various presidential capacities, as Chair of the Board, and as Vice Chair of the House of Delegates. Chair Sheaffer called on Vice Chair Murphy to preside over the House for the remainder of the meeting.

**Installation.** Vice Chair Murphy received the tellers’ certified report and announced that Steven L. Sheaffer was the newly elected Chair of the House of Delegates. Vice Chair Murphy then installed Bruce E. Scott as President of ASHP, Sam K. Shimomura and T. Mark Woods as members of the Board of Directors, and Steven L. Sheaffer as Chair of the House of Delegates. He introduced the families of President Scott and Board member Woods.

**Inaugural address.** President Bruce E. Scott presented his inaugural address, titled “Keep your eyes on the prize.”

**Parliamentarian.** Vice Chair Murphy thanked Joy Myers for service to ASHP as parliamentarian.

**Adjournment.** The 51st annual session of the House of Delegates adjourned at 5:06 p.m.

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<sup>a</sup>As explained in the third paragraph under “First meeting,” the numbering sequence of the annual proceedings between 1952 and 1998 was off by one. Hence, the 1998 session, which was labeled as the 49th, was actually the 50th.

<sup>b</sup>The Committee on Nominations included Steve Litsey, Chair; Rebecca Finley, Vice Chair; and Kevin Colgan, David Fuhs, Lynnae Mahaney, William Puckett, and Dennis Williams.

<sup>c</sup>When the House of Delegates amends a professional policy recommendation submitted to it by the Board, the ASHP Bylaws (Section 7.3.1.1) require the Board to review the amended action and make a recommendation to the House on final disposition of the issue.