



Summary of Actions of the March Virtual House of Delegates

March 6-13, 2020

ashp

The House of Delegates

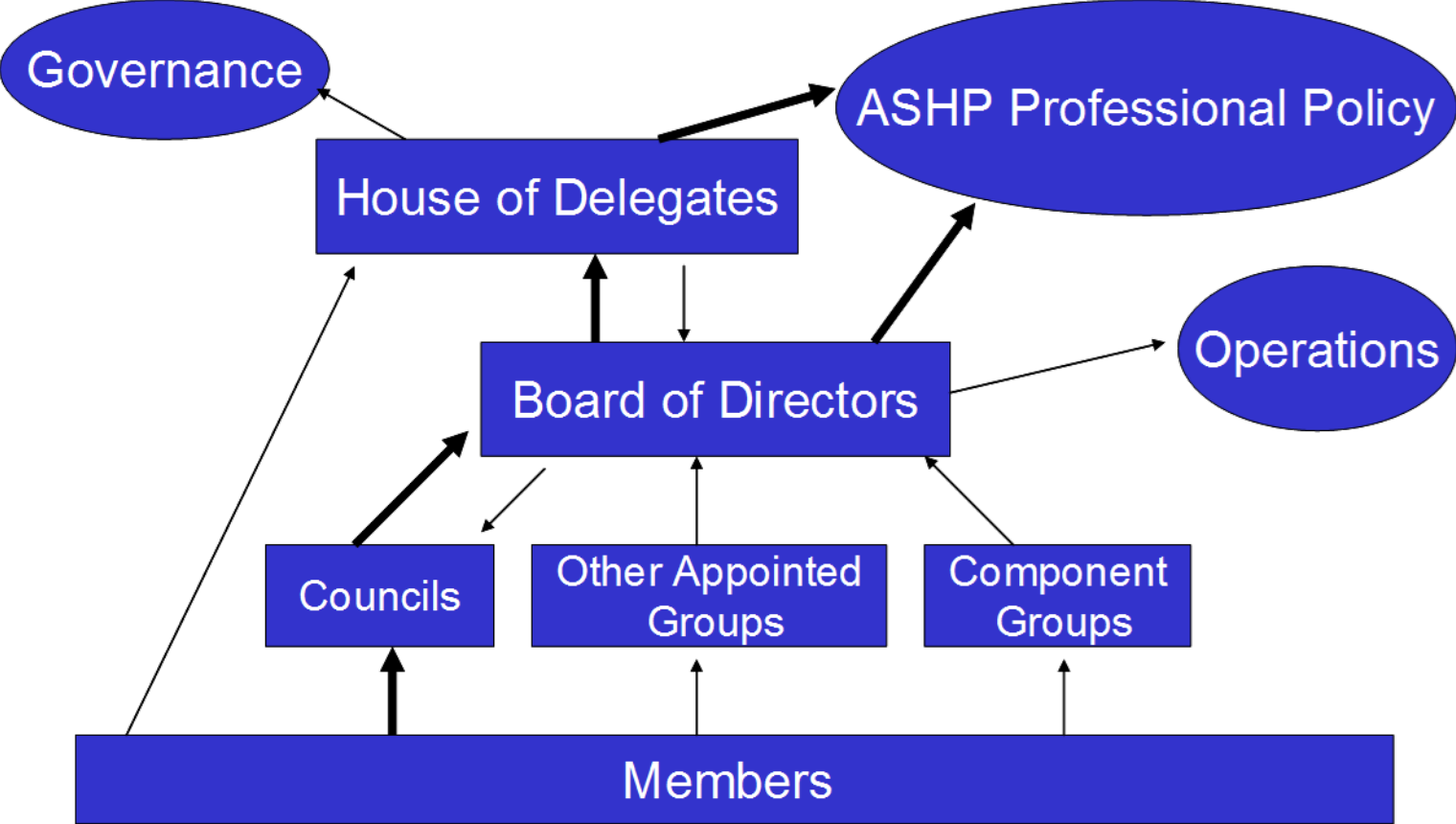


Ultimate authority over
ASHP professional policies

One annual session consisting of 4 meetings: 2 meetings at the ASHP Summer Meeting and 2 virtual meetings in the spring and fall

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

ASHP Policy Process



Results of March virtual House of Delegates

Delegates approved the following 13 recommendations by 85% or more, the threshold for final approval.

Two policy recommendations did not meet that threshold and will be slated for consideration at the June meeting of the House.

CPuP: Definition of Meaningful Use of Health Information Technology

To discontinue ASHP policy 1006, Definition of Meaningful Use of Health Information Technology, which reads:

To advocate to policymakers (public and private) that definitions of "meaningful use of health information technology" address interoperability of medication orders and prescriptions, medication decision support and continuous improvement, and quality reporting; further,

To advocate with respect to interoperability of medication orders and prescriptions that (1) a common medication vocabulary be mandated to promote the semantic interoperability of medication use across the continuum of care, because a common vocabulary is essential for comparative effectiveness research and for communicating medication information; and (2) communication of orders and electronic prescriptions must be demonstrated to be functional and semantically interoperable with pharmacy information systems; further,

CPuP: Definition of Meaningful Use of Health Information Technology (cont'd)

To advocate with respect to medication decision support and continuous improvement that (1) medication decision support should include but not be limited to allergy, drug interaction (e.g., drug-lab or drug-disease interactions), duplicate therapy, and dose-range checking; and (2) that such a decision-support service must include an ongoing, continuous improvement process to attune the decision-support service to the needs of the providers who use it; further,

To advocate with respect to quality reporting that the ability to quantify improved patient safety, quality outcomes, and cost reductions in the medication-use process is essential, particularly in antimicrobial and adverse event surveillance.

COT: Safety and Effectiveness of Ethanol for Prevention or Treatment of Alcohol Withdrawal Syndrome

To oppose the use of oral or intravenous ethanol for the prevention or treatment of alcohol withdrawal syndrome (AWS) because of its poor effectiveness and safety profile; further,

To support hospital and health-system efforts that prohibit the use of oral or intravenous ethanol therapies to prevent or treat AWS; further,

To support the removal of oral or intravenous ethanol from hospital and health systems for the prevention and treatment of AWS; further,

To educate clinicians about evidence-based therapies for AWS.

Note: This policy would supersede ASHP policy 1514.

COT: Excipients in Drug Products

To advocate that manufacturers remove unnecessary, potentially allergenic excipients from all drug products; further,

To encourage manufacturers to publicly disclose all excipients in drug products; further,

To advocate that the Food and Drug Administration require manufacturers to declare the name and derivative source of all excipients in drug products on the official label; further,

To advocate that vendors of medication-related databases incorporate, expand, and maintain interoperable information about excipients; further,

COT: Excipients in Drug Products (cont'd)

To promote research that evaluates the safety of excipients to guide clinical practice and to support the reporting and dissemination of this information via published literature, registries, and other mechanisms; further,

To foster education on the potential adverse events that may be caused by excipients; further,

To encourage documentation of allergic reactions or intolerances to or restrictions on specific excipients in the health record.

Note: This policy would supersede ASHP policy 1528.

COT: Evaluation of Abuse-Deterrent Drug Mechanisms

To encourage manufacturers to develop safe and efficacious abuse-deterrent formulations for drugs known to be abused and misused; further,

To promote research on the efficacy of abuse-deterrent mechanisms in preventing prescription drug abuse, and to support the reporting and dissemination of this information; further,

To advocate for legislation that would limit out-of-pocket expenditures for such formulations.

Note: This policy would supersede ASHP policy 1512.

COT: Anticancer Treatment Parity

To support anticancer treatment parity legislation at both the state and federal level that ensures equality of access and insurance coverage for all anticancer drug products approved by the Food and Drug Administration (FDA); further,

To advocate all insurers and manufacturers design plans containing limits on out-of-pocket expenditure so that patient cost sharing for anticancer treatment is equivalent, regardless of treatment modality or route of administration; further,

To encourage the development of policies and endorse practices that contribute to a decrease in anticancer treatment costs to the consumer; further,

To continue to foster the development of best practices, including adherence monitoring strategies, and education on the safe use and management of anticancer agents, regardless of route of administration.

Note: This policy would supersede ASHP policy 1516.

COT: Quality Consumer Medication Information

To support efforts by the Food and Drug Administration (FDA) and other stakeholders to improve the quality, consistency, accessibility, targeting, and simplicity of consumer medication information (CMI); further,

To encourage the FDA to work in collaboration with patient advocates and other stakeholders to create evidence-based models and standards, including establishment of a universal literacy level and standardized, patient-focused templates, for CMI; further,

To advocate that research be conducted to validate these models in actual-use studies in pertinent patient populations; further,

To advocate that FDA explore alternative models of CMI content development and maintenance that will ensure the highest level of accuracy, consistency, and currency, and conforms with health literacy requirements; further,

COT: Quality Consumer Medication Information (cont'd)

To advocate that the FDA engage a single third-party author to provide editorial control of a highly structured, publicly and easily accessible central repository of CMI in a format that is suitable for ready export; further,

To advocate for laws and regulations that would require all dispensers of medications to comply with FDA-established standards for unalterable content, format, and distribution of CMI.

Note: This policy would supersede ASHP policy 1513.

COT: Pharmacist's Leadership Role in Anticoagulation Therapy Management

To advocate that pharmacists provide leadership in caring for patients receiving drug products for anticoagulant therapy management; further,

To advocate that pharmacists be responsible for coordinating the individualized care of patients receiving drug products for anticoagulation therapy management; further,

To encourage pharmacists who participate in anticoagulation therapy management to educate patients, caregivers, prescribers, and other members of the interprofessional healthcare team about anticoagulant drug product uses, drug interactions, reversal therapies and strategies, adverse effects, the importance of adhering to therapy, access to care, and recommended laboratory testing and other monitoring.

Note: This policy would supersede ASHP policy 1703.

COT: Use of Surrogate Endpoints for FDA Approval of Drug Uses

To support efforts by the Food and Drug Administration (FDA) and other stakeholders to qualify the appropriateness of surrogate endpoints; further,

To support the continued use of qualified surrogate endpoints by the FDA as a mechanism to evaluate the effectiveness and safety of new drugs and new indications for existing therapies, when measurement of definitive clinical outcomes is not feasible; further,

To advocate that the FDA consistently enforce existing requirements that drug product manufacturers complete postmarketing studies for drugs approved based on qualified surrogate endpoints in order to confirm that the expected improvement in outcomes occurs, and to require that these studies be completed in a timely manner.

Note: This policy would supersede ASHP policy 1011.

CPM: Health-System Facility Design

To advocate the development and the inclusion of contemporary pharmacy and medication-use specifications in national and state healthcare design standards to ensure adequate space for safe provision of pharmacy products and patient care services; further,

To promote pharmacist involvement in the design-planning and space-allocation decisions of healthcare facilities.

Note: This policy would supersede ASHP policy 0505.

CPhP: Role of the Pharmacy Workforce in Identifying and Caring for Victims of Human Trafficking

To recognize that human trafficking is a significant public health problem in the U.S.; further,

To affirm that the pharmacy workforce has important roles in identifying and caring for victims of human trafficking; further,

To foster education, training, and the development of resources to prepare the pharmacy workforce for their roles in identifying and caring for victims of human trafficking.

CPhP: Use of Two Patient Identifiers in the Outpatient Setting

To encourage the use of two identifiers to confirm patient identity when transferring filled prescriptions to the possession of the patient or patient's agent for outpatient use.

Note: This policy would supersede ASHP policy 1024.

CPhP: Prescription Drug Abuse

To discontinue ASHP policy position 1526, Prescription Drug Abuse, which reads:

To affirm that pharmacists have leadership roles in recognition, prevention, and treatment of prescription drug abuse; further,

To promote education on prescription drug abuse, misuse, and diversion-prevention strategies.

CPhP: Medication Errors and Risk Management

To discontinue ASHP policy position 0021, Medication Errors and Risk Management, which reads:

To urge that pharmacists be included in health care organization's risk management processes for the purpose of (a) assessing medication-use systems for vulnerabilities to medication errors, (b) implementing medication-error prevention strategies, and (c) reviewing occurrences of medication errors and developing corrective actions.

Results of March virtual House of Delegates

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

- Gabapentin as a Controlled Substance
- Staffing for Safe and Effective Patient Care

COT: Gabapentin as a Controlled Substance

To advocate that the Drug Enforcement Administration reschedule gabapentin to Schedule V due to its low potential for abuse and patient harm.

CPM: Staffing for Safe and Effective Patient Care

To encourage pharmacy leaders to work in collaboration with physicians, nurses, health-system administrators, and others to outline key pharmacist services that are essential to safe and effective patient care; further,

To encourage pharmacy leaders to be innovative in their approach and to factor into their thinking the potential benefits and risks of flexible staffing models, legal requirements, accreditation standards, professional standards of practice, and the resources and technology available in individual settings; further,

To support the following principles:

- Sufficient qualified staff must exist to ensure safe and effective patient care;
- During periods of staff shortages, pharmacists must exert leadership in directing resources to services that are the most essential to safe and effective patient care;

CPM: Staffing for Safe and Effective Patient Care (cont'd)

- Within their own organizations, pharmacists should develop contingency plans to be implemented in the event of insufficient staff—actions that will preserve services that are the most essential to safe and effective patient care and will, as necessary, curtail other services; and
- Among the essential services for safe and effective patient care is pharmacist review of new medication orders before the administration of first doses; in settings where patient acuity requires that reviews of new medication orders be conducted at any hour and similar medication-use decisions be made at any hour, there must be 24-hour access to a pharmacist.

Note: This policy would supersede ASHP policy 0201.

Questions or Suggestions?

Feel free to contact:

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