

# House of Delegates

## REPORT ON IMPLEMENTATION OF 2017

### ASHP HOUSE OF DELEGATES ACTIONS AND RECOMMENDATIONS

#### **Council on Pharmacy Management 1701: Ensuring Patient Safety and Data Integrity During Cyber-attacks**

To advocate that healthcare organizations include pharmacists in (1) assessing cyber-security systems and procedures for vulnerabilities, (2) implementing cyber-security strategies, and (3) reviewing cyber-security breaches and developing corrective actions; further,

To encourage the development of business continuity plans by pharmacy departments; further,

To advocate that healthcare organizations assess vendor systems to validate the security and integrity of data, including an assessment of the minimum amount of patient health information vendors require to provide services.

This policy has been published in ASHP Best Practices (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Pharmacy Practice 1702: Reduction of Unused Prescription Drug Products**

To recognize that unused prescription drug products contribute to drug misuse, abuse, and diversion; further,

To advocate for research, education, and best practices to ensure appropriate quantities of prescription drug products are prescribed, including but not limited to partial fills or refills; further,

To advocate that pharmacists take a leadership role in reducing excess quantities of unused prescription drug products.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Therapeutics 1703: Pharmacist's Leadership Role in Anticoagulation Therapy Management**

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

To advocate that pharmacists be responsible for coordinating the individualized care of patients receiving medications 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 medication uses, drug interactions, adverse effects, the importance of adhering to therapy, access to care,

and recommended laboratory testing and other monitoring.

*This policy supersedes ASHP policy 0816.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Board of Directors 1704: Medical Aid in Dying**

To affirm that a pharmacist's decision to participate or decline to participate in medical aid in dying for competent, terminally ill patients, where legal, is one of individual conscience; further,

To reaffirm that pharmacists have a right to participate or decline to participate in medical aid in dying without retribution; further,

To take a stance of studied neutrality on legislation that would permit medical aid in dying for competent, terminally ill patients.

*This policy supersedes ASHP policy 9915.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Education and Workforce Development 1705: Workforce Diversity**

To affirm that a diverse and inclusive workforce contributes to health equity and health outcomes; further,

To advocate for the development of a workforce whose background, perspectives, and experiences reflect the diverse patients for whom pharmacists provide care.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Education and Workforce Development 1706: ASHP Guidelines, Statements, and Professional Policies as an Integral Part of the Educational Process**

To encourage all educators of the pharmacy workforce to use ASHP statements, guidelines, and professional policies as an integral part of education and training.

*This policy supersedes ASHP policy 0705.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Pharmacy Management 1707: Pharmaceutical Distribution Systems**

To support drug distribution business models that meet the requirements of hospitals and health systems with respect to availability and timely delivery of products, minimizing short-term outages and long-term product shortages, managing and responding to product recalls, fostering product-handling and transaction efficiency, preserving the integrity of products as they move through the supply chain, and maintaining affordable service costs; further,

To oppose manufacturers, distributors, and wholesalers making availability of drug products contingent on how those products are used.

*This policy supersedes ASHP policy 1016.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

**Council on Pharmacy Management 1708: Mobile Health Tools, Clinical Apps, and Associated Devices**

To advocate that patients, pharmacists, and other healthcare professionals be involved in the selection, approval, and management of mobile health tools, clinical software applications ("clinical apps"), and associated devices used by clinicians and patients for patient care; further,

To foster development of tools and resources to assist pharmacists in designing and assessing processes to ensure safe, accurate, supported, and secure use of mobile health tools, clinical apps, and associated devices; further,

To advocate that decisions regarding the selection, approval, and management of mobile health tools, clinical apps, and associated devices should further the goal of delivering safe and effective patient care and optimizing outcomes; further,

To advocate that mobile health tools, clinical apps, and associated devices that contain health information be interoperable and, if applicable, be structured to allow incorporation of health information into the patient's electronic health record and other essential clinical systems to facilitate optimal health outcomes; further,

To advocate that pharmacists be included in regulatory and other evaluation and approval of mobile health tools, clinical apps, and associated devices that involve medications or medication management.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

**Council on Pharmacy Management 1709: Controlled Substance Diversion Prevention**

To encourage healthcare organizations to develop controlled substances diversion prevention programs and policies that delineate the roles, responsibilities, and oversight of all personnel who have access to controlled substances to ensure compliance with applicable laws and scopes of practice; further,

To encourage healthcare organizations to ensure that all healthcare workers are appropriately screened for substance abuse prior to initial employment and surveillance, auditing, and monitoring are conducted on an ongoing basis to support a safe patient-care environment, protect co-workers, and discourage controlled substances diversion.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

**Council on Pharmacy Management 1710: Revenue Cycle Compliance and Management**

To encourage pharmacists to serve as leaders in the development and implementation of strategies to optimize medication-related revenue cycle compliance, which includes verification of prior authorization, patient portion of payment, billing, reimbursement, and financial documentation for the healthcare enterprise; further,

To advocate for the development of consistent billing and reimbursement policies and practices by both government and private payers; further,

To advocate that information technology (IT) vendors enhance the capacity and capability of IT systems to support and facilitate medication-related purchasing, billing, and audit functions; further,

To investigate and publish best practices in medication-related revenue cycle compliance and management.

*This policy supersedes ASHP policy 1205.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Pharmacy Practice 1711: Ready-to-Administer Packaging for Hazardous Drug Products Intended for Home Use**

To advocate that pharmaceutical manufacturers provide hazardous drug products intended for home use in ready-to-administer packaging; further,

To advocate that regulators (e.g., the Food and Drug Administration) have the authority to impose requirements on pharmaceutical manufacturers to provide hazardous drug products intended for home use in ready-to-administer packaging; further,

To advocate that when hazardous drug products intended for home use are not available from manufacturers in ready-to-administer packaging, pharmacies repackage those drug products to minimize the risk of exposure; further,

To advocate that hazardous drug products intended for home use be labeled to warn that special handling is required for safety; further,

To advocate that pharmacists provide education to patients and caregivers regarding safe handling and appropriate disposal of hazardous drug products intended for home use.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Pharmacy Practice 1712: Expiration Dating of Pharmaceutical Products**

To support and actively promote the maximal extension of expiration dates of commercially available pharmaceutical products as a means of increasing access to drugs and reducing healthcare costs; further,

To advocate that the Food and Drug Administration implement procedures to encourage pharmaceutical manufacturers to readily update expiration dates, for as long as possible while maintaining drug potency and safety, to reflect current evidence; further,

To advocate that regulators and accreditation agencies recognize authoritative data on extended expiration dates for commercially available pharmaceutical products.

*This policy supersedes ASHP policy 9309.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Public Policy 1713: Partial Filling of Schedule II Prescriptions**

To advocate that state legislatures and boards of pharmacy create consistent laws and rules to allow partial filling of Schedule II drugs; further,

To advocate that public and private entities construct criteria for partial filling to minimize the additional burden on patients, pharmacists, and healthcare organizations; further,

To advocate that pharmacists educate prescribers and patients about options for filling prescriptions for

Schedule II drugs, including the risks of overprescribing, while recognizing the patient or caregiver's rights to make their own care and management decisions.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Public Policy 1714: Restricted Drug Distribution**

To oppose restricted drug distribution systems that (1) limit patient access to medications; (2) undermine continuity of care; (3) impede population health management; (4) adversely impact patient outcomes; (5) erode patients' relationships with their healthcare providers, including pharmacists; (6) are not supported by publicly available evidence that they are the least restrictive means to improve patient safety; (7) interfere with the professional practice of healthcare providers; or (8) are created for any reason other than patient safety.

*This policy supersedes ASHP policy 0714.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Public Policy 1715: Collaborative Practice**

To pursue the development of federal and state laws and regulations that authorize pharmacists as providers within collaborative practice; further,

To advocate expansion of federal and state laws and regulations that optimize pharmacists' ability to provide the full range of professional services within their scope of expertise; further,

To advocate for federal and state laws and regulations that would allow pharmacists to prescribe and transmit prescriptions electronically; further,

To acknowledge that as part of these advanced collaborative practices, pharmacists, as active members in team-based care, must be responsible and accountable for medication-related outcomes; further,

To support affiliated state societies in their pursuit of state-level regulations allowing collaborative practice for pharmacists.

*This policy supersedes ASHP policy 1217.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Public Policy 1716: Greater Competition Among Generic and Biosimilar Manufacturers**

To advocate for legislation and regulations that promote greater competition among generic and biosimilar pharmaceutical manufacturers.

*This policy supersedes ASHP policy 0222.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Public Policy 1717: Drug Testing**

To recognize the use of pre-employment and random or for-cause drug testing during employment based on defined criteria and with appropriate testing validation procedures; further,

To support employer-sponsored drug programs that include a policy and process that promote the recovery

of impaired individuals; further,

To advocate that employers use validated testing panels that have demonstrated effectiveness detecting commonly abused or illegally used substances.

*This policy supersedes ASHP policy 9103.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Therapeutics 1718: Therapeutic and Psychosocial Considerations of Transgender Patients**

To support medication and disease management of transgender patients as a part of care unique to this population; further,

To advocate that transgender patients have access to pharmacist care to ensure safe and effective medication use; further,

To promote research on, education about, and development and implementation of therapeutic and biopsychosocial best practices in the care of transgender patients; further,

To encourage structured documentation of both a patient's birth sex and self-identified gender in electronic health records.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Therapeutics 1719: Pharmacist's Leadership Role in Glycemic Control**

To advocate that pharmacists provide leadership in caring for patients receiving medications for management of blood glucose; further,

To advocate that pharmacists be a member of the interprofessional healthcare team that coordinates glycemic management programs; further,

To encourage pharmacists who participate in glycemic management to educate patients, caregivers, prescribers, and other members of the healthcare team about glycemic control medication uses, metrics, drug interactions, adverse effects, lifestyle modifications, the importance of adhering to therapy, access to care, and recommended laboratory testing and other monitoring.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Therapeutics 1720: Drug Dosing in Conditions That Modify Pharmacokinetics or Pharmacodynamics**

To encourage research on the pharmacokinetics and pharmacodynamics of drugs in acute and chronic conditions; further,

To support development and use of standardized models, laboratory assessment, genomic testing, utilization biomarkers, and electronic health record documentation of pharmacokinetic and pharmacodynamic changes in acute and chronic conditions; further,

To collaborate with stakeholders in enhancing aggregation and publication of and access to data on the effects of such pharmacokinetic and pharmacodynamic changes on drug dosing within these patient

populations.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

### **Council on Therapeutics 1721: Clinical Significance of Accurate and Timely Height and Weight Measurements**

To encourage pharmacists to participate in interprofessional efforts to ensure accurate and timely patient height and weight measurements are recorded in the patient medical record to provide safe and effective drug therapy; further,

To encourage drug product manufacturers to conduct and publicly report pharmacokinetic and pharmacodynamic research in pediatric, adult, and geriatric patients at the extremes of weight and weight changes to facilitate safe and effective dosing of drugs in these patient populations, especially for drugs most likely to be affected by weight; further,

To encourage independent research on the clinical significance of extremes of weight and weight changes on drug use, as well as the reporting and dissemination of this information via published literature, patient registries, and other mechanisms; further,

To advocate that clinical decision support systems and other information technologies be structured to facilitate prescribing and dispensing of drugs most likely to be affected by extremes of weight and weight changes.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

### **Council on Therapeutics 1722: Pain Management**

To advocate fully informed patient and caregiver participation in pain management decisions as an integral aspect of patient care; further,

To advocate that pharmacists actively participate in the development and implementation of health-system pain management policies and protocols; further,

To support the participation of pharmacists in pain management, which is a multidisciplinary, collaborative process for selecting appropriate drug therapies, educating patients, monitoring patients, and continually assessing outcomes of therapy; further,

To advocate that pharmacists lead efforts to prevent inappropriate use of pain therapies, including engaging in strategies to detect and address patterns of abuse and misuse; further,

To foster the development of educational resources on multimodal pain therapy, substance abuse and prevention of adverse effects; further,

To encourage the education of pharmacists, pharmacy students, and other healthcare providers regarding the principles of pain management and substance abuse that encourage holistic, supportive approaches and reduce stigma surrounding opioid-use disorders.

*This policy supersedes ASHP policy 1106.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP



advocacy, education, and communication efforts.

#### **Council on Therapeutics 1723: Clinical Investigations of Drugs Used in Elderly and Pediatric Patients**

To advocate for increased enrollment and outcomes reporting of pediatric and geriatric patients in clinical trials of medications; further,

To encourage drug product manufacturers to conduct pharmacokinetic and pharmacodynamic research in pediatric and geriatric patients to facilitate safe and effective dosing of medications in these patient populations.

*This policy supersedes ASHP policy 0229.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Therapeutics 1724: Safe and Effective Therapeutic Use of Invertebrates**

To recognize use of medical invertebrates as an alternative treatment in limited clinical circumstances; further,

To educate pharmacists, patients, and the public about the risks and benefits of medical invertebrates use and about best practices for use; further,

To advocate that pharmacy departments, in cooperation with other departments, provide oversight of medical invertebrates to assure appropriate formulary consideration and safe procurement, storage, control, prescribing, preparation, dispensing, administration, documentation, clinical and regulatory monitoring, and disposal; further,

To encourage independent research and reporting on the therapeutic use of medical invertebrates.

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **Council on Therapeutics 1725: Drug Dosing in Extracorporeal Therapies**

To encourage research on the pharmacokinetics and pharmacodynamics of drug dosing in extracorporeal therapies; further,

To support development and use of standardized models of assessment of the pharmacokinetics and pharmacodynamics of drug dosing in extracorporeal therapies; further,

To collaborate with stakeholders in enhancing aggregation of data on the pharmacokinetics and pharmacodynamics of drug dosing in extracorporeal therapies; further,

To encourage the education of the pharmacy workforce and other healthcare providers regarding the basic principles of and drug dosing in extracorporeal therapies.

*This policy supersedes ASHP policy 1606.*

This policy has been published in *ASHP Best Practices* (print and online editions) and used in ongoing ASHP advocacy, education, and communication efforts.

#### **USP 800 Assessment of Risk Standardization (Recommendation): Joan Kramer (KS), Richard Pacitti (PA), Christine Roussel (PA), Gregory Burger, Jesse Hogue**

Recommend that ASHP develop and publish best practice handling standards for all hazardous medications



and their accompanying assessment of risk for all available dosage forms on the NIOSH list; further, to utilize subject matter experts to offer this publication free of charge to all ASHP members.

ASHP has several guidance documents (Handling Hazardous Drugs, Drug Distribution and Control: Preparation and Handling) and position statements (1615-Protecting workers from exposure to hazardous drugs) that urge careful consideration and handling of hazardous medications. In addition, NIOSH still uses the definition of a hazardous drug that was developed by ASHP in 1990. Your recommendation is consistent with our level of commitment to ensure patient and healthcare personnel safety regarding the handling of hazardous medications. We recognize your recommendation as an additional approach to consider as a way to support members.

#### **Medical Surveillance of Healthcare Workers Occupationally Exposed to Hazardous Drugs on a Federal Level (Recommendation): Joan Kramer (KS), Richard Pacitti (PA), Christine Roussel (PA)**

Recommendation: Urge federal entities (CDC, NIOSH, etc.) to create a Medical Surveillance program on a national level to minimize adverse health effects in personnel potentially exposed to hazardous drugs, as healthcare entities are not properly equipped to detect changes; further this program could provide a structure and documentation to track exposure and for assessment of symptoms and laboratory values.

ASHP agrees that it is important to continue efforts to minimize adverse health effects in personnel potentially exposed to hazardous drugs. In regard to your recommendation for medical surveillance, ASHP will join the [Center for Drug Safety at the University of Maryland](#) which has a strategic goal to develop and assess new methods for monitoring.

#### **Guidance for Compounding Sterile Preparations in Short Supply (Recommendation): Derek Burns (MT)**

Recommendation: That ASHP create guidance for healthcare systems for compounding sterile products that are in short supply or on backorder due to national shortages.

The Council on Pharmacy Practice discussed this topic during Policy Week and drafted the following policy recommendation which will be considered by the House of Delegates at its June 2018 meeting in Denver.

#### **Availability and Use of Appropriate Vial Sizes (Voted 3)**

##### **VOTED TO RECOMMEND 3**

To advocate that pharmaceutical manufacturers provide drug products in vial sizes that reduce pharmaceutical waste (e.g., multiple-dose vials or single-dose vials of differing doses); further,

To collaborate with regulators, manufacturers, and other healthcare providers to develop best practices on the appropriate use of single-dose, single-use, and multiple-dose vials.

#### **ASHP Guidance on Long-term Stability (Recommendation): Carol Rollins (AZ)**

Recommendation: That ASHP develop guidelines related to long-term stability of products used in home infusion therapy, particularly complex products such as chemotherapy and parenteral infusion.

This issue will be explored by the 2017-2018 Section of Ambulatory Practitioners Advisory Group on Home Infusion.

#### **Pharmacist's Role in Sleep Management (Recommendation): Ashley Schraber (USPHS), Renee Robinson (USPHS), Lara Nichols (AK), Alice Moss (USN), Winnie Lok-Park (USAF), Julie Groppi (USVA), Amy Sipe (MO)**

Recommendation: That ASHP review pharmacists' and pharmacy's roles in sleep management, hygiene, and proper use of medications as sleep aids and encourage education for pharmacists in these areas through an ASHP policy.

The Council on Pharmacy Practice will be reviewing and discussing this topic before the next June House in 2018. The topic is relevant to our profession and patients. There may also be an opportunity to develop a

best practices guideline on this topic.

#### **Pharmacist Oversight of Medication Records (Recommendation): Sylvia Belford (SOPIT)**

That ASHP promote pharmacists as the primary oversight of all medication records in health information technology systems.

The Council on Pharmacy Management reviewed ASHP's related policies and statements in responding to the House of Delegates recommendation to address the need for more specific policy addressing the need to incorporate pharmacists in leadership roles in providing oversight and accountability for these medication-related technology and EHR activities. The Council agreed a more strongly worded policy to address the issues and patient safety concerns is needed. The Council, in collaboration with the Section of Pharmacy Informatics and Technology's Chair, decided these policies and statements need to be reviewed in aggregate and the Section will provide proposed language as needed.

#### **Pharmacy's Role in Storage, Handling, and Dispensing of Fecal Matter Transplantation Materials (Recommendation): Scott Anderson (VA)**

That ASHP develop policy regarding pharmacy's role in fecal matter transplantation material storage, handling, and dispensing.

The Council on Therapeutics reviewed the clinical aspects of biome transfers, including vaginal biome transfer and the more commonly used fecal matter transplant (FMT). With the success of FMT in the treatment of resistant *C. difficile* infections, there has been an expanding interest in the treatment of other diseases, including other gastrointestinal maladies, diabetes, obesity, neurologic disorders, and autism, with some or few studies on these emerging areas. There have also been discussions in the literature to determine whether biome transfers (most commonly FMT) should be considered a tissue or a drug, given that the intent is to transfer constructive microbiota from a healthy donor to a sick donor. The Council felt that because FMT is an established treatment and has both therapeutic and practice elements that the Council on Pharmacy Practice should evaluate the need for a policy, as many of the topics discussed are outside the purview of the Council on Therapeutics. Operation logistics discussed included screening and management of donors, protocols including hazardous waste and biohazardous handling of fecal matter, storage and handling, and the role of the pharmacist. Council members who perform FMT at their institutions state that the pharmacy department does not have an integral role, as the transfer is done by a specialty service, such as the gastrointestinal specialist. The Council also recommended education through ASHP's various educational arms.

#### **Reduction of Waste from Single-Dose Vials (Recommendation): Jennifer Sterner Allison (GA)**

That ASHP encourage identification and implementation of strategies to decrease waste from single-dose vials.

The Council on Pharmacy Practice discussed this topic during Policy Week and drafted the following policy recommendation which will be considered by the House of Delegates at its June 2018 meeting in Denver.

#### **Availability and Use of Appropriate Vial Sizes (Voted 3)**

VOTED TO RECOMMEND 3

To advocate that pharmaceutical manufacturers provide drug products in vial sizes that reduce pharmaceutical waste (e.g., multiple-dose vials or single-dose vials of differing doses); further,

To collaborate with regulators, manufacturers, and other healthcare providers to develop best practices on the appropriate use of single-dose, single-use, and multiple-dose vials.

#### **Pharmacist's Role in Stem Cell Biologicals Preparation and Distribution (Recommendation): Kathy Baldwin (FL)**

**Recommendation:** That ASHP define the roles of the pharmacist in preparation and distribution of stem cell biologicals.

The Section of Clinical Specialists and Scientists Executive Committee and Section on Emerging Sciences will be researching the science and pharmacy practice issues that are involved with Stem Cell Biologicals Preparation and Distribution and potentially develop education and/or materials for this new and exciting area of pharmacy.

**Past Chair Role on Councils (Recommendation):** Tate Trujillo (IN), John Hertig (IN), Amy Sheehan (IN), Lisa Mascardo (IA)

**Recommendation:** That ASHP consider the role of past chair for ASHP councils to ensure continuity.

The main intent of your recommendation is to ensure continuity from year to year with the Councils. The creation of a past chair role would provide continuity but there are other means of achieving this goal already in place through ASHP's current appointment process. The ASHP President-Elect takes continuity into account as he or she makes appointments to Councils. Council appointments include a significant number of reappointments which provides stability and continuity from year to year; and the Vice Chair is typically reappointed and serves as the Chair the following year which provides continuity in Council leadership. The President-Elect also takes into account the significant number of new individuals that seek to serve ASHP on Councils, one of the most rewarding volunteer experiences of ASHP. The appointment process is one that effectively balances new and returning Council members.

**Using ASHP Policies to Educate All Health Professionals (Recommendation):** John Hertig (IN), Tate Trujillo (IN), Amy Heck (IN)

**Recommendation:** ASHP should develop policy language to encourage all health professionals, and not just fellow pharmacists, to use ASHP statements, guidelines, and professional policies as an integral part of education and training.

ASHP professional policies, statements, and guidelines are widely used by other professions. For example, the ASHP Therapeutic Guidelines on Clinical Practice Guidelines for Antimicrobial Prophylaxis in Surgery and Therapeutic Monitoring of Vancomycin in Adult Patients: A Consensus Review of the American Society of Health-System Pharmacists, the Infectious Diseases Society of America, and the Society of Infectious Diseases Pharmacists are frequently cited in the literature and included in resources such as the American Hospital Association's Physician Leadership Forum on Antimicrobial Stewardship. ASHP professional policy, statements, and guidelines are available on the ASHP website, but are also published in AJHP online. Additionally, AJHP is open access so these policy documents are widely discoverable and accessible via numerous search engines including Google, Google Scholar, Ovid, EBSCO, and PubMed.

**Support Development of Pharmacy Resident Wellness Programs (Recommendation):** Dave Hager (WI)

**Recommendation:** Additionally monitor suicide and study impact of resident duty hours.

ASHP agrees that resilience and well-being of the pharmacy workforce is important. ASHP recently signed on to be involved in the National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience – so far ASHP is the only pharmacy organization represented. That effort is broad at this time but over time will narrow to interventions to help clinicians in all phases of their career – student, resident, new practitioner, seasoned practitioner. ASHP will gather information from NAM, share with members, and determine next steps.

**Nashville! (Recommendation):** Casey White (TN)

**Recommendation:** Please place a meeting, any meeting in Nashville.

ASHP understands the importance of rotating the host city of our various meetings, conferences, and specialty courses each year. I want to assure you that ASHP will explore the potential viability of this venue for one of our meetings. Several criteria are considered in selecting a location and we must keep the following in mind along with other intangibles:

- geography
- ease of access for travel
- venue – meeting space and hotel access
- availability of preferred dates
- price
- previous experience/evaluation data
- potential for weather impacting success of meeting

#### **Guidelines for Pharmacist Relations with Industry (Recommendation): Casey White (SCSS)**

[Request an update on the status of the Guidelines for Pharmacist Relations with Industry.](#)

The project stalled when a question about standards for residency preceptors was raised. Those revised standards were approved late last year, and some related guidance was revised this spring. The ASHP policy portfolio is expansive, and unfortunately ASHP does not have the resources to respond immediately to changing circumstances. We appreciate it when enthusiastic and informed members alert us to a lagging project and help move it along. The draft guidelines will be posted for public review in September with a goal of completing the drafting by year's end.

#### **Standardization of Collaborative Practice Terminology to Support Provider Status Legislation (Recommendation): Juliann Horne (NM), Melanie Dodd (NM)**

Recommendation: That ASHP collaborate with other national pharmacy organizations to develop a lexicon defining terminology pertaining to collaborative practice in order to improve public recognition and facilitate provider status legislation.

The CDC recently released a guide titled "Advancing Team-Based Care Through Collaborative Practice Agreements." While it does not specifically address an effort to establish consistent terminology, the guide does point out terminology and laws vary widely among states regarding the authority and services provided. ASHP has collaborated with other national and state pharmacy organizations as part of the NASPA Collaborative Practice Workgroup and the NASPA Statewide Protocol Workgroup. The Collaborative Practice Workgroup developed recommendations for what elements of collaborative practice authority should be defined under state law or regulation, and what elements are best left to be determined between pharmacists and other practitioners. The Statewide Protocol Workgroup recommended developing model legislative or regulatory language based on the consensus-based elements of state policies for statewide protocol authority.

ASHP is also a member of the Joint Commission of Pharmacy Practitioners Pharmacists' Patient Care Process Workgroup currently responsible for serving as the steward of the Medication Therapy Management (MTM) definitions and the framework that maps the definitions to SNOMED CT codes. It is expected that the use of SNOMED CT codes for documenting MTM and other advanced practice pharmacist services will expand. Having standardized terms and definitions with corresponding SNOMED CT codes will help to foster consistency in terminology and clarity regarding the aspects of pharmacist services delivered. For the practicing pharmacist, it is imperative that the documentation of pharmacists' patient care is supported by a standardized terminology mapped to SNOMED CT codes and aligned with the Pharmacists' Patient Care Process.

ASHP will continue to work with other stakeholder organizations as noted above and through those efforts seek ways to standardize terminology.

#### **Education for Rare (Orphan) Diseases (Recommendation): Melinda Burnworth (AZ), Carol Rollins (AZ)**

[Recommendation: To strongly advocate that ASHP revise policy 1413, Ensuring Effectiveness, Safety, and Access to Orphan Drug Products, to be more inclusive of educating pharmacists and other healthcare](#)

### providers about rare (orphan) diseases.

The Council reviewed ASHP policy 1413, Ensuring Effectiveness, Safety, and Access to Orphan Drug Products, on the recommendation of the ASHP Formulary and Pharmacy & Therapeutics Policy and Guidelines Advisory Panel and voted to recommend amending the policy to include language that urges federal review to evaluate whether orphan drug status is being used inappropriately to extend patents and decrease competition, reducing patient access.

In addition, the Council also discussed a requested amendment to ASHP policy 1413 from the House of Delegate to include a clause that advocates being more inclusive of educating pharmacists and other healthcare providers about rare (orphan) diseases. The Council acknowledged that many healthcare providers may not be familiar with rare diseases but that ASHP could meet this need through its various educational avenues.

### Dosing Considerations in Extracorporeal Treatment Modalities (Recommendation): Casey White (SCSS)

Recommendation: Request that ASHP develop a consensus statement or other appropriate document for guidance on dosing considerations for extracorporeal treatment modalities.

After a literature search, ASHP agrees that there aren't many guidance documents on this topic. We will consider your request among the other guidance documents in the pipeline and consider reaching out to the Society of Critical Care Medicine as a potential collaborator.

### Pharmacists Leadership in Compliance and Education for Pharmacist Clinical Services Billing and Reimbursement (Recommendation): Melanie A. Dodd (NM), Juliann Horne (NM)

Recommendation: To encourage pharmacists to serve as leaders in the development and implementation of strategies to optimize compliance for billing and reimbursement for pharmacist clinical services.

ASHP has several policies on the topic, including ASHP policy positions 1710, Revenue Cycle Compliance and Management, and 1502, Pharmacist Recognition as a Healthcare Provider. ASHP has two resource centers that provide information on the topic, the [Business Management](#) Resource Center and the [Payer Recognition and Reimbursement](#) section of the [Provider Status Readiness](#) Resource Center. In addition, ASHP's online [e-Learning Center](#) offers five free learning experiences on the topic, and the 2017 Midyear Meeting offered several educational sessions at which billing was among the learning objectives, including Reducing Geriatric Patient Risk at the Transition of Care from Hospital to Home, The Next Wave: Specializing Ambulatory Care, and Enhancing Quality of Care: Pharmacist Clinical Documentation in an Integrated EMR System.

### Medical Aid in Dying, Hospice, and Palliative Care Education (Recommendation): Melanie A. Dodd (NM), Juliann Horne (NM)

Recommendation: It is recommended that ASHP advocate for and provide education to pharmacists, other healthcare providers, and our communities on the role of hospice and palliative care in healthcare, including education on palliative care concepts such as medical aid in dying, palliative sedation, and assisted suicide.

This issue, specifically as it relates to palliative sedation, will be explored by the 2017-2018 Section of Ambulatory Practitioners Advisory Group on Pain Management and Palliative Care.

### ASHP's Advocacy and PAC Advisory Committee (Recommendation): Melinda Burnworth (AZ), Carol Rollins (AZ), Leigh Briscoe-Dwyer (NY), John Hertig (IN), Maria Serpa (CA) Kathy Donnelly (OH), Jeff Little (MD), Erin Fox (UT), Katelyn Dervay (FL), Julie Groppi (VA)

Recommendation: To encourage ASHP to create a position statement on advocacy as a key part of pharmacy's professional responsibility.

The Council on Public Policy developed a new statement on advocacy as a professional responsibility. This new statement will be considered at the upcoming House of Delegates session at ASHP's Summer Meetings.

### Pharmacist Prescribing of Controlled Substances (Recommendation): Julie Groppi (VA), Heather Ourth (VA)



**Alternate Delegate), Kristy Butler (OR), SACP, Veterans Affairs**

**Recommendation:** ASHP to advocate for the ability of pharmacists to prescribe controlled substances, to include promoting specific language outlining this ability within state practices acts.

This item was added to the Council on Public Policy agenda for policy week. The council reviewed existing policy on pharmacists' ability to prescribe and discussed whether new policy was needed. The Council believes that existing policy does cover this topic. However, as Congress considers an additional bill to stem the opioid epidemic, ASHP will work with other pharmacy stakeholders to recognize pharmacists' ability to prescribe in certain jurisdictions.

**Summer Meeting in Indianapolis (Recommendation): John Hertig (IN), Tate Trujillo (IN), Amy Heck (MI)**

**Recommendation:** ASHP should seriously examine Indianapolis as a site for a future ASHP summer meeting.

ASHP understands the importance of rotating the host city of our various meetings, conferences, and specialty courses each year. I want to assure you that ASHP will explore the potential viability of this venue for one of our meetings. Several criteria are considered in selecting a location and we must keep the following in mind along with other intangibles:

- geography
- ease of access for travel
- venue – meeting space and hotel access
- availability of preferred dates
- price
- previous experience/evaluation data
- potential for weather impacting success of meeting

**Banning Advertisements for 1-800-Bad-Drug (Recommendation): Diane Fox (TX), Tammy Cohen (TX), Sidney Phillips (TX), Jeff Wagner (TX), Shane Green (TX), Ryan Roux (TX), Michael Dickens (ID), Carol Rollins (AZ)**

**Recommendation:** ASHP should work with regulators to ban direct to consumer advertising of 1-800-Bad-Drug promotions to recruit patients for legal proceedings concerning adverse drug reactions.

During Policy Week, the Council on Public Policy developed new policy that opposes drug litigation ads that may cause patients to discontinue medically necessary drugs unless clear disclaimer language in the form of a warning for patients if they discontinue the medication without seeking advice from their health care provider. This policy will be considered at the upcoming House of Delegates session at ASHP's Summer Meetings.

**Antimicrobial Stewardship Program Support (Recommendation): Casey White (SCSS)**

**Recommendation:** Request ASHP consider developing policy to advocate for dedicated workforce to meet the needs of antimicrobial stewardship programs, including adequate support of pharmacist time, resources, and other needs, including implementation of antimicrobial stewardship programs.

This topic is of high importance, relevance, and very timely for our members, patients, and healthcare systems. The Council on Pharmacy Practice discussed this issue during its June call and added it to its agenda for Policy Week 2017. The council has decided to take a broader perspective and will review what stewardship means and how we can create policy to encompass all areas of stewardship (such as opioids). We do understand however that antimicrobial stewardship is currently the only program mandated by Joint Commission and that facet does need to be encompassed into the policy.

**ASHP Opposes Federal Budgetary Proposals that Impede the Practice of Pharmacy (Recommendation): Brian Kawahara (CA)**

**Recommendation:** The ASHP Board of Directors create a policy opposing federal budget proposal that impede or negatively affect the advanced practice of pharmacy research post-graduate training like fellowships and residencies.

ASHP supports adequate funding levels for a number of public health initiatives including, funding for the FDA, funding for PGY2 residency programs and funding to combat the opioid crisis. ASHP does oppose cuts to these and other vital public health initiatives. The President's budget from earlier this year contained a number of very problematic cuts to federal programs. ASHP, working with our allies in Congress, did express concerns over these cuts. It is important to note that we were told very early in the process that these cuts would not pass Congress. The President is free to offer budget suggestions as typically every President does each year, but it is the Congress who will ultimately decide whether and how to make cuts. We remain vigilant against cuts to key public health programs and agencies which are vital to maintaining a safe supply of medications.

**Encourage State Affiliate and ASHP Collaboration on Shared Sales of Limited Publications (Recommendation): Lindsay Massey (KS, UT)**

**Recommendation:** To recommend that ASHP collaborate with state affiliates for share sales of specific ASHP publications for the purpose of stimulating local affiliate membership and financial growth.

ASHP has evaluated shared sales of publications and administered such a program with state affiliates in various forms. The most recent offering was several years ago. Unfortunately it was complicated to administer and few state affiliates participated in it. Earnings made by either ASHP and its state affiliates were nominal. Due to limited participation and the low return on investment, ASHP closed out the program. If KCHP and USHP feel strongly about revisiting the program, we would be open to discussions. ASHP invests in other mechanisms and services to foster collaboration and congruence with state affiliates through the work of the Affiliate Relations Division and the many in-kind services provided to state affiliates throughout the organization.

**Simultaneous Leadership in ASHP and State Affiliates (Recommendation): Micah Cost (TN, IA, WI, KS, CO, TX, IN, CT, AL, MI, OR, IL, OH, MA, KY, MS, PA, SCSS, SPPM, SACP, SICP, SOPIT)**

**Recommendation:** ASHP should explore ways to support its members who serve in elected nonfiduciary roles to simultaneously serve in elected ASHP and state affiliate leadership positions in an effort to foster collaboration and congruence with state affiliates and member engagement.

The ASHP elected positions provide significant professional and organizational input and make policy recommendations to the ASHP Board of Directors and House of Delegates. Discussions by elected leaders and their subsequent recommendations substantially impact the membership, professional policies, educational programs and other activities of ASHP.

It is recognized that elected members have concurrent and other professional/business interests, and that there is a need to have a wide variety of professional and business experiences when participating in policy discussions. However, some of these other professional interests may involve potential or perceived conflicts of interest (COI).

It is important that all elected leaders maintain certain professional, ethical and legal standards to ensure that recommendations and decisions are perceived as objective, honest, and are in the best interests of ASHP and/or the organizations that they serve. COI is an ever-evolving concept, and the need for COI principles and procedures in order to manage COI stems from increased governmental scrutiny of governance and decision making by professional and nonprofit organizations.

ASHP elected leaders have access to sensitive strategic and proprietary information beyond fiduciary information about ASHP and its membership during their times of service. As such, ASHP strives to take affirmative steps to manage and minimize any real, perceived or potential COI situations involving elected leaders. By doing so, the independence and integrity of these leaders and ASHP are maintained.

Simultaneous service, therefore, would not be in the best interests of all parties. ASHP invests in other



mechanisms and services to foster collaboration and congruence with state affiliates including the work of the Affiliate Relations Division and the many in-kind services provided to state affiliates throughout the organization.

**Generic Lifesaving Medication Production in the U.S. (Recommendation): Sidney Phillips (TX, Steve Grey (CA) and others (LA, AL, SC)**

Recommendation: ASHP to take action to encourage governance entities to develop programs that financially support the U.S. production of generic lifesaving medications by multiple manufacturers.

The Council on Public Policy discussed this proposal on its January 2018 conference call. The Council developed two new policies on drug shortages. One policy urges FDA to develop a drug manufacturing quality rating system that rewards companies who utilize manufacturing processes that are of the highest quality. The policy urges FDA to develop incentives for companies to participate. The second policy advocates for policy makers to recognize intravenous fluids as critical public health infrastructure.

**Announcement (and Presence) of Slate of Candidates for President, BOD, Section Chairs and Directors-at-Large During the House Proceedings (Recommendation): Melinda (Mindy) Burnworth, Carol Rollins (AZ, CO, MO)**

Recommendation: To encourage ASHP to evaluate a consistent method of announcing and showcasing the slate of candidates for various positions that allows for highest visibility and timeliness.

ASHP agrees with your assessment that recognition of the slate of candidates for President, Board of Directors, and Section Chairs and Directors-at-Large is important. Your recommendation suggested specific ways that ASHP can maintain a consistent approach for candidate recognition during the House of Delegates meetings. ASHP will seek to implement your suggestions as feasible such as projecting candidate's photos for the delegates. Presence of the slate of candidates is not a requirement during House of Delegates meetings, although desired. Thank you for your suggestions which will result in process improvements.

**Providing Opportunities for Pharmacists Working in Health Plans and PBMs (Recommendation): Shane Green (TX)**

Recommendation: ASHP evaluate the opportunities to connect and provide resources for pharmacists actively engaged in monitoring or overseeing payer and/or PBM contracts such as pharmacists working in health-system owned health plans and PBMs.

Your recommendation is timely as more ASHP members' organizations develop health plans and PBMs, as well as the growing role of pharmacists supporting the contracting process for their organizations when working with health plans and PBMs. Additionally, we have seen a number of members assume roles that are supportive of or embedded in an Accountable Care Organization where their need to coordinate the role of a 'payer' and a clinician becomes central to their role.

This year at ASHP's invitational Multi-Hospital Pharmacy Executive (MHPE) symposium in October the topic will be PBM management, engagement, and development. This symposium is organized by the Section of Pharmacy Managers Advisory Group on MHPEs, and should also help define opportunities and needs such as the one you have defined in your recommendation.

I will also be sharing your recommendation with the Executive Committees of the sections since the members dealing with these issues may reside or have developed from ambulatory care, clinical specialist, or the practice managers. At this point I can't make a commitment on timing, and I think the mix of potential ASHP members would be diverse, but the subject matter and the business/clinical interface you have described is one that is growing and I look forward to helping develop ideas and opportunities to connect likeminded members in the near future.

**Expansion of PGY2 Pain Residency Programs (Recommendation): Julie Groppi (VA fraternal delegate), Heather Ourth (VA alternate delegate), fraternal delegates from USPHS, Navy, Air Force, MO**

Recommendation: ASHP to evaluate the need to change requirements for PGY2 Pain and Palliative Care

**residency program standards to allow increased flexibility for supporting chronic pain management roles.**

ASHP has a content expert panel that has been convened to work on the revision of the PGY2 Pain and Palliative Care competencies, goals and objectives. This group includes the individuals listed below. As you can see, they represent varied practice settings, including the VA. Our goals for this revision included the very flexibility that you described in your recommendation. We are trying to gain consensus on the core requirements and allow for practice differences and uniqueness through the use of electives. This approach is actually going very well and we hope to have a draft available for comment soon. Thank you for your concern and interest in the Pain and Palliative Care competencies, goals, and objectives and the need to address diversity of practice scope.

**Publicly Available Quality Metrics for Manufacturers (Recommendation): Erin Fox (UT)**

**Recommendation:** ASHP should advocate for the availability of publicly available quality metrics from manufacturers to ensure health systems can purchase medications based on quality.

This is an area that we are watching closely and agree that it has importance for health-systems. During its January 2018 conference call, the Council on Public Policy developed two new policies around drug shortages. One of them advocates for FDA to develop a drug quality ratings system for drug manufacturers. This policy will be considered at the upcoming House of Delegates at ASHP'S Summer Meetings.

**Interprofessional Competencies (Recommendation): Paul Walker (MI)**

**Recommendation:** That ASHP endorses the competencies of the interprofessional education collaborative and integrate these competencies into its residency competencies and practice policies.

The Council discussed these issues during Policy Week. After review of existing ASHP policy and PGY1 and PGY2 competency area goals and objectives (CAGO) lists, Council members felt that ASHP policy and residency standards were heavily weighted toward interprofessional education. ASHP participated in the National Collaborative for Improving the Clinical Learning Environment (NCICLE) Interprofessional Clinical Learning Environment Symposium, where the intent was to enhance a national conversation that seeks to identify ways to assist clinical learners to embrace interprofessional collaboration and learning. Symposium outcomes will be discussed in a future Council meeting.

**Medicines of Animal Origin (Recommendation): Casey White (SCSS)**

**Recommendation:** Review the cultural and clinical considerations for medicines of animal origin.

The Council on Pharmacy Practice reviewed this topic during our June call. This topic did not score high enough to be prioritized for Policy Week 2017 but do feel this is a topic that impacts our members and deserves attention before the next June House in 2018.

**ASHP Support Use of Personal, Name, NPI, and DEA Numbers by CDTM and Prescribing Pharmacists Instead of the Referring MDs Name and Numbers (Recommendation): Steven Gray (CA)**

**Recommendation:** ASHP supports requiring all pharmacists to use their own names, NPI and DEA numbers when prescribing, ordering, initiations, or furnishing 'Rx only' item and tests.

Current Medicare billing practice requires a Medicare-eligible practitioner's NPI to appear on claims – except under Part D, where CMS has made specific provision for the use of pharmacists' NPI numbers on prescription claims. Thus, until pharmacists are Medicare-eligible, they will not be able to use their own NPIs on Medicare claims/orders. At present, the proposed policy would conflict with federal law and would likely add to confusion around appropriate billing practices. However, when pharmacists become Medicare-eligible, such a policy may be beneficial. In the interim, ASHP will continue to advocate for clarity around billing practices, particularly regarding conflicting interpretations from regional Medicare Administrative Contractors.

**ASHP House of Delegates Training Materials (Recommendation): Carol Rollins (AZ), Melissa Burnworth (AZ), Michael Dickens (ID)**

**Recommendation:** Recommend that ASHP develop electronic-based training materials to assist state

#### affiliate chapters recruit potential delegates to the House of Delegates (HOD) and train those elected.

ASHP currently offers delegates a Welcome Packet, a Chair's Welcome Message, a Chair's Welcome Video, a Chair's Welcome Webinar, and an overview of the ASHP policy process. As noted in the recommendation, none of those resources provides potential delegates an on-the-ground view of what occurs in a House meeting so they can better understand procedures and increase their comfort in volunteering. In response to the insightful suggestion, ASHP has recorded a Delegate Primer and posted in on the ASHP House of Delegates website.

#### **Guidelines for Care of Transgender Patients (Recommendation): OR, SCSS**

**Recommendation:** ASHP should develop guidelines for care of transgender patients to further and more widely support the Council on Therapeutics policy regarding therapeutic and psychosocial considerations of transgender patients.

The Center of Excellence for Transgender Health published in June of 2016 Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People but only reference pharmacists in a dispensing role (I have also attached it to this email). ASHP will be reaching out to this organization for discuss potential expansion of existing guidelines to be more comprehensive of the pharmacist and their skill set.

#### **PBM Transparency around DIR Fees (Recommendation): Nishaminy Kasbekar (PA)**

**Recommendation:** ASHP advocate and create a policy statement for PBM transparency around direct and indirect remuneration fees.

The Council on Public Policy developed a new policy that advocates for the prohibition of DIR fees. That policy was developed and voted upon by the Council and will be considered for adoption at the 2018 Summer Meetings.

#### **Drug Take-back and Appropriate Disposal (Recommendation): Kristy Butler (SACP and OR)**

**Recommendation:** Recommend that ASHP creates or revises existing policy or guideline(s) to provide greater support and guidance for drug take-back and appropriate disposal.

The Council on Pharmacy Practice did try to incorporate the concept in Policy 1603. The council recognizes that either additional verbiage or another policy may be needed to completely address all of the components of a take-back process and controls associated with the process. CPhP will be discussing this topic more throughout the year and before the next June House in 2018.

#### **Pharmacists' Roles in Mental Health and Illness (Recommendation): Ashley Schaber (USPHS), Julie Groppi (VA), Renee Robinson (USPHS), Heather Ourth (VA), Alice Moss (Navy), Winnie Lok-Park (Air Force), Lara Nichols (AK), Amy Sipe (MO), (COT), Gwendolyn Thompson (Army)**

**Recommendation:** Recommend that ASHP review pharmacists' roles in mental health (MH) and associated conditions.

The topic of mental health and illness continues to gain recognition of disease state and thus, has treatments available to control symptoms and optimize quality of life for patients. ASHP has interests in not only treating patients with mental illness but also identifying and advocating for widespread recognition within our own professional practice. This topic is of high relevance to our members and patients and CPhP will be discussing the topic throughout the year before the next June House in 2018. ASHP also is working with organizations such as SAMSHA and others to make sure we fully understand the depth of understanding and treatment options for mental illness. We are highly interested in models from the VA and may reach out to some of you to share your knowledge and information.

#### **State Level Provider Status Toolkit (Recommendation): Adam Porath (NV)**

**Recommendation:** Recommend ASHP develop a state level provider status toolkit.

This issue is already being discussed as part of an internal ASHP team looking at provider status readiness. As you can imagine, provider status is a tremendous professional achievement, however, it also brings with

it some new challenges around credentialing, privileging, third party payers, etc. ASHP is aware of these challenges and has convened an internal working group to address them. A tool kit is among the objectives the group hopes to develop, perhaps as part of a larger resource page on our web site. We are beginning this process by conducting a thorough review of all of our existing resources on provider status and direct patient care, and will use that as a basis to develop a tool kit.

**Summer Meetings in Florida (Recommendation): Gary Dulin (FL)**

**Recommendation: If LeBron James can bring his talents to South Beach, we would recommend that ASHP look at Miami Beach for a summer meeting. There is life outside of Orlando.**

ASHP understands the importance of rotating the host city of our various meetings, conferences, and specialty courses each year. I want to assure you that ASHP will explore the potential viability of this venue for one of our meetings. Several criteria are considered in selecting a location and we must keep the following in mind along with other intangibles:

- geography
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