



House of Delegates

REPORT ON IMPLEMENTATION OF 2022

ASHP HOUSE OF DELEGATES ACTIONS AND RECOMMENDATIONS

Council on Education and Workforce Development 2201: State-Specific Requirements for Pharmacist and Pharmacy Technician Continuing Education

To advocate for the standardization of state pharmacist and pharmacy technician continuing education requirements; further,

To advocate that state boards of pharmacy adopt continuing professional development as the preferred model to maintain competence.

This policy supersedes ASHP policy 1111.

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

Council on Education and Workforce Development 2202: ASHP Statement on Professionalism

To approve the ASHP Statement on Professionalism.

This statement supersedes the ASHP Statement on Professionalism dated June 26, 2007.

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

Council on Education and Workforce Development 2203: Preceptor Skills and Abilities

To collaborate with pharmacy organizations and colleges of pharmacy on the development of standards to enhance the quality of experiential education and pharmacy residency precepting; further,

To provide tools, education, and other resources to develop and evaluate preceptor skills.

This policy supersedes ASHP policy 1201.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP Preceptor Competency Assessment Center was created to ensure faculty members or preceptors have the ongoing knowledge and skills needed to meet their responsibilities to the professional program. ASHP developed a four-part value of precepting mini-series to discover why becoming a pharmacy preceptor can offer benefits to pharmacy professionals, organizations, and their learners.

Council on Pharmacy Management 2204: 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 patient-centered 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 consider patient usability, acceptability, and usefulness and should further the goal of delivering safe and effective patient care that optimizes 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; further,

To encourage patient education and assessment of competency in the use of mobile health technologies; further,

To enhance patient awareness on how to access and use validated sources of health information integrated with mobile health tools, clinical apps, and associated devices.

This policy supersedes ASHP policy 1708.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The potential for Mobile Health Tools, Clinical Apps, and Associated Devices to improve healthcare is expansive as technology becomes more sophisticated and accessible. The tools allow for patients to become active in their own healthcare. The topic has been addressed in *AJHP* articles and ASHP podcasts.

AJHP articles:

- [Implementation and evaluation of an EHR-integrated mobile dispense tracking technology in a large academic tertiary hospital](#)
- [Exploring the effects of a smartphone-based meditation app on stress, mindfulness, well-being, and resilience in pharmacy students](#)
- [ASHP Statement on Telehealth Pharmacy Practice](#)

ASHP podcasts:

- [Impact of Telehealth Services on Outcomes and the Future of Healthcare Delivery](#)
- [Implementing Digital Health & Health Information Technology in Pharmacy](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, patient experience, and considerations related to effective system design for safe medication use and patient safety.

Council on Pharmacy Management 2205: Transitions of Care

To encourage the pharmacy workforce to assume responsibility for medication-related aspects of ensuring the continuity of care as patients move from one care setting to another; further,

To encourage the development, optimization, and implementation of technologies that facilitate sharing of patient-care data across care settings and interprofessional care teams; further,

To advocate that health systems provide sufficient resources to support the important roles of the pharmacy workforce in supporting transitions of care; further,

To encourage payers to provide reimbursement for transitions of care services; further,

To encourage the development of strategies to address the gaps in continuity of pharmacist patient care services, including effective patient engagement.

This policy supersedes ASHP policy 1208.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The topic has been addressed in *AJHP* articles and an ASHP podcast.

ASHP podcast:

- [Getting Started with Transitions of Care Pharmacy Services](#)

AJHP articles:

- [Impact of a pharmacist-driven transitions of care clinic for a multisite integrated delivery network](#)
- [Pharmacist involvement in a comprehensive remote monitoring and telemanagement program](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, patient experience, continuity of care, and considerations related to effective system design for safe medication use and patient safety.

Council on Pharmacy Management 2206: Continuous Performance Improvement

To encourage the pharmacy workforce to establish multidisciplinary continuous performance improvement (CPI) processes within their practice settings to assess the effectiveness and safety of patient care services, adherence to standards, and quality and integrity of practice; further,

To encourage the pharmacy workforce to use contemporary CPI techniques and methods for ongoing improvement in their services; further,

To support the pharmacy workforce in their development and implementation of CPI processes.

This policy supersedes ASHP policy 0202.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The topic has been addressed in *AJHP* articles and ASHP webinars.

AJHP articles:

- [Virtual clinical pharmacy services: A model of care to improve medication safety in rural and remote Australian health services](#)
- [Protected professional practice evaluation: A continuous quality-improvement process](#)

ASHP webinars:

- [Quality Measurement for Health-System Specialty Pharmacy Practice: Current and Future Trends](#)
- [Quality Measurement for Community Pharmacy Practice: Current and Future Trends](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, continuity of care, and considerations related to effective system design for safe medication use and patient safety.

Council on Pharmacy Practice 2207: Institutional Review Board and Investigational Use of Drugs

To support mandatory education and training on human subject protections and research bioethics for members of institutional review boards (IRBs), principal investigators, and all others involved in clinical research; further,

To advocate that principal investigators discuss their proposed clinical drug research with representatives of the pharmacy department before submitting a proposal to the IRB; further,

To advocate for the pharmacist's roles in ethical clinical research, including but not limited to serving as a principal investigator, developing protocols, executing research, determining rational-use decisions for the off-label use of drug products, and publishing research findings, and for adequately resourced, sustainable models for filling those roles; further,

To advocate that IRBs include pharmacists as voting members; further,

To advocate that IRBs inform pharmacy of all approved clinical research involving drugs within the hospital or health system; further,

To advocate that pharmacists act as liaisons between IRBs and pharmacy and therapeutics committees in the management and conduct of clinical drug research studies; further,

To support pharmacists' management of drug products used in clinical research.

This policy supersedes ASHP policy 0711.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

- [ASHP Guidelines for the Management of Investigational Drug Products](#) falls in line with pharmacists properly managing and documenting the use of investigational products especially on reception, storage, dispensing, returns, and final disposition. The pharmacist ensures the research participant's safety as well as protect the integrity of clinical study data. Training of research pharmacist includes IRB training and standard operating procedures when being approved for the clinical study.
- The ASHP Foundation advocates for pharmacy, practice-based research with eLearning free to the public: [Essentials of Practice-Based Research for Pharmacists](#). The focus is with pharmacy residents and to provide a foundation for clinical research. The ASHP Foundation also has a [Research Advisory Council](#) whose function is to "enhance the capacity to do research, including developing the researchers, resources, and innovative research models."
- ASHP offers an [Investigational Drug Services Certificate](#) and [Research Skills Certificate](#) for both pharmacist and pharmacy technicians.

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, research, and considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Pharmacy Practice 2208: Pharmacist's Role in Team-Based Care

To recognize that pharmacists, as core members and medication-use experts on interprofessional healthcare teams, increase the capacity and efficiency of teams for delivering evidence-based, safe, high-quality, and cost-effective patient-centered care; further,

To advocate to policymakers, payers, and other stakeholders for the inclusion of pharmacists as care providers within team-based care and as the provider of comprehensive medication management services; further,

To assert that all members of the interprofessional care team have a shared responsibility in coordinating the care they provide and are accountable to the patient and each other for the outcomes of that care; further,

To urge pharmacists on healthcare teams to collaborate with other team members in establishing and implementing quality and outcome measures for care provided by those teams.

This policy supersedes ASHP policy 1215

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the ASHP [Interprofessional Practice & Education Toolkit](#), which provides robust resources for the establishment of pharmacy as a part of the multidisciplinary healthcare team.

AJHP articles:

- [Interdisciplinary relationship dynamics](#)
- [Publication rates of pharmacy residents involved in a team-based research program](#)
- [Impact of pharmacist participation in the patient care team on value-based health measures](#)
- [Call for pharmacists to join vascular safety teams](#)
- [Team science, layered learning, and mentorship networks: The trifecta for maximizing scholastic achievement for clinical pharmacists](#)

ASHP podcast:

- [Candid conversations: Developing integrated interprofessional teams that embrace pharmacy learners and improve patient outcomes](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, multidisciplinary collaboration, and considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Public Policy 2209: Drug Testing as Part of Diversion Prevention Programs

To advocate for 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- or government-sponsored drug diversion prevention 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 1717.

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

Council on Public Policy 2210: Drug Samples

To oppose drug sampling or similar drug marketing programs that circumvent appropriate pharmacy oversight or control.

This policy supersedes ASHP policy 9702.

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

Council on Therapeutics 2211: Naloxone Availability

To recognize the public health benefits of naloxone for opioid reversal; further,

To support efforts to safely expand patient and public access to naloxone through independent pharmacist prescribing authority, encouraging pharmacies to stock naloxone, supporting availability of affordable formulations of naloxone (including zero-cost options), and other appropriate means; further,

To advocate for statewide naloxone standing orders to serve as a prescription for individuals who may require opioid reversal or those in a position to aid a person requiring opioid reversal; further,

To support and foster standardized education and training on the role of naloxone in opioid reversal and its proper administration, safe use, and appropriate follow-up care, and dispelling common misconceptions to the pharmacy workforce and other healthcare professionals; further,

To support the use of objective clinical data, including leveraging state prescription drug monitoring programs and clinical decision-making tools, to facilitate pharmacist-initiated screenings to identify patients who may most benefit from naloxone prescribing; further,

To encourage the co-prescribing of naloxone with all opioid prescriptions; further,

To support legislation that provides protections for those seeking or providing medical help for overdose victims.

This policy supersedes ASHP policy 2014.

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

Council on Therapeutics 2212: Safe and Effective Therapeutic Use of Invertebrates

To recognize use of medical invertebrates (e.g., maggots and leeches) as an alternative treatment in limited clinical circumstances; further,

To educate pharmacists, other providers, 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, use, and disposal; further,

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

This policy supersedes ASHP policy 1724.

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

Council on Therapeutics 2213: Criteria for Medication Use in Geriatric Patients

To support comprehensive medication management, including assessment of physiologic and pharmacokinetic factors, as a central component of providing safe and effective medication therapy to geriatric patients; further,

To oppose use of the Beers criteria or similar criteria by the Centers for Medicare & Medicaid Services, other accreditation and quality improvement entities, and payers as the sole indicator to assess the appropriateness of prescribing for geriatric patients based on known limitations in the evidence evaluating the association between use of medications listed in such criteria and subsequent adverse drug events; further,

To advocate for the development, refinement, and validation of new criteria that consider drug-, disease-, and patient-specific factors, and criteria and quality measures that demonstrate the ability to decrease the occurrence of adverse drug events in geriatric patients; further,

To support research to assess the clinical application of existing and proposed criteria, including assessment of their correlation to patient outcomes and strategies for implementation; further,

To encourage inclusion of validated criteria in clinical decision support systems and other information technologies to facilitate prescribing and deprescribing for geriatric patients; further,

To acknowledge that such criteria are intended as a guide and should not replace the clinical judgment of pharmacists and other clinicians.

This policy supersedes ASHP policy 1221.

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

Council on Therapeutics 2214: Medication Adherence

To recognize that medication adherence improves the quality and safety of patient care when the following elements are included: (1) assessment of the appropriateness of therapy, (2) provision of patient education, and (3) confirmation of patient comprehension of information necessary to support safe and appropriate use of prescribed therapies; further,

To advocate that the pharmacy workforce take a leadership role in interdisciplinary efforts to improve medication adherence; further,

To recognize that clinicians, patients, and caregivers share accountability for the outcomes of medication therapies, and that the central role patients and their caregivers have in disease management includes responsibility for following instructions for safe and effective medication use; further,

To encourage development, evaluation, and dissemination of models and tools that improve adherence, including those that combine existing strategies that have demonstrated effectiveness; further,

To oppose misinformation or disinformation that leads patients to decline education and clinical information regarding their medication therapy; further,

To support the development of mechanisms to document medication adherence interventions, including information technology solutions; further,

To advocate for payment models that facilitate an expanded role for the pharmacy workforce in and provide reimbursement for medication adherence efforts.

This policy supersedes ASHP policy 1222.

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

Section of Pharmacy Informatics and Technology 2215: ASHP Statement on the Pharmacy Technician's Role in Pharmacy Informatics

To approve the ASHP Statement on the Pharmacy Technician's Role in Pharmacy Informatics.

This statement supersedes the ASHP Statement on the Pharmacy Technician's Role in Pharmacy Informatics dated June 3, 2013.

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

Council on Education and Workforce Development 2216: Career Counseling

To advocate that structured student-centered career counseling begin early and continue throughout college of pharmacy curricula; further,

To urge pharmacists to partner with colleges of pharmacy for participation in structured and unstructured student-centered career counseling; further,

To encourage colleges of pharmacy to provide professional development opportunities for faculty and other pharmacy professionals to promote equitable and inclusive student-centered career counseling approaches; further,

To urge colleges of pharmacy to develop an assessment process to evaluate the equity and inclusivity of their career counseling.

This policy supersedes ASHP policy 8507.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. ASHP's outreach to student pharmacists at colleges of pharmacy at Historically Black Colleges and Universities (HBCUs), Hispanic Serving Institutions (HSIs), and schools of pharmacy with high BIPOC enrollment increased by 267% in the 2022 academic year with 17 scheduled

outreach visits. In 2022, BIPOC participation grew by 77% from its initial offering of the ASHP Guided Mentorship program that pairs student pharmacists with seasoned practitioners for a six-month mentorship experience through structured, virtual one on one mentor and mentee relationships.

Council on Education and Workforce Development 2217: Workforce Diversity

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

To advocate for the development and retention of a workforce whose background, perspectives, and experiences reflect the diverse patients for whom care is provided; further,

To advocate that institutions incorporate diversity, equity, and inclusion initiatives into daily practices and strategic plans.

This policy supersedes ASHP policy 1705.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The [ASHP Inclusion Center](#) showcases ASHP's longstanding commitment to nurturing the principles of diversity, equity, and inclusion in the pharmacy community. The site is a home for ASHP's collection of resources, including clinical and editorial content from *AJHP*, on-demand CE programs, and member spotlights. This ASHP policy is also reflected in the following activities:

- [Report of the ASHP Task Force on Racial Diversity, Equity, and Inclusion](#)
- ASHP's [Writing Inclusive Job Descriptions: Gender-Neutral Language Recommendations](#)

AJHP articles:

- [Leading diversity, equity, and inclusion efforts within the pharmacy department](#)
- [Walker calls for diverse and inclusive pharmacy workforce](#)

ASHP podcasts:

- [Speaking Clearly: Inclusive and Bias-Free Negotiations](#)
- [Implementing Diversity, Equity, and Inclusion Initiatives in Schools and Colleges of Pharmacy](#)
- [MCM 2021 DEI Feature: Integration and Advancement of Diversity, Equity, and Inclusion in the Pharmacy Workplace](#)
- [Sowing the Seeds for Sustainable Change in Diversity, Equity and Inclusion - Creation of a Pharmacy Diversity Council](#)
- [Draft Recommendations from the ASHP Task Force on Racial Diversity, Equity, and Inclusion](#)

ASHP webinars:

- [Speaking Clearly: Inclusive and Bias Free Negotiations in All Your Transactions](#)
- [Laying the Foundation \(Part 1\): How to Understand You and Your Role in Inclusive Conversations](#)

Council on Pharmacy Management 2218: Pharmacy Executive Oversight of Areas Outside Pharmacy

To advocate for opportunities for pharmacy leaders to assume healthcare executive leadership roles outside the pharmacy department; further,

To urge pharmacy leaders to seek out formal and informal opportunities to provide such leadership; further,

To encourage pharmacy leaders to use tools, resources, and credentialing identified by national pharmacy and professional healthcare organizations to demonstrate competence and readiness for healthcare executive leadership; further,

To encourage pharmacy leaders to support development of leaders with a broader scope of executive responsibilities by balancing generalization and service-line specialization in their career development and the career development of rising pharmacy leaders; further,

To advocate for healthcare organization structures that provide pharmacy leaders with opportunities to assume leadership responsibilities outside the pharmacy department; further,

To promote continuing professional development opportunities in executive leadership to provide pharmacy leaders with evidence of a commitment to lifelong learning and leadership excellence.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The [Pharmacy Executive Leadership Alliance \(PELA\)](#) is an initiative from ASHP to elevate pharmacy executives into innovators, advocacy, and expanding networks outside the scope of pharmacy. The [ASHP Statement on the Roles and Responsibilities of the Pharmacy Executive](#) defines roles of top executive pharmacists and how they may qualify for higher positions beyond the scope of pharmacy.

AJHP Article:

- [Leveraging the pharmacy executive beyond the pharmacy enterprise: Opportunities for advocacy, senior leadership integration, and strategic positioning](#)

ASHP podcasts:

- [Pharmacy Leadership and Oversight of Additional Service Lines](#)
- [System Integration: Establishing Governance, Accountabilities, and Policies](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership and continuity of care.

Council on Pharmacy Practice 2219: Hospital-at-Home Care

To affirm that patients treated in the hospital-at-home (HAH) setting are entitled to the same level of care as those treated in an inpatient hospital setting; further,

To support HAH care models that provide high-quality, patient-centered pharmacist care, including but not limited to: (1) clinical pharmacy services that are fully integrated with the care team; (2) a medication distribution model that is fully integrated with the providing organization's distribution model and in which the organization's pharmacy leader retains authority over the medication-use process; (3) information technology (IT) systems that are integrated or interoperable with the organization's IT systems and that allow patient access to pharmacy services, optimize medication management, and promote patient safety; and (4) ensuring the safety of the pharmacy workforce throughout the HAH care delivery process; further,

To advocate that pharmacists be included in the planning, implementation, and maintenance of HAH programs; further,

To advocate for legislation and regulations that would promote safe and effective medication use in the HAH care setting, and for adequate reimbursement for pharmacy services, including clinical pharmacy services, provided in the HAH care setting; further,

To provide education, training, and resources to empower the pharmacy workforce to care for patients in HAH care settings and to support the organizations providing that care; further,

To encourage research on HAH care models.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

- Initial analysis of the CMS Hospital at Home program was done in the [Issue Analysis of the CMS Hospital-at-Home Program](#). The article highlighted key areas for consideration of pharmacy involvement and the asked questions on the preparedness of health systems to adopt this novel care model.
- ASHP, in conjunction with the Mayo Clinic, has created the [Home Hospital Pharmacy Playbook](#) to have a guide for the medication management of acutely ill patients living in their residence. The playbook goes in depth of the clinical services and medication use process for pharmacists. The pharmacy model provided is an example to establish a home hospital practice for pharmacy.
- The November 2021 [ASHP Pharmacy Executive Leadership Alliance Virtual Conference](#) convened to discuss the future of hospital at home with integration of pharmacy services to “ensure optimal medication outcomes.”

AJHP articles:

- [Executive summary of the meeting of the 2022 ASHP Commission on Goals: Optimizing Hospital at Home and Healthcare Transformation](#)
- [Hospital at home: Development of pharmacy services](#)
- [Developing pharmacy services in a home hospital program: The Mayo Clinic experience](#)
- [Health-system pharmacy executives discuss hospital-at-home model at ASHP’s third PELA event](#)

ASHP podcasts:

- [Hospital at Home: Operational Considerations](#)
- [Hospital at Home: Clinical Considerations](#)

ASHP webinars:

- [Acute Hospital Care at Home Program - Pharmacy Perspectives Operationalizing the CMS Initiative](#)
- [Hospital at Home: Integrating Pharmacy Clinical Services and Ensuring Proper Medication Oversight](#)

ASHP News and Press Releases:

- [Policy Week 2021 Kicks Off with Hospital-at-Home Event](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, patient experience, continuity of care, cost analysis, and considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Pharmacy Practice 2220: Promoting Telehealth Pharmacy Services

To advocate for innovative telehealth pharmacy practice models that (1) enable the pharmacy workforce to promote clinical patient care delivery, patient counseling and education, and efficient pharmacy operations; (2) improve access to pharmacist comprehensive medication management services; (3) advance patient-

centric care and the patient care experience; and (4) facilitate pharmacist-led population and public health services and outreach; further,

To advocate for removal of barriers to access to telehealth services; further,

To advocate for laws, regulations, and payment models for telehealth services that are equitable to similar services provided in person by health systems, with appropriate accountability and oversight; further,

To encourage comparative effectiveness and outcomes research on telehealth pharmacy services.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

- A new Section for Digital and Telehealth Practitioners was created in November 2022 with the goal of addressing the rapidly evolving advances in telehealth and virtual healthcare delivery, data utilization, and digital health technology. The section provides a unique new membership home within ASHP for pharmacists, student pharmacists, pharmacy residents, pharmacy technicians, and all who are currently practicing or aspire to practice in telehealth and virtual care settings where current and emerging digital healthcare technologies and data are being utilized for the betterment of patient care. As of April 2023, the Section has over 844 members and has launched a website with member resources and a new ASHP Connect community for Section members.
- The [ASHP Statement on Telehealth Pharmacy Practice](#) advocates for use of telehealth in pharmacy operations and patient care to improve patient outcomes, access to healthcare, cost, safety, and interprofessional collaboration. Technologies mentioned are videoconferencing, the internet, store-and-forward imaging, streaming media, and wireless communication. Pharmacists are encouraged to use mobile apps to educate patients with disease state and medication management.
- ASHP [Telehealth Resource Center](#) is a tool provided as hub for resources one could use learn more about Telehealth, especially for sources for advocacy of pharmacy in telehealth.
- [2021 PELA Virtual Health Telehealth Innovations Conference](#)

AJHP articles:

- [Executive summary of the meeting of the 2021 ASHP Commission on Goals: Optimizing Medication Outcomes Through Telehealth](#)
- [Pharmacists' impact on quality and financial metrics utilizing virtual care platforms during the coronavirus pandemic](#)
- [Impact of a pharmacist-led telehealth oral chemotherapy clinic](#)
- [Implementation of telehealth for first-dose device teaching within a health-system specialty pharmacy](#)
- [Effectiveness of telepharmacy diabetes services: A systematic review and meta-analysis](#)
- [Implementation and evaluation of an EHR-integrated mobile dispense tracking technology in a large academic tertiary hospital](#)
- [Exploring the effects of a smartphone-based meditation app on stress, mindfulness, well-being, and resilience in pharmacy students](#)

ASHP podcasts:

- [Impact of Telehealth Services on Outcomes and the Future of Healthcare Delivery](#)
- [Implementing Digital Health & Health Information Technology in Pharmacy](#)
- [Advocating for Impact: Deciphering CMS's Telehealth Changes](#)

ASHP professional certificate:

- [ASHP's Telehealth Certificate](#)

ASHP webinar:

- [COVID-19: Ambulatory Care Transition to Telehealth](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, patient experience, continuity of care, cost analysis, and considerations related to effective healthcare information system-design for safe medication use and patient safety.

Council on Pharmacy Practice 2221: Tamper-Evident Packaging on Multidose Products

To support the standardization and requirement of tamper-evident packaging on all multidose prescription and nonprescription products; further,

To encourage proper safety controls be in place to prevent harm and ensure proper disposal of multidose products.

This policy supersedes ASHP policy 9211.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the [ASHP Guidelines on Preventing Diversion of Controlled Substances](#), which includes recommendations on multi-dose products such as diversion of the overfill in those products.

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Pharmacy Practice 2222: Pharmacist's Role in Medication Procurement, Distribution, Surveillance and Control

To affirm the pharmacist's expertise, responsibility, and oversight in the procurement, distribution, surveillance, and control of all medications used within health systems and affiliated services; further,

To assert that the pharmacy leader retains the authority to determine the safe and reliable sourcing of medications; further,

To assert that the pharmacy workforce is responsible for the coordination of medication-related care, including optimizing access, ensuring judicious stewardship of resources, and providing intended high-quality clinical care; further,

To encourage payers, manufacturers, wholesalers, accreditation bodies, and governmental entities to enhance patient safety by supporting the health-system pharmacy workforce's role in medication procurement, distribution, surveillance, and control.

This policy supersedes ASHP policy 0232.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

- The [Toolkit for Evaluating Complex Medication Therapies and Creating Customized Scopes of Service Based on Medication Therapy Considerations](#) provides the framework for health system specialty pharmacies to procure complex medications and safety associated with them.
- When the HHS declared the Monkeypox as a public health emergency, [ASHP called on HHS Secretary Becerra to issue a Public Readiness and Emergency Preparedness \(PREP\) Act declaration](#) to allow pharmacist to order and administer the monkeypox vaccines. This call to action is one of many that ASHP advocates to expand pharmacy's access to needed therapeutics and ensuring high-quality patient healthcare.
- [ASHP Guidelines on Preventing Diversion of Controlled Substances](#) provides a robust overview on the procurement, distribution, surveillance, and control of controlled medications. This reinforces pharmacy's oversight and accountability, especially when dealing with diversion of controlled substances.
- [ASHP alongside 93 other organizations joined the End Drug Shortages Alliance](#) to find solutions to minimize and prevent drug shortages. The alliance meets with key stakeholders such as purchasing organizations, manufacturers, and distributors to resolve supply chain disruptions of essential medications.

ASHP certificates:

- [Pharmacy Revenue Cycle Management Certificate](#)
- [Medication Safety Certificate](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, acquisition of medications, and considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Pharmacy Practice 2223: ASHP Statement on the Role of the Pharmacy Workforce in Emergency Preparedness

To approve the ASHP Statement on the Role of the Pharmacy Workforce in Emergency Preparedness.

This statement supersedes the ASHP Statement on the Role of Health-System Pharmacists in Emergency Preparedness dated June 2, 2002.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

- When the HHS declared the Monkeypox as a public health emergency, [ASHP called on HHS Secretary Becerra to issue a Public Readiness and Emergency Preparedness \(PREP\) Act declaration](#) to allow pharmacist to order and administer the monkeypox vaccines. This the call to action is one of many that ASHP advocates to expand pharmacy's access to needed therapeutics and ensuring appropriate response to a state of emergency.
- In the times near the end of the Public Health Emergency (PHE) from the COVID-19 epidemic, [ASHP provided an update in preparation for a post-PHE](#) and authorizations of pharmacy services under the PREP Act.

AJHP article:

- [Application of emergency preparedness principles to a pharmacy department's approach to a "black swan" event: The COVID-19 pandemic](#)

ASHP podcasts:

- [EM Pharmacist's Role in Disaster Preparedness](#)
- [Crisis and Pandemic Management - Where do Pharmacists Fit In?](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, state of emergency, and considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Therapeutics 2224: Drug Desensitization

To encourage an allergy reconciliation process to ensure allergy documentation is accurate and complete for drug desensitization; further,

To advocate for pharmacist involvement in the interdisciplinary development of institutional drug desensitization policies and procedures; further,

To support the creation and implementation of drug desensitization order sets and safeguards in the electronic health record to minimize potential error risk; further,

To recommend appropriate allocation of resources needed for the drug desensitization process, including adequate availability of allergic reaction management resources near the desensitization location; further,

To support the education and training of pharmacists regarding allergy reconciliation, drug desensitization processes, and allergic reaction prevention and management; further,

To recommend patient education and appropriate documentation in the electronic health record of the outcomes of the drug desensitization process.

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

Council on Therapeutics 2225: ASHP Statement on Pharmacist Prescribing of Statins

To approve the ASHP Statement on Pharmacist Prescribing of Statins.

This statement supersedes the ASHP Statement on Over-the-Counter Availability of Statins dated June 14, 2005.

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

Section of Ambulatory Care Practitioners 2226: ASHP Statement on the Role of Pharmacists in Primary Care

To approve the ASHP Statement on the Role of Pharmacists in Primary Care.

This statement supersedes the ASHP Statement on the Pharmacist's Role in Primary Care dated June 7, 1999.

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

Section of Pharmacy Informatics and Technology 2227: ASHP Statement on Telehealth Pharmacy Practice

To approve the ASHP Statement on Telehealth Pharmacy Practice.

This statement supersedes the ASHP Statement on Telepharmacy dated November 18, 2016.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. A new Section for Digital and Telehealth Practitioners was created in November 2022 with the goal of addressing the rapidly evolving advances in telehealth and virtual healthcare delivery, data utilization, and digital health technology. The section provides a unique new membership home within ASHP for pharmacists, student pharmacists, pharmacy residents, pharmacy technicians, and all who are currently practicing or aspire to practice in telehealth and virtual care settings where current and emerging digital healthcare technologies and data are being utilized for the betterment of patient care. As of April 2023, the Section has over 844 members and has launched a website with member resources and a new ASHP Connect community for Section members.

Council on Pharmacy Management 2228: Role of the Pharmacist in Service-Line Development and Management

To recognize pharmacists bring unique clinical, operational, and financial expertise to help organizations develop and manage high-value health-system service lines; further,

To support the role of pharmacy leadership in the development and management of high-value health-system service lines.

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

AJHP articles:

- [Integration of investigational drug services in an oncology service line](#)
- [Integration of a pharmacy resident into a new specialty pharmacy service line through the longitudinal research project](#)

ASHP podcasts:

- [Pharmacy Leadership and Oversight of Additional Service Lines](#)
- [Establishing Infrastructure to Develop Pharmacy Population Health and Service Line Payer Engagement](#)
- [Hospital at Home: Operational Considerations](#)

Council on Therapeutics 2229: Pharmacist's Role in Respiratory Pathogen Testing and Treatment

To advocate that state board of pharmacy regulations include respiratory pathogen testing and associated prescribing or dispensing under pharmacists' scope of practice; further,

To support the development of specific and structured criteria for pharmacist prescribing, dosing, and dispensing of antimicrobials for treatment of respiratory infections; further,

To advocate for laws and regulations that would allow pharmacists to dispense antimicrobials when clinically indicated or refer patients, as appropriate, based on point-of-care testing; further,

To support the diagnosis and tracking of reportable diseases through pharmacist-driven testing and reporting to appropriate public health agencies prior to dispensing of antimicrobials; further,

To advocate for reimbursement for pharmacists' patient care services involved in respiratory pathogen testing and treatment; further,

To promote training and education of the pharmacy workforce to competently engage in respiratory pathogen testing and treatment when clinically indicated.

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

Council on Education and Workforce Development 2230: Advancing Diversity, Equity, and Inclusion in Education and Training

To advocate that health systems and organizations cultivate training and education partnerships that advance diversity, equity, and inclusion; further,

To advocate that all members of the pharmacy workforce actively participate in the equitable training and education of people from marginalized populations.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. In 2022, the ASHP Commission on Credentialing (COC) approved changes to the pharmacy residency accreditation standard requiring accredited residencies to incorporate diversity and inclusion practices in the design and structure of their programs. The COC will evaluate programs using the new criteria beginning in 2023. The Diversity and Cultural Competence (DCC) workgroup, a COC subcommittee, developed the Diversity Resource Guide for Diversity in Residency Training and the Pharmacy Workforce in March 2022. The guide assists residency programs and other organizations in meeting the new standard and increasing the racial and ethnic diversity in residency programs and the pharmacy workforce. In addition, the [ASHP Inclusion Center](#) showcases ASHP's longstanding commitment to nurturing the principles of diversity, equity, and inclusion in the pharmacy community. The site is a home for ASHP's collection of resources, including clinical and editorial content from *AJHP*, on-demand CE programs, and member spotlights. This ASHP policy is also reflected in the following activities:

- [Report of the ASHP Task Force on Racial Diversity, Equity, and Inclusion](#)
- ASHP's [Writing Inclusive Job Descriptions: Gender-Neutral Language Recommendations](#)

AJHP articles:

- [Leading diversity, equity, and inclusion efforts within the pharmacy department](#)
- [Walker calls for diverse and inclusive pharmacy workforce](#)

ASHP podcasts:

- [Speaking Clearly: Inclusive and Bias-Free Negotiations](#)
- [Implementing Diversity, Equity, and Inclusion Initiatives in Schools and Colleges of Pharmacy](#)
- [MCM 2021 DEI Feature: Integration and Advancement of Diversity, Equity, and Inclusion in the Pharmacy Workplace](#)
- [Sowing the Seeds for Sustainable Change in Diversity, Equity and Inclusion - Creation of a Pharmacy Diversity Council](#)
- [Draft Recommendations from the ASHP Task Force on Racial Diversity, Equity, and Inclusion](#)

ASHP webinars:

- [Speaking Clearly: Inclusive and Bias Free Negotiations in All Your Transactions](#)
- [Laying the Foundation \(Part 1\): How to Understand You and Your Role in Inclusive Conversations](#)

Council on Education and Workforce Development 2231: Cultural Competency

To foster the ongoing development of cultural humility and competency within the pharmacy workforce; further,

To educate the pharmacy workforce to interact with patients and caregivers in a manner that demonstrates respect for and responsiveness to personal and social identities; further,

To educate healthcare providers on the importance of providing culturally congruent care to achieve quality care and patient engagement.

This policy supersedes ASHP policy 1613.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The [ASHP Inclusion Center](#) showcases ASHP's longstanding commitment to nurturing the principles of diversity, equity, and inclusion in the pharmacy community. The site is a home for ASHP's collection of resources, including clinical and editorial content from *AJHP*, on-demand CE programs, and member spotlights. This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The [ASHP Inclusion Center](#) showcases ASHP's longstanding commitment to nurturing the principles of diversity, equity, and inclusion in the pharmacy community. The site is a home for ASHP's collection of resources, including clinical and editorial content from *AJHP*, on-demand CE programs, and member spotlights. This ASHP policy is also reflected in the following activities:

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- [Sowing the Seeds for Sustainable Change in Diversity, Equity and Inclusion - Creation of a Pharmacy Diversity Council](#)

ASHP webinars:

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- [Laying the Foundation \(Part 1\): How to Understand You and Your Role in Inclusive Conversations](#)

Council on Pharmacy Management 2232: Revenue Cycle Management and Reimbursement and Pharmacist Compensation for Drug Product Dispensing

To encourage the pharmacy workforce 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, transparent billing and reimbursement policies and practices by both government and private payers; further,

To collaborate with payers in developing optimal methods of reimbursing pharmacies and pharmacists for the costs of drug products dispensed, pharmacy and pharmacist services, and associated overhead; further,

To educate the pharmacy workforce and stakeholders about those methods; 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 policies 1710 and 1807.

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

ASHP professional certificate:

- [Pharmacy Revenue Cycle Management Certificate](#)

ASHP advocacy:

- [Pharmacist's role in a post public health emergency](#)
- [Advancing the Pharmacist's Role in Primary Care](#)

ASHP podcast:

- [Leveraging Outcomes Data and Developing Relationships with Payers](#)

ASHP resource center:

- [Compensation and Sustainable Business Models](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, reimbursement, and considerations related to effective system design for safe medication use and patient safety.

Council on Pharmacy Management 2233: Value-Based Purchasing

To support value-based purchasing reimbursement models when they are appropriately structured to improve healthcare quality, patient satisfaction, and clinical outcomes, and encourage medication error reporting and quality improvement; further,

To affirm the role of pharmacists in actively leading the design and interdisciplinary implementation of medication-related value-based purchasing initiatives; further,

To support pharmacy workforce efforts to ensure safe and appropriate medication use by using data and technology for continuous quality improvement in pharmacy-designed, medication-related value-based purchasing initiatives; further,

To advocate that the Centers for Medicare & Medicaid Services and others guide the development of a common portfolio of measures for potential alignment across regulated programs, federal programs and agencies, and the private sector.

This policy supersedes ASHP policy 1209.

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

ASHP news:

- [Value-based pharmacy models in population health care](#) following Pharmacy Executive Leadership Alliance (PELA®) and the Section of Pharmacy Practice Leaders forum on population health management.

ASHP advocacy:

- [Executive Order to the Department of Health and Human Services](#) to reduce prescription prices for beneficiaries enrolled in Medicare and Medicaid programs. The order in turn supports leaning towards a value-based model for the patient's healthcare.

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for reimbursement and considerations related to effective system design for safe medication use and patient safety.

Council on Pharmacy Management 2234: Financial Management Skills

To foster the systematic and ongoing development of management skills for the pharmacy workforce in the areas of (1) health-system economics, (2) business plan development, (3) financial analysis, (4) metrics for clinical and distributive services, (5) pharmacoeconomic analysis, (6) diversified pharmacy services, (7) compensation for pharmacists' patient-care services, and (8) revenue cycle compliance and management; further,

To encourage colleges of pharmacy to incorporate these management areas in course work, electives (e.g., financial and managerial accounting), and experiential education; further,

To promote the growth of dual PharmD/MBA degree programs, postgraduate training, and other degree programs focused on financial management, and similar certificates or concentrations; further,

To encourage financial management skills development in pharmacy residency training programs; further,

To provide education for new practitioners and student pharmacists on foundational skills for business administration and personal financial management; further,

To promote education on financial management for other members of the pharmacy workforce (e.g., pharmacy technicians, data scientists, inventory specialists, department business managers).

This policy supersedes ASHP policy 1207.

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

ASHP publication:

- [Financial Management for Health-System Pharmacists, 2nd Edition](#)

ASHP professional certificate:

- [Pharmacy Revenue Cycle Management Certificate](#)

AHJP articles:

- [Financial performance and reimbursement of pharmacist-led chronic care management](#)
- [Addressing the burden of student loan debt: A case-based review of influencing considerations](#)

ASHP podcast:

- [Financial Wellness: How to Invest in Your Future](#)

Council on Pharmacy Practice 2235: Use of Inclusive Verbal and Written Language

To recognize that stigmatizing and derogatory language can be a barrier to safe and optimal patient care as well as compromise effective communication among healthcare team members; further,

To promote the use of inclusive verbal and written language in patient care delivery and healthcare communication; further,

To urge healthcare leadership to promote use of inclusive language; further,

To provide education, resources, and competencies for the pharmacy workforce to champion the use of inclusive verbal and written language.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The [ASHP Inclusion Center](#) showcases ASHP's longstanding commitment to nurturing the principles of diversity, equity, and inclusion in the pharmacy community. The site is a home for ASHP's collection of resources, including clinical and editorial content from *AJHP*, on-demand CE programs, and member spotlights. The ASHP policy is also reflected in the following activities:

- [Report of the ASHP Task Force on Racial Diversity, Equity, and Inclusion](#)
- ASHP's [Writing Inclusive Job Descriptions: Gender-Neutral Language Recommendations](#)

AJHP articles:

- [Leading diversity, equity, and inclusion efforts within the pharmacy department](#)
- [Walker calls for diverse and inclusive pharmacy workforce](#)

ASHP podcasts:

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- [MCM 2021 DEI Feature: Integration and Advancement of Diversity, Equity, and Inclusion in the Pharmacy Workplace](#)
- [Sowing the Seeds for Sustainable Change in Diversity, Equity and Inclusion - Creation of a Pharmacy Diversity Council](#)
- [Draft Recommendations from the ASHP Task Force on Racial Diversity, Equity, and Inclusion](#)

ASHP webinars:

- [Speaking Clearly: Inclusive and Bias Free Negotiations in All Your Transactions](#)
- [Laying the Foundation \(Part 1\): How to Understand You and Your Role in Inclusive Conversations](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for inclusivity and considerations related to effective healthcare information system-design for safe medication use and patient safety.

Council on Pharmacy Practice 2236: Pharmacist Prescribing in Interprofessional Patient Care

To advocate that healthcare delivery organizations establish credentialing and privileging processes for pharmacists that delineate scope of practice, support pharmacist prescribing, and ensure that pharmacists who prescribe are accountable, competent, and qualified to do so; further,

To advocate for comprehensive medication management that includes autonomous prescribing authority for pharmacists as part of optimal interprofessional care; further,

To advocate that all pharmacists on the interprofessional team have a National Provider Identifier (NPI); further,

To advocate that payers recognize pharmacist NPIs.

This policy supersedes ASHP policy 1213.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the following activities:

- Due to ASHP advocacy efforts the US Office of Personnel Management (OPM) established under the [Federal Employee Health Benefits Program to reimburse pharmacists as providers for patient assessment and prescribing of COVID-19 therapy](#). The program reimburses licensed pharmacists for the patient assessment and prescribing of Paxlovid (nirmatrelvir and ritonavir). The expansion of pharmacy practice has led to a [Request for Medicaid and Children's Health Insurance Plan](#) to reimburse pharmacists under the PREP Act for payment of clinical services for pharmacists to prescribe Paxlovid. A similar letter was sent as a joint effort between multiple pharmacy organizations including ASHP to [Dr. Ashish Jha of the White House Coronavirus Task Force](#).
- Pharmacists take [an active role in prescribing hormonal contraceptives in 20 states](#), allowing for higher accessibility for birth control and have another avenue other than waiting for appointments for their primary care providers.

AJHP articles:

- [Pharmacist-driven assessment and prescribing of COVID-19 therapeutics: A large, tertiary academic medical center's experience](#)
- [ASHP Statement on Pharmacist Prescribing of Statins](#)
- [ASHP Statement on the Role of Pharmacists in Primary Care](#)
- [Maximizing pharmacists' scope of practice](#)

ASHP podcasts:

- [Provider Status for Pharmacists: Lessons Learned](#)
- [The Ohio Story: Pursuits of Pharmacy Provider Status](#)
- [Maximizing Medicaid: How Provider Status Intersects with Medicaid Coverage](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, interprofessional collaboration, and considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Pharmacy Practice 2237: Universal Vaccination for Vaccine-Preventable Diseases in the Healthcare Workforce

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

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

To support employers in establishing and implementing mandatory vaccine requirements for healthcare workers if evidence-based risk assessments determine they are safe and promote patient and public health; further,

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

To develop tools, education, and other resources to promote vaccine confidence, increase vaccination rates, and minimize vaccine-preventable diseases among healthcare workers.

This policy supersedes ASHP policies 2138 and 2140.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the [ASHP stance on mandatory COVID-19 vaccination of healthcare employees](#) and [signing of a joint statement](#) calling for all healthcare employees required to be vaccinated against COVID-19.

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Public Policy 2238: Patient Disability Accommodations

To promote safe, inclusive, and accessible care for patients with disabilities; further,

To advocate for research to enhance capabilities in meeting the needs of patients with disabilities; further,

To advocate for inclusion of caring for patients with disabilities in college of pharmacy and pharmacy technician program curricula and in postgraduate residencies; further,

To support pharmacy workforce training to improve awareness of the barriers patients with disabilities face and ensure equitable care.

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

Council on Public Policy 2239: Drug Pricing Proposals

To advocate for drug pricing and transparency mechanisms that ensure patient access to affordable medications, preserve existing clinical services and patient safety standards, and do not increase the complexity of the medication-use system.

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

Council on Therapeutics 2240: Post-Intensive Care Syndrome

To recognize that multidimensional rehabilitation is essential for recovery after intensive care; further,

To support research on and dissemination of best practices in the prevention, identification, and treatment of post-intensive care syndrome (PICS) in patients of all ages; further,

To advocate that health systems support the development and implementation of interdisciplinary clinics, inclusive of pharmacists, to treat patients with PICS, including provisions for telehealth and innovative practice models to meet the needs of patients with PICS; further,

To advocate for the integration of post-ICU patient and ICU caregiver support groups; further,

To provide education on the role of the pharmacist in caring for patients with PICS.

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

Council on Therapeutics 2241: Human Use of Veterinary Pharmaceuticals

To oppose human use of pharmaceuticals approved only for veterinary use; further,

To support use of veterinary pharmaceuticals only under the supervision of a licensed veterinarian in compliance with the Animal Medicinal Drug Use Clarification Act of 1994; further,

To encourage state and federal regulatory bodies as well as other stakeholders to monitor the misuse of veterinary pharmaceuticals and, when appropriate, limit the public availability of those pharmaceuticals; further,

To educate healthcare professionals and the public about the adverse effects of human consumption of veterinary pharmaceuticals; further,

To encourage research, monitoring, and reporting on the adverse effects of human consumption of veterinary pharmaceuticals to define the public health impact of and to quantify the strain these agents place on the healthcare system.

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

Council on Therapeutics 2242: Use of Intravenous Drug Products for Inhalation

To encourage healthcare organizations to develop an interdisciplinary team that includes pharmacists and respiratory therapists to provide institutional guidance; safety recommendations regarding preparation, dispensing, delivery, and exposure; and electronic health record support for prescribing and administration of intravenous drug products for inhalational use; further,

To advocate for further research on the pharmacokinetic and pharmacodynamic characteristics of drugs not approved for inhalational administration, devices for administration, and the effects of excipients; further,

To foster the development of educational resources on the safety and efficacy of inhalational administration of drug products not approved for that route and devices for administration; further,

To encourage manufacturers to develop ready-to-use inhalational formulations when evidence supports such use.

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

Council on Therapeutics 2243: Enrollment of Underrepresented Populations in Clinical Trials

To support the enrollment of underrepresented populations in clinical trials; further,

To advocate that drug product manufacturers and researchers conduct and report outcomes of pharmacokinetic, pharmacodynamic, and pharmacogenomic research in underrepresented populations to facilitate safe and effective dosing of medications in these patient populations; further,

To advocate that if such research considers age, sex, gender, ethnicity, or race, the reason for such consideration be based on validated ethical or scientific reasons and be specified in the research protocol; further,

To foster the use and development of postmarketing research strategies to support the safe and effective use of drug products for approved and off-label indications in underrepresented populations; further,

To advocate that pharmacists should be involved in the design of clinical trials to provide guidance on drug dosing, administration, and monitoring in all patient populations.

This policy supersedes ASHP policy 1723.

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

Council on Therapeutics 2244: Pediatric Dosage Forms

To support research on and development of pediatric-specific drug formulations; further,

To encourage manufacturers to develop formulations suitable for pediatric administration during research that includes pediatric patients; further,

To encourage manufacturers of off-patent medications that are used in pediatric patients to develop formulations suitable for pediatric administration; further,

To advocate that manufacturers comparably price a newly developed pediatric-specific commercial product to that of its extemporaneously prepared formulation; further,

To educate prescribers and caregivers regarding the nuances of pediatric drug administration to ensure the availability of an appropriate dosage form is considered when selecting and administering safe and effective therapies for a pediatric patient.

This policy supersedes ASHP policy 9707.

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

Council on Therapeutics 2245: Substance Use Disorder

To affirm that a patient with a substance use disorder (SUD) has a chronic condition with associated neurodevelopmental, physiologic, and psychosocial changes; further,

To recognize that dehumanizing language and stigmatization regarding SUD and persons who use drugs (PWUD) create barriers to healthcare access and result in poor clinical outcomes; further,

To recognize the disproportionately harmful health impact that criminalization and policing practices related to SUD and PWUD have had on communities, particularly those of color; further,

To advocate for destigmatization efforts and elimination of barriers to care for SUD and PWUD; further,

To support risk mitigation and harm reduction strategies, including syringe services programs, recognizing the roles they have in public health efforts to reduce infectious disease burden, improve access to healthcare, improve patient trust, and reduce expenditures; further,

To advocate for expansion of comprehensive medication management services provided by pharmacists for prevention, treatment, and recovery services within the interprofessional care team and throughout the continuum of care; further,

To support pharmacists leading community-based comprehensive preventive health and treatment programs; further,

To encourage the inclusion of longitudinal SUD training in didactic pharmacy curricula, starting with an early initiation of education; use of evidence-based practices, including risk mitigation, harm reduction, and destigmatizing communication strategies; and increasing experiential education pertaining to SUD; further,

To support and foster standardized education and training on SUD, including dispelling common misconceptions to the pharmacy workforce and other healthcare professionals.

This policy supersedes ASHP policy 9711.

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

Council on Pharmacy Practice 2246: Autoverification of Medication Orders

To recognize the importance of pharmacist verification of medication orders, and the important role pharmacists have in developing and implementing systems for autoverification of select medication orders; further,

To recognize that autoverification of select medication orders under institution-guided criteria can help expand access to pharmacist patient care; further,

To discourage implementation of autoverification as a means to reduce pharmacist hours; further,

To promote and disseminate research, standards, and best practices on the safety and appropriateness of autoverification of medication orders; further,

To encourage healthcare organizations to develop policies, procedures, and guidelines to determine which care settings, medications, and patient populations are appropriate candidates for autoverification of select medication orders in order to support the implementation of autoverification models for those circumstances; further,

To advocate for regulations and accreditation standards that permit autoverification of select medication orders in circumstances in which it has proven safe.

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

[ASHP's Autoverification Toolkit](#) evaluates the use of autoverification in health systems to improve patient safety and healthcare outcomes by allowing more time spent on clinical pharmacy activities by streamlining the verification process.

AJHP Articles:

- [Implementation and safety evaluation of autoverification for select low-risk, high-volume medications in the emergency department](#)

ASHP podcasts:

- [Insights and Perspectives on Autoverification](#)

ASHP webinars:

- [Autoverification: Is it Right for You?](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Pharmacy Practice 2247: Pharmacy Workforce's Role in Vaccination

To affirm that the pharmacy workforce has a role in improving public health and increasing patient access to vaccinations by promoting and administering appropriate vaccinations to patients and employees in all settings; further,

To collaborate with key stakeholders to support the public health role of the pharmacy workforce in the administration of adult and pediatric vaccinations; further,

To advocate that states grant pharmacists and appropriately supervised student pharmacists the authority to initiate and administer all adult and pediatric vaccinations; further,

To advocate that states grant appropriately supervised pharmacy technicians the authority to prepare and administer all adult and pediatric vaccinations; further,

To advocate for the inclusion of pharmacist-provided vaccination training in college of pharmacy curricula and pharmacy technician-provided vaccination training in technician training programs; further,

To advocate that members of the pharmacy workforce who have completed a training and certification program acceptable to state boards of pharmacy and meeting the standards established by the Centers for Disease Control and Prevention may provide such vaccinations; further,

To advocate that state and federal health authorities establish centralized databases for timely documentation of vaccine administrations that are interoperable and accessible to all healthcare providers; further,

To advocate that state and federal health authorities require all vaccination providers to report their documentation to these centralized databases, if available; further,

To encourage the pharmacy workforce to educate all patients, their caregivers, parents, guardians, and healthcare providers to promote vaccine confidence and convey the importance of vaccinations for disease prevention; further,

To encourage the pharmacy workforce to seek opportunities for involvement in disease prevention through community vaccination programs; further,

To foster education, training, and the development of resources to assist the pharmacy workforce and other healthcare professionals in building vaccine confidence; further,

To advocate for adequate staffing, resources, and equipment for the pharmacy workforce to support vaccination efforts to ensure patient safety; further,

To advocate for appropriate reimbursement for vaccination services rendered; further,

To work with federal, state, and local governments and others to improve the vaccine development and supply system in order to ensure an adequate and equitably distributed supply of vaccines.

This policy supersedes ASHP policies 1309 and 2122.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. The ASHP policy is reflected in the [ASHP COVID-19 Vaccine Confidence Toolkit](#). In addition, when the [HHS gave pharmacists the authorization to administer Monkeypox vaccines in a response to ASHP's request](#), the result was shown that pharmacists remain a vital resource for emergency vaccination efforts since the peak of the COVID-19 epidemic. The trust of the federal health department reinforces pharmacy as a mainstay in national vaccination efforts.

ASHP CEO blogs:

- [Broadens Vaccine Confidence Outreach](#)
- [GTMRx Establishes National Task Force to Build Vaccine Confidence](#)

ASHP podcasts:

- [Expansion of Community Pharmacies' Role in Public Vaccine Delivery to Children: The Landscape, the Opportunities, and the Need](#)

- [Public Health and Community Pharmacy Vaccination Efforts: Best Practices, Opportunities and Lessons Learned from the COVID-19 Pandemic](#)
- [Meet the Vaccine Navigators](#)
- [Give It Your Best Shot! Evaluating Covid-19 Vaccine Best Practices](#)

AJHP articles:

- [The 2022 human monkeypox outbreak: Clinical review and management guidance](#)
- [Pharmacists: Essential providers of COVID-19 care](#)
- [States pave the way for practice advancement](#)
- [ASHP Statement on the Role of Pharmacists in Primary Care](#)

ASHP webinars:

- [Essential Elements of Successful Mass Immunization Programs: A Discussion with Pharmacy Leaders](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership, patient experience, and considerations related to effective healthcare system-design for safe medication use and patient safety.

Council on Pharmacy Management 2248: Health-System Use of Drug Products Provided by Outside Sources

To support care models in which drug products are procured and/or prepared for administration by the pharmacy and are obtained from a licensed, verified source to ensure drug product and patient safety and continuity of care; further,

To encourage hospitals and health systems not to permit administration of drug products supplied to the hospital, clinic, or other healthcare setting by the patient, caregiver, or pharmacy contracted by a healthcare insurance payer or pharmacy benefit manager; further,

To advocate adequate reimbursement for preparation, order review, and other costs associated with the safe provision and administration of drug products; further,

To advocate that insurers and pharmacy benefit managers be prohibited from mandating drug-distribution models that introduce patient safety and supply chain risks or limit patient choice.

This policy supersedes ASHP policy 2032.

This policy has been published in ASHP Best Practices (online edition) and used in ongoing ASHP advocacy, education, and communication efforts. [White bagging](#) is a key [advocacy issue](#) for ASHP. This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership and considerations related to effective system design for safe medication use and patient safety.

Council on Pharmacy Management 2249: Screening for Social Determinants of Health

To encourage social determinants of health (SDoH) screening and data collection using standardized codes during the provision of pharmacy patient care services; further,

To promote the integration of SDoH data into the design and delivery of clinical pharmacy services, including the creation of targeted interventions and leveraging the use of clinical decision support to improve patient outcomes; further,

To encourage the use of SDoH data in reporting and evaluating the effectiveness of pharmacist patient care; further,

To encourage the use of SDoH data to identify opportunities to reduce healthcare disparities and improve healthcare access and equity; further,

To educate the pharmacy workforce and learners about SDoH principles, including their impact on patient care delivery and health outcomes; further,

To advocate for the funding of community resources related to improving patient access to medications, and the integration of these resources into health-system care delivery models; further,

To encourage research to identify methods, use, and evaluation of SDoH data to positively influence key quality measures and patient outcomes.

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

ASHP webinars:

- [Integrating Social Determinants of Health Data and Knowledge into Clinician Workflow](#)
- [Expanding Primary Care with PGY2 Residents and Population Health Approaches](#)

ASHP podcast:

- [Training Future Pharmacists on Social Determinants of Health](#)

ASHP statements:

- [ASHP Statement on the Pharmacist's Role in Public Health](#)
- [ASHP Statement on Racial and Ethnic Disparities in Health Care](#)

AJHP article:

- [ASHP Foundation Pharmacy Forecast 2023: Strategic Planning Guidance for Pharmacy Departments in Hospitals and Health Systems](#)

This policy is included in our communications with policymakers and healthcare stakeholders regarding policy, practice, and regulatory considerations for pharmacist leadership and considerations related to effective system design for safe medication use and patient safety.

House of Delegates 2250: Access to Reproductive Health Services

To recognize that reproductive healthcare includes access to and safe use of medications; further,

To recognize that reproductive health services include pre-conception, conception, post-conception, and termination of pregnancies; further,

To advocate for access to safe, comprehensive reproductive healthcare for all patients, including historically underserved patient groups such as patients of color, those with limited means, and those living in rural areas; further,

To affirm that healthcare workers should be able to provide reproductive healthcare per their clinical judgment and their conscience without fear of legal consequence, workplace sanctions, social stigmatization, harassment, or harm.

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

Council on Education and Workforce Development 2251: Qualifications and Competencies Required to Prescribe Medications

To affirm that prescribing is a collaborative process that includes patient assessment, understanding of the patient's diagnoses, evaluation and selection of available treatment options, monitoring to achieve therapeutic outcomes, patient education, and adherence to safe and cost-effective prescribing practices; further,

To affirm that safe prescribing of medications, performed independently or collaboratively, requires competent professionals who complement each others' strengths at each step.

This policy supersedes ASHP policy 1202.

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

Council on Pharmacy Management 2252: Standard Drug Administration Schedules

To support the principle that standard medication administration times should be based primarily on optimal pharmacotherapeutics and safe medication administration practices, with secondary consideration of workload, caregiver preference, patient preference, and logistical issues; further,

To encourage the development of hospital-specific or health-system-specific standard administration times through an interdisciplinary process coordinated by the pharmacy; further,

To encourage information technology vendors to adopt these principles in system design while allowing flexibility to meet site-specific patient needs.

Note: This policy supersedes ASHP policy 0707.

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

Council on Pharmacy Management 2253: Unit Dose Packaging Availability

To advocate that pharmaceutical manufacturers provide all medications used in health systems in unit dose packages or, when applicable, in packaging that optimizes medication safety, improves operational efficiency, and reduces medication waste; further,

To urge the Food and Drug Administration to support this goal in the interest of public health and healthcare worker and patient safety.

Note: This policy supersedes ASHP policy 1801.

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

Council on Therapeutics 2254: Pain Management

To advocate for improved access to equitable and patient-centered pain care for all patient populations; further,

To advocate that pharmacists actively participate in the development and implementation of multimodal pain management stewardship programs, policies, protocols, and research; further,

To support pharmacist participation and collaboration in interprofessional healthcare teams for selecting appropriate drug therapy regimens, educating patients and caregivers, monitoring patients, and continually assessing outcomes of pain management 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 medication use that can increase the risk of serious adverse events; further,

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

To encourage and support the education of the pharmacy workforce and other healthcare providers regarding the principles of multimodal pain management and substance use disorder, including approaches to reduce stigma, improve access to care, and improve general health and well-being.

Note: This policy supersedes ASHP policy 1722.

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

Council on Therapeutics 2255: Therapeutic Indication for Prescribed Medications

To advocate that all healthcare professionals involved in a patient's care have immediate access to the intended therapeutic purpose of prescribed medications in order to ensure safe and effective medication use; further,

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

To advocate for implementation of a universal, interoperable coding system for labeled therapeutic indications that can be integrated throughout the medication-use process, enabling optimum clinical workflows and decision support functionality; further,

To advocate for federal and state laws and regulations to include diagnosis-based indication(s) on medication order(s) and prescription(s), and to allow the withholding of indication on medication prescription labels when patient privacy risks outweigh benefits.

Note: This policy supersedes ASHP policies 0305 and 2123.

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

Review of ASHP Policies to Insert Pharmacogenomics Where Appropriate: Justin Konkol, Wisconsin

ASHP should take a global review of all current policy and insert pharmacogenomics where appropriate.

ASHP staff has implemented a process to review policies undergoing sunset review to address inclusion of pharmacogenomics where possible. This process will ensure that all ASHP policies are reviewed in that

context in the next 5 years. A global review in a shorter timeframe was considered too burdensome on volunteer council members.

ASHP to Encourage Incorporation of Pharmacy Technician Training into High School Career and Technical Programs: Maari Loy, North Dakota

Technicians graduate with ASHP-accredited tech certificate at high school graduation.

ASHP agrees that educating and promoting the pharmacy technician careers to students in various stages of early educational levels is important to stimulate interest in the career choice. ASHP is currently working with all high school programs that apply for ASHP/ACPE technician education and training programs to provide them with extensive education regarding preparation for the accreditation process. Webinars have been produced and placed on the ASHP website to assist program directors in having a greater understanding of the accreditation standards, regulations, and other areas essential in the making of a good program. In addition, periodic and customized sessions have been provided specifically for state board of education groups (i.e., Virginia Board of Education) that have mandated that all of their high school technician education and training programs apply for accreditation. Work is being done to produce a video to explain opportunities of pharmacy technicians to share to high school students.

In addition, ASHP has created a [Pharmacy Technician Resource Center](#) and provides among many other things information about [starting](#) an accredited pharmacy technician training program. ASHP conducted [two online surveys](#) in late 2021 to better understand the pharmacy technician shortage in hospitals and health systems and current needs and realities of the pharmacy technician role, and one of the outcomes was [PharmTech Ready](#), which provides tools for hospitals and health systems to enhance the skills of their pharmacy technician workforce. ASHP has been an organizational partner in creating [Pharmacy is Right for Me](#), an educational campaign that aims to inspire and foster the next generation of pharmacy leaders in the United States. ASHP will explore the possibility of adding pharmacy technician roles to that campaign. Finally, the Council on Education and Workforce Development has revised ASHP policy regarding promotion of the pharmacy profession, which will likely be considered at the virtual House of Delegates in November.

Revision of ASHP Policy 1410, Access to Oral Contraceptives Through an Intermediate Category of Drug Products: Mollie Scott, North Carolina

Assess policy to be more inclusive of all staff-administered contraceptives and to encourage access regardless of patient age.

The Council on Therapeutics considered this delegate recommendation and has proposed a policy that will be considered by the House in June 2023.

Early Review of New ASHP Policy: Advancing Diversity, Equity, and Inclusion in Education and Training: Zahra Nasrazadani, Kansas; Christopher Edwards, Arizona; and Josh Blackwell, Texas

Requesting early review of policy Advancing Diversity, Equity, and Inclusion in Education and Training; recommend that the initiating council (CEWD) revisit this amended policy in the upcoming year, rather than at the scheduled sunset review.

This recommendation was discussed by Council on Education and Workforce leadership, and it was concluded that although the wording of the Council's policy recommendation was amended by the House, the intent of the Council and the Task Force was met in the final wording of the policy.

Review of New ASHP Policy, Autoverification of Medication Orders, To Include Pharmacy Resources: Jodi Taylor, Tennessee

Please consider changing "pharmacist hours" in clause 3 to "pharmacy resources" to improve protection.

This recommendation was discussed by Council on Pharmacy Practice at its winter 2023 meeting. In response to delegate recommendations from the June 2022 meetings of the House of Delegates, the Council reviewed ASHP policy 2246, Autoverification of Medication Orders. The Council suggested that the rationale for that policy be updated as follows:

The purpose of autoverification of medication orders is to improve medication-use safety and quality and more efficiently and effectively utilize pharmacy personnel. When autoverification functionality is used, medications ordered via computerized provider order entry (CPOE) are evaluated against predetermined parameters in electronic health records (EHRs). Orders that fall within set parameters are autoverified and available to be administered; those that fall outside the parameters require review by a pharmacist. Critical values, patient history, and clinical decision support tools are used to create the algorithm that determines whether a medication order is reviewed. The healthcare community has long recognized the importance of pharmacist verification of medication orders, and that role is no less important when developing and implementing systems for autoverification of select medication orders. Recent experience has shown that autoverification of medication orders, when done safely and efficiently, can allow more effective use of pharmacist resources by expanding access to pharmacist patient care.

In the 2016 ASHP survey of health systems, 51.6% of hospitals utilized the autoverification functionality in the CPOE system; this rose to 62.2% utilization by the 2019 survey. Of the health systems surveyed in 2019 that utilized autoverification, 52.9% autoverified in selected areas (e.g., all emergency department orders, perioperative orders); 50.2% identified selected medications for autoverification in specific areas (e.g., pain medications in the emergency department); and 17.1% of hospitals had autoverification for select medications (e.g., flushes, influenza vaccine) throughout the hospital. Between 2016 and 2019, overall use of autoverification and autoverification of select medications throughout the hospital and for select medications in certain areas increased. In contrast, the use of autoverification for all medications in a select area of the hospital decreased from 2016 to 2019.

According to the ASHP survey, the most commonly cited reasons for not implementing autoverification were patient safety concerns (40.4%); “our hospital has not discussed this” (23.2%); and requirements by law, regulation, or accreditors (22.9%). Less common reasons were that EHR software does not have the functionality (6.9%) and EHR limitations on criteria used for autoverification (4.6%). Healthcare professionals have also expressed a concern about medication optimization: medication appropriateness may not be the same as medication optimization. Pharmacy directors have also stated that staffing determinations based on pharmacist workload and other measurable metrics must be carefully considered; autoverification should not be a mechanism for reducing pharmacist hours or pharmacy resources, which would negate the potential to expand patient care services. In addition, safeguards are needed to prevent misinterpretation and misuse of autoverification, which could compromise patient safety.

The Council decided that an additional clause related to interoperability of autoverification logic was not needed because ASHP policy 2015, Network Connectivity and Interoperability for Continuity of Care, broadly addresses the topic. In addition, the Council suggested that the [ASHP Autoverification Toolkit](#) be updated to include the following:

1. ASHP policy 2246, Autoverification of Medication Orders;
2. The Joint Commission’s interpretation of the use of autoverification technology for medication ordering and dispensing; and
3. Updated literature (e.g., Bienvenida A, Kroll C, Ruhland D et al. Implementation and safety evaluation of autoverification for select low-risk, high-volume medications in the emergency department. *Am J Health-Syst Pharm.* 2022; 79: 2150-58, <https://doi.org/10.1093/ajhp/zxac241>).

Pharmacists in Ambulatory Surgery Centers and/or Outpatient Surgery Centers: Tricia Meyer, Texas

To advocate for a higher level of pharmacy services and oversight by the pharmacist in ambulatory surgical center and/or hospital outpatient surgery center.

ASHP currently has policy position 1914, Safe Medication Preparation, Compounding, and Administration in All Sites of Care, which reads: To advocate that all sites of care be required to meet the same regulatory standards for medication preparation, compounding, and administration to ensure safety and quality. The ASHP Council on Pharmacy Management discussed this topic during its September 2022 Council meetings to consider potential actions. The Council discussed the background provided, which noted that ambulatory/outpatient surgery centers typically do not have dedicated pharmacist staffing. Pharmacist consultants may perform medication reviews for three to four hours on a monthly or quarterly basis, and this review is evolving in much the same way long-term care consulting has. Consultant hours do not allow time for effective controlled substance review, safe medication practices, and drug security during their review of medication use at an ambulatory surgery center (ASC).

Council members acknowledged safe medication management in this setting has been largely neglected as a practice. Medication management in the ambulatory setting can be complicated because of state and federal regulations and requirements imposed by accrediting organizations. Perioperative medication use and administration, postoperative pain management, medication disposal, staff member and physician education, proper documentation in the medical record, pharmacoeconomics, sterile compounding needs, and controlled medication management and oversight are all important components of this segment of care.

As hospital-based care and pharmacy costs become increasingly relevant in managing the overall cost of healthcare, third-party payers have increased their attention to nonhospital sites of care, increasing the pressure to manage this trend. Payers are working to funnel patients to lower-cost settings that deliver comprehensive care outside of the traditional hospital setting. Some ASCs are physically separate, while others are affiliated financially and administratively to hospital outpatient departments.

A significant challenge that confronts hospitals and health systems is the level of infrastructure investment required to adequately address practice standards and regulatory and accreditation requirements focused on quality and medication safety (e.g., United States Pharmacopeia Chapters <797> and <800>, state boards of pharmacy regulations, and the standards of accreditors such as The Joint Commission and Det Norske Veritas Healthcare). ASCs are commonly devoid of this same level of regulatory and accreditation scrutiny.

The Council noted the continued need for efforts by ASHP to ensure pharmacy leadership is part of business discussions regarding site-of-care discussions to help with continuity of care, promotion of safe medication use (e.g., regulatory requirements, practice standards), and bringing awareness to health-system leadership regarding potential changes in revenue, quality, and safety gaps with use of nonhospital-based sites of care. The Council expressed its desire for ASHP to advocate and provide leadership on necessary actions needed to influence agencies that develop reimbursement models in order to ensure reasonable rules and regulations are enforced and implemented in the best interest of patients, the public, and providers.

ASHP recently endorsed the [ISMP Guidelines for Safe Medication Use in Perioperative and Procedural Settings](#) and revised the [ASHP Guidelines on Perioperative Pharmacy Services](#) in 2019. Coupled with these guidelines, the Council felt ASHP member education and events (e.g., roundtables) exploring pharmacy opportunities to think innovatively about ASCs and their influence on safe medication use, total cost of care, patient experience, and competitive positioning are necessary. Pointing out potential gaps in standards of care with ASCs will raise awareness and help bring to the attention of organizational compliance and risk management professionals.

Finally, the Council suggested the rationale for ASHP policy 1914, Safe Medication Preparation, Compounding, and Administration in All Sites of Care, be revised to make specific mention of ASCs.

Advocate for the Prioritization of Using Ready-To-Administer Medications in Procedural Areas: Steven Knight, Texas

To encourage that medications used in procedural areas or non-operating room anesthesia be supplied to providers in their ready to administer dosage form minimizing the safety risks of potentially mislabeling or not labeling syringes.

This recommendation was shared with the 2022-2023 Council on Pharmacy Practice for its consideration. Following are a few ASHP resources that align with the recommendation: ASHP policy 0402, Ready-to-Use Packaging for All Settings; ASHP policy 1711, Ready-to-Administer Packaging for Hazardous Drug Products Intended for Home Use; [ASHP Guidelines on Perioperative Pharmacy Services](#); and [ASHP National Survey on Pharmacy Practice in Hospital Settings: Dispensing and Administration – 2020](#) (the survey highlights that one of the top reasons for outsourcing is for supply of ready-to-administer medications).

Development of a Drug Diversion Prevention and Investigation Training Program for Pharmacists and Diversion Specialists: Angela Livingood, North Carolina

ASHP should develop a training program dedicated to the prevention of drug diversion and investigation of diversion incidents within the health-systems for pharmacists charged with this responsibility.

ASHP will explore this as a potential topic for a professional certificate program. ASHP is also considering the development of a gap-assessment tool to complement the recently revised [ASHP Guidelines on Preventing Diversion of Controlled Substances](#). In addition, ASHP is developing a gap analysis tool that will aid insitutions in implementing a diversion control program.

Revision of New ASHP Policy, Autoverification of Medication Orders: Randy Martin, Texas

Revise the ASHP policy on autoverification to account for potential misinterpretations and adverse impact upon patient safety and allocation of pharmacy resources.

This recommendation was discussed by Council on Pharmacy Practice at it winter 2023 meeting. In response to delegate recommendations from the June 2022 meetings of the House of Delegates, the Council reviewed ASHP policy 2246, Autoverification of Medication Orders. The Council suggested that the rationale for that policy be updated as follows:

The purpose of autoverification of medication orders is to improve medication-use safety and quality and more efficiently and effectively utilize pharmacy personnel. When autoverification functionality is used, medications ordered via computerized provider order entry (CPOE) are evaluated against predetermined parameters in electronic health records (EHRs). Orders that fall within set parameters are autoverified and available to be administered; those that fall outside the parameters require review by a pharmacist. Critical values, patient history, and clinical decision support tools are used to create the algorithm that determines whether a medication order is reviewed. The healthcare community has long recognized the importance of pharmacist verification of medication orders, and that role is no less important when developing and implementing systems for autoverification of select medication orders. Recent experience has shown that autoverification of medication orders, when done safely and efficiently, can allow more effective use of pharmacist resources by expanding access to pharmacist patient care.

In the 2016 ASHP survey of health systems, 51.6% of hospitals utilized the autoverification functionality in the CPOE system; this rose to 62.2% utilization by the 2019 survey. Of the health systems surveyed in 2019 that utilized autoverification, 52.9% autoverified in selected areas (e.g., all emergency department orders, perioperative orders); 50.2% identified selected medications for autoverification in specific areas (e.g., pain medications in the emergency department); and 17.1% of hospitals had autoverification for select medications (e.g., flushes, influenza vaccine) throughout the hospital. Between 2016 and 2019, overall use of autoverification and autoverification of select medications throughout the hospital and for select medications in certain areas increased. In contrast, the use of autoverification for all medications in a select area of the hospital decreased from 2016 to 2019.

According to the ASHP survey, the most commonly cited reasons for not implementing autoverification were patient safety concerns (40.4%); “our hospital has not discussed this” (23.2%); and requirements by law, regulation, or accreditors (22.9%). Less common reasons were that EHR software does not have the functionality (6.9%) and EHR limitations on criteria used for autoverification (4.6%). Healthcare professionals have also expressed a concern about medication optimization: medication appropriateness may not be the same as medication optimization. Pharmacy directors have also stated that staffing determinations based on pharmacist workload and other measurable metrics must be carefully considered; autoverification should not be a mechanism for reducing pharmacist hours or pharmacy resources, which would negate the potential to expand patient care services. In addition, safeguards are needed to prevent misinterpretation and misuse of autoverification, which could compromise patient safety.

The Council decided that an additional clause related to interoperability of autoverification logic was not needed because ASHP policy 2015, Network Connectivity and Interoperability for Continuity of Care, broadly addresses the topic. In addition, the Council suggested that the [ASHP Autoverification Toolkit](#) be updated to include the following:

1. ASHP policy 2246, Autoverification of Medication Orders;
2. The Joint Commission’s interpretation of the use of autoverification technology for medication ordering and dispensing; and
3. Updated literature (e.g., Bienvenida A, Kroll C, Ruhland D et al. Implementation and safety evaluation of autoverification for select low-risk, high-volume medications in the emergency department. *Am J Health-Syst Pharm.* 2022; 79: 2150-58, <https://doi.org/10.1093/ajhp/zxac241>).

Formalize Process To Refresh Background and Rationale Content During Sunset Review Process: Roger Woolf, Washington

ASHP should formalize a standard process to update the background and rationale of policies under review to reflect current environment and encourage forward thinking content.

ASHP staff have instituted a process to refresh rationales when policies are reviewed or revised.

Revisit ASHP Meeting Dress Code: Christopher Scott, Indiana

Please evaluate loosening the ASHP meeting dress code.

The suggested attire at ASHP national meetings is business casual. This is published in the information about the meetings on the microsite for each meeting in the frequently asked questions section. In addition the onsite program for the upcoming ASHP Midyear Clinical Meeting & Exhibition includes this information. While some attendees may opt to dress in business attire, the suggested attire remains business casual for all ASHP’s meetings.

Gun Violence Prevention: Brian Gilbert, Kansas; Katherine Miller, Kansas; Zahra Nasrasadani, Kansas; Joanna Robinson, Kansas; and Amy Sipe, Missouri

To recommend that ASHP Board and Councils review policy 2107: Role of the Pharmacy Workforce in Preventing Accidental and Intentional Firearm Injury and Death and other related policies prior to its scheduled review to ensure it strongly states the views of ASHP members related to the national health crisis that is gun violence.

This recommendation was considered for addition to the agendas of the Council on Pharmacy Practice and the Council on Public Policy. Both council agendas were quite full this year, including expedited review of policies approved by the June 2022 House based on delegate and Board recommendation. It was decided that current policy 2107, which was developed after a thorough examination of gun violence issues at a Joint Council Meeting, and policy 0810, Education, Prevention, and Enforcement Concerning Workplace Violence, would serve ASHP’s current advocacy needs but that the topic would be considered for inclusion

on a council agenda again in the 2023-2024 policy year. Policy 2107 will be up for sunset review in June of next, and will certainly be re-examined then.

Consideration of Alignment of ASHP Policies and Values with State and Local Laws When Selecting Locations for Meetings and Events: Ryan Gibbard, Victoria Wallace, and Edward Saito (Oregon)

ASHP should host meetings or events where state and local laws are congruent with current and future ASHP policies and values (e.g. gun violence, diversity, healthcare inequities, etc).

Selection of locations for ASHP meetings and events is a complicated process and most of our meetings are scheduled years in advance of the meeting dates, in cities that can accommodate our unique needs and requirements. With respect to the Midyear Clinical Meeting & Exhibition in particular, its size and scope limits the number of available locations to us.

The number one consideration for all ASHP meetings is the health and safety of our attendees, staff and other meeting participants. For every event and location, we work closely with convention, hotel and city officials on a shared goal to provide a positive, welcoming experience for all.

ASHP works diligently to embrace and support the wide range of perspectives, values and beliefs represented across our membership. We are proud to represent a profession that is diverse and inclusive in every respect, and it is our express intent to ensure each and every one of our meetings delivers on that promise of inclusivity.

ASHP To Educate Health System Pharmacists on How To Effectively Advocate To C-Suites On National Provider Status: Kathy Baldwin, Florida

ASHP To Educate Health System Pharmacists on How To Effectively Advocate To C-Suites On National Provider Status

ASHP believes pharmacists have a moral and ethical professional obligation to advocate for changes that improve patient care as well as justice in the distribution of health resources, as articulated in ASHP's [Statement on Advocacy as a Professional Obligation](#). ASHP also recognizes that training and education is, and will continue to be, necessary for pharmacists to fulfil this obligation. Among ASHP's roles in advocacy is the generation of policy analysis, education and training aimed towards achieving an ultimate goal of grassroots empowerment among individual pharmacy professionals and the broader pharmacy practice community. ASHP seeks to generate content to inform pharmacists of the critical needs of our patients and profession in a manner that will better enable them to effectively persuade Federal, state, local and institutional stakeholders to champion policy that will maximize utilization of pharmacists' skills and training towards the improve the health of communities and society as a whole. ASHP's Pharmacy Executive Leadership Alliance (PELA) was established in 2020 as a resource for chief pharmacy officers and multihospital system executive leaders to facilitate peer-to-peer knowledge transfer and shared strategic planning in addressing challenges and opportunities. ASHP will continue to explore opportunities to create high-impact resources for both PELA and the general membership aimed at improving outreach and dialogue with institutional stakeholders to maximize pharmacists' role in delivering optimal patient care.

Development of Model State Pharmacy Practice Acts to Support Pharmacist Prescribing: Julie Groppi, Florida; Anthony Morreale, Department of Veterans Affairs; and Roger Wolff, Washington

ASHP should convene a taskforce to develop model state practice acts to promote a consistent approach to advance pharmacist prescribing.

As most ASHP members are likely aware, optimizing medication use and access through pharmacist prescribing is a [PAI 2030 focused initiative](#). In addition, ASHP's Offices of Government Relations and Affiliate Relations are perpetually seeking opportunities to facilitate peer-to-peer communication and learning among our affiliate organizations toward better informing advocacy efforts and more effectively persuading state policymakers to support expanding pharmacists' role in optimal health care delivery. ASHP's Center on Pharmacy Practice Advancement, Council on Public Policy, and Offices of Government Relations and Affiliate

Relations will deliberate on strategies to best leverage members towards the generation of a uniform model pharmacy practice framework, including the potential formation of a member taskforce.

House of Delegates Open Forum: Kat Miller, Kansas; Justin Konkol, Wisconsin; and Chris Edwards, Arizona

To evaluate if the House of Delegates Open Forum meets the intent of gathering feedback on policies from ASHP membership.

ASHP staff discussed the operations of the Open Forum and agreed on the value of its purpose, which is to gather feedback on proposed policies from ASHP members. It was agreed that the Open Forum's purpose would be better described and publicized on the ASHP Summer Meetings website, and that steps would be taken at the meeting to encourage nondelegate members to speak up.

Advancing High-Value Clinical Pharmacy Services: Tom Dilworth, Wisconsin

To advocate that ASHP guide the identification and development of high-value clinical pharmacy services across the continuum of care; further,

To advocate that ASHP, health-systems and researchers collaborate to develop clinical pharmacy productivity metrics that allow pharmacy leaders to demonstrate the value of clinical pharmacy services across the continuum of care; further,

To advocate that health-systems and organizations prioritize high-value clinical pharmacy services while de-prioritizing lower-value clinical services and/or delegating lower-value clinical services to non-pharmacists and/or technology; further,

To advocate that ASHP guide the development of public relations materials that showcase the clinical services and value pharmacists bring to the healthcare enterprise suitable for use by health-systems, organizations and the pharmacy workforce to promote the profession and accurately describe clinical services provided by pharmacists to key stakeholders, including but not limited to payers, other healthcare providers, and the general public.

The recommendation raised a very important point for discussion, one that ASHP members have been working hard to address and shape for a long time now, without the traction needed or desired. To give an example of how long this topic has spanned the minds of members from a policy perspective, in 1998 a policy was developed entitled "Defining and Measuring the Quality of Clinical Services" and then in 2020 the Council on Pharmacy Practice developed Policy 2137, "Documentation of Pharmacist Patient Care." ASHP has some ongoing projects that align with the goals of this recommendation and will use the recommendation to guide and inform that work.

Pharmacist's Role as Public Health and Preventative Health Experts: Julie Groppi, Florida

ASHP should develop policy to highlight the essential public and preventative health roles of pharmacists.

In the past several years, ASHP has developed many policy positions that address the public health and preventive health role of pharmacists, including the following:

- 2118 - Supply Chain Resilience During Disasters and Public Health Emergencies
- 2223 - Role of the Pharmacy Workforce in Emergency Preparedness
- 2225 - Pharmacist Prescribing of Statins
- 2245 - Substance Use Disorder
- 2211 - Naloxone Availability
- 2247 - Pharmacy Workforce's Role in Vaccination
- 2122 - Vaccine Confidence
- 2125 - Tobacco, Tobacco Products, and Electronic Nicotine Delivery Systems

This year the House will consider the following policy recommendations as well:

- Use of Social Determinants of Health Data in Pharmacy Practice
- Pharmacist Prescribing Authority for Antiretroviral Therapy for the Prevention of HIV/AIDS
- Point-of-Care Testing and Treatment
- Availability and Use of Fentanyl Test Strips
- Raising Awareness of the Risks Associated with the Misuse of Medications

The public health and preventive health role of pharmacists is also addressed at length in the ASHP Statement on the Role of Pharmacists in Primary Care, the ASHP Statement on the Pharmacist's Role in Public Health, and the ASHP Statement on Racial and Ethnic Disparities in Health Care, which is slated for review and revision this fall.

ASHP takes this recommendation to heart and will continue to highlight the important roles pharmacists have in safeguarding the public health and preventive care.

Autoverification Logic Intraoperability: Arizona delegates Christopher Edwards, Melinda Burnworth, and Danielle Kamm

To advocate for interoperable logic systems used in autoverification functionality across health records (EHRs).

The Council on Pharmacy Practice considered the suggestion to incorporate interoperable logic systems used in autoverification functionality across health records during the 2022-2023 policy year. The Council decided that an additional clause related to interoperability of autoverification logic was not needed because ASHP policy 2015, Network Connectivity and Interoperability for Continuity of Care, broadly addresses the topic. In addition, the Council suggested that the [ASHP Autoverification Toolkit](#) be updated to include the following:

1. ASHP policy 2246, Autoverification of Medication Orders;
2. The Joint Commission's interpretation of the use of autoverification technology for medication ordering and dispensing; and
3. Updated literature (e.g., Bienvenida A, Kroll C, Ruhland D et al. Implementation and safety evaluation of autoverification for select low-risk, high-volume medications in the emergency department. *Am J Health-Syst Pharm.* 2022; 79: 2150-58, <https://doi.org/10.1093/ajhp/zxac241>).

ASHP To Consider Completion of the Pharmacy Leadership Academy and Provide ACHE-Qualified Education Credits To Support Pharmacists Obtaining ACHE Fellow Designation: Lt. Col. Jin Kim, USAF and Lt. Col. Rohin Kasudia, USAF

ASHP should consider partnering with ACHE so students completing ASHP's Leadership Academy can obtain dual CE credit and support obtaining FACHE designation.

ASHP has contacted ACHE to make a formal request for consideration of recognizing the PLA program content as ACHE-approved Fellow education.

Educating Middle School and High School Students about Opportunities in Pharmacy To Promote the Profession as a Possible Career Choice: John Muchka, Wisconsin

To support the education of middle school and high school students on the many roles of pharmacists.

ASHP agrees that educating and promoting the pharmacy profession to students in various stages of early educational levels is important to stimulate interest in the profession as a career choice. We have been an organizational partner in creating [Pharmacy is Right for Me](#), which is an educational campaign that aims to inspire and foster the next generation of pharmacy leaders in the United States. In addition, members of several of ASHP's Pharmacy Practice Sections are actively in process of creating an online pre-pharmacy resource to further promote careers in pharmacy, including careers in health-system pharmacy. ASHP is currently working with all high school programs that apply for ASHP/ACPE technician education and training programs to provide them with extensive education regarding preparation for the accreditation process. Webinars have been produced and posted on the ASHP website to assist program directors in having a

greater understanding of the accreditation standards, regulations, and other areas essential in the making of a good program. In addition, periodic and customized sessions have been provided specifically for state board of education groups (i.e., Virginia Board of Education) that have mandated that all of their high school technician education and training programs apply for accreditation. Work is being done to produce a video to explain opportunities of pharmacy technicians to share to high school students. Finally, the Council on Education and Workforce Development has revised ASHP policy regarding promotion of the pharmacy profession, which will likely be considered at the virtual House of Delegates in November.

Promotion of Open Forum on Saturday: Paul Driver, Indiana

Increase the emphasis and importance of the Open Forum to delegates and nondelegates in promotional flyers for Summer Meeting

ASHP staff discussed the operations of the Open Forum and agreed on the value of its purpose, which is to gather feedback on proposed policies from ASHP members. It was agreed that the Open Forum's purpose would be better described and publicized on the ASHP Summer Meetings website, and that steps would be taken at the meeting to encourage nondelegate members to speak up.

Ensure Adequate and Standardized Supply of Emergency Medications and Supplies in Non-EMS Accessible Locations: Christi Jen, SCSS; Stephanie Weightman, SCSS; Megan Musselman, SCSS; Christopher Edwards, Arizona; Jeff Little, Kansas; Jerome Wohleb, Nebraska; Zahra Nasrazadani, Kansas; Katie Reisbig, Nebraska; and Tiffany Goeller, Nebraska

To advocate for pharmacist involvement in the interprofessional evaluation and recommendation of stocking of emergency medications and supplies in non-EMS accessible locations

The Council on Pharmacy Practice considered this recommendation at its Policy Week meeting and proposed a policy recommendation to be considered by the House in June 2023.

RFID Standardization Requirements: Kellie Much, Ohio

Request ASHP create a policy or statement regarding radio frequency identification (RFID) technology requirements and standardization for medications.

Members of the Section of Pharmacy Informatics and Technology are including the subject of RFID technology in its revision the ASHP statmenet on barcoding.

Development of Interstate Experiential Education Opportunities: Justin Konkol, Wisconsin

ASHP should partner with schools of pharmacy and health systems to develop future interstate experiential opportunities which can help advance diversity within healthcare systems.

ASHP efforts in promoting diversity within healthcare systems are reflected in the following activities:

AJHP article:

- [Leading diversity, equity, and inclusion efforts within the pharmacy department](#)

ASHP podcasts:

- [Implementing Diversity, Equity, and Inclusion Initiatives in Schools and Colleges of Pharmacy](#)
- [MCM 2021 DEI Feature: Integration and Advancement of Diversity, Equity, and Inclusion in the Pharmacy Workplace](#)
- [Sowing the Seeds for Sustainable Change in Diversity, Equity and Inclusion - Creation of a Pharmacy Diversity Council](#)

New ASHP Policy on Pharmacoequity: Bernice Man, Illinois

An ASHP Council (possibly Council on Public Policy) should develop new policy that addresses pharmacoequity.

The Council on Pharmacy Practice considered this recommendation at its Policy Week meeting and proposed a policy recommendation to be considered by the House in June 2023.

Development of Hazardous Drug (HD) Environmental Monitoring and Medical Surveillance Guidelines: Christy Norman, Georgia

To recommend development of robust and specific practice guidelines for environmental monitoring of hazardous drugs and personnel medical surveillance in pharmacy.

The Council considered this recommendation at its Policy Week meeting and voted to revise the the ASHP Guidelines on Handling Hazardous Drugs, last published in 2018, to include contemporary recommendations related to surface contamination monitoring.

Professional Identity Formation: Vickie Ferdinand-Powell, Kimberly Zammit, and Robert DiGregorio (New York)

Collaborative work is encouraged with organizations outside of ASHP to promote the development of a professional identity that reflects the many roles pharmacists play on the healthcare team.

This recommendation was discussed by Council on Education and Workforce Development leadership. This year Council revised ASHP policy 1828, Promoting the Image of Pharmacist and Pharmacy Technicians, as part of sunset review. It will likely be considered at the November virtual House. This recommendation provided important discussion points for consideration during the revision of the policy.

In addition, since the revision of the [ASHP Statement on Professionalism](#), the Section of Pharmacy Educators (SPE) has promoted the development of professional identity through two webinars (Precepting Generation Z, and Professional Identity Formation Starter Kit for Preceptors: What Is It and What Do I Need to Know?). A SPE workgroup has submitted a paper to *AJHP* on professional identity formation, and the following two articles on professional identity formation have been published:

- [Teaching at the critically ill patient's bedside: Linking clinical practice to professional identity](#)
- [Layered learning: Eight precepting strategies for the new attending pharmacist](#)

Pharmacist Involvement in the Design of Clinical Trials: Jesse Hogue, Michigan

ASHP should consider developing a policy statement or update the ASHP Guidelines on Clinical Drug Research to support and describe pharmacist involvement in the design of clinical trials to provide guidance on drug dosing, administration and monitoring in all patients.

This recommendation was discussed by Council on Education and Workforce Development leadership. The Council addressed ASHP policy 1828, Promoting the Image of Pharmacist and Pharmacy Technicians, as a sunset review during its Policy Week meeting, using this recommendation guiding discussion points for consideration. The revised policy will likely be considered by the ASHP House of Delegates in November.

ASHP Statement on Pharmacy Workforce Shortages: Jerome Wohleb, Nebraska; Katie Reisbig, Nebraska; Emily Johnson, Nebraska; Melinda Burnworth, Arizona; Chris Edwards, Arizona; Christi Jen, Arizona; Tonya Carlton, New Hampshire; Elizabeth Wade, New Hampshire; Brian Kawahara, California; Cheri Briggs, Delaware; Deborah Sadowski, New Jersey; and Jeff Cook, Arizona

The profession(s) within pharmacy should be proactive in planning and include innovative strategies to address predicted challenges in the workforce.

This recommendation is very timely and high on the priorities of ASHP and our membership as our nation has been dealing with both the patient care and fiscal challenges resulting from the workforce shortages and other concerns noted in your background. As you indicated in your recommendation, there is need for short-term resources and advocacy that is paired with long-term strategies. ASHP has numerous policies and statements that provide direction on workforce education, training, leadership, and workload. There is much work that needs to be done and your recommendation supports the urgency of these efforts.

Your recommendation describes actions needed but is titled “ASHP Statement.” I’m hoping you can provide clarification whether the intent of the recommendation is a policy statement (e.g., [Roles and Responsibilities of the Pharmacy Executive](#)) or other actions by ASHP. Perhaps we could connect by phone to discuss and I could get your insights on what elements of such a statement would be. I could then share your thoughts with the Council on Pharmacy Management and the Section of Pharmacy Practice Leaders Executive Committee. (I will send a Doodle poll based on clarification)

In the interim, I provide below a number of ASHP activities aimed at addressing the hospital and health-system workforce issues. The list is not exhaustive and is only the beginning of what will need to be a prolonged effort by ASHP, all the pharmacy associations, and practitioners as we develop sustainable practice models and workforce.

1. Pharmacy Executive Leadership Alliance (PELA): The [PELA Advisory Panel](#) has discussed succession planning in health-system pharmacy practice and the technician workforce shortages.
 - a. A primary goal of PELA is to create community, education, and resources for the leaders of the very complex multi-hospital and large hospital pharmacy enterprises. An intended outcome is the provide an environment that both supports and sustains existing leaders and a platform to facilitate future leaders to be poised to fill these high level positions through retirements and vacancies.
 - b. PELA has a work group focused on pharmacy technicians that will be driving the establishment of necessary task descriptions, regulatory analysis, and education requirements to develop the data necessary to engage with HR associations, hospital executive associations, and others to support the pursuit of technician position classifications to aide in recruitment and retention.
2. Section of Pharmacy Practice Leaders (SPPL): At the SPPL Executive Committee’s Summer Meeting, they discussed the impact of decreased college of pharmacy (CoP) enrollments and potential projections on future workforce, succession planning as well as recent trend of departures from hospitals and health systems to other industries, and pharmacy technician shortages.
 - a. The concern noted with declining CoP enrollments was both the impact on overall workforce as well as a proportionally smaller pool of graduates interested in pursuing clinical and administrative leadership positions. This topic will be a continued focus, and with [ASHP’s Pharmacy Administration and Leadership Residents’ Collaborative](#) there will be a focused effort in providing students encouragement and information on how to pursue an HSPAL residency.
 - b. There is active discussion on repeating past ASHP research on leadership shortages and expectations for the future. This process will not replace the necessary work the SPPL will focus on this upcoming year but will provide important information to influence strategic decisions.
 - c. The SPPL and Pharmacy Technician Forum collaborated on a recent AJHP CPO Perspectives column ([“Stabilizing the pharmacy technician workforce as an imperative for the chief pharmacy officer”](#)) and there will be an extended workshop conducted by the authors at the [2022 Conference for Pharmacy Leaders](#).
3. ASHP National Technician Workforce Survey: This [survey](#) provided the clarity on the national scope of pharmacy technician workforce shortages and has been used to educate the healthcare press and other peer organizations on details and scope of the issues. It also provided data on the complexity of the tasks our pharmacy technicians provide to patient care.
4. ASHP Pharmacy Technician Recruitment and Retention Resource Center: This resource is in the development stages and will provide:

- a. Strategies based on needs and factors affecting a variety of institution types (e.g., the small- to mid-size community hospital, large multi-hospital system, large academic medical center, rural hospitals and clinics)
- b. Resources to help the pharmacy department work with HR to make the pharmacy technician position more attractive
- c. Tools for communicating to the C-Suite

Suggestions for changes in practice management/workflow to relieve workload issues in the delivery process when pharmacy technician staffing is short.

Access to Transgender Care to Manage Gender Dysphoria: Tim Brown (SPE) and Jeff Little (SPPL)

Policy supporting access to medications used for transgender patients for gender dysphoria management.

The Council on Therapeutics and the Council on Public Policy considered this recommendation at their Policy Week meetings, and the Council on Therapeutics has proposed a policy recommendation for consideration by the House in June 2023.

Increased Delegate Work Time Between Caucus and House Meeting: Jodi Taylor, Tennessee

Future HOD activity scheduling should evaluate if more work time can be allotted between the first caucus and the first meeting of the House (with full recognition of the challenges of meeting scheduling).

ASHP meeting staff have tried to balance the conflicting needs of delegates when scheduling the First Delegate Caucus and the First Meeting of the House. Given that not all delegates can attend a Saturday meeting, it was decided that the current Sunday morning caucus meeting was the best that could be done. ASHP has taken steps in recent years to increase delegate coordination through use of email, ASHP Connect, and the virtual House to ease the workload on delegates between the First Delegate Caucus and First Meeting.

Revision of FDA Rule on Barcodes on Immediate Containers: Ben Anderson and Kevin Marvin (SOPIT)

Advocate that the Food and Drug Administration (FDA) in coordination with U.S. Pharmacopeia (USP) implement rules for pharmaceutical manufacturers to encode lot numbers and expiration dates within the barcodes of internal and unit dose packages (immediate containers) to support automation of expiration date and lot number logging and validation to the patient level, furthermore, remove the requirement for linear barcodes on immediate containers to allow 2D barcodes that support this additional encoding.

This recommendation was considered for addition to the Council of Public Policy agenda this year, but it was noted that Drug Supply Chain Security Act (DSCSA) requirements are hastening a transition to two-dimensional barcodes. It was concluded that an advocacy push would not be likely to further speed the changes already underway.

Membership Dues: Dale English II, Kentucky

Recommend that given both the all-time record number of ASHP members as well as the very strong ASHP Treasurer's report that ASHP leadership strongly consider freezing any increases in membership dues for at least the next two (2) years given the current landscape of inflation nationally as well as globally.

ASHP has not raised membership dues since 2020. In this time, ASHP has significantly expanded its advocacy, professional practice resources, and membership offerings at no additional cost to its members. The ASHP Board of Directors takes its fiduciary responsibility very seriously, particularly in these difficult times. Decisions on dues increases take into consideration the financial position of ASHP as well as environmental scanning and assessment.

Residency Training and Direct Patient Care: Dale English II, Kentucky

Recommend ASHP provide an update on the effectiveness and impact of ASHP policy position 2027, "Residency Training for Pharmacists Who Provide Direct Patient Care" and ASHP's current and/or future plans of advocating this policy; further,

Recommend ASHP Section of Community Pharmacy Practitioners review and provide their input and/or recommendation on the terminology "pharmacists who provide direct patient care" utilized in the policy statement; further,

Recommend ASHP review the ACPE requirements that graduates of ACPE-accredited Doctor of Pharmacy programs are "practice ready," how this policy may be in opposition of ACPE accreditation standards, as well as the effects of this policy on patient care and the pharmacy profession.

ASHP policies are aspirational in nature. The policy Residency Training for Pharmacists Who Provide Direct Patient Care was approved at the 2020 ASHP House of Delegates, so this policy was only recently approved. ASHP professional policies developed by our members have long supported the value of residency training to prepare individuals to practice in hospitals and health systems and to provide direct patient care. Examples of such policies include 2219 – Hospital-at-Home Care, 2117 – Education and Training in Telehealth, 2249 – Screening for Social Determinants of Health, 1829 – Pharmacy Training Models, 1225 – Board Certification for Pharmacists, and 0917 – Pharmacy Residency Training. ASHP continues to close the gap between pharmacy students who are applying to residency programs and the number of available pharmacy resident positions. Additionally, ASHP policy 0917 – Pharmacy Residency Training supports this position.

Medication Safety in Operating Rooms and Anesthesia Procedural Locations: Tricia Meyer, Texas

ASHP align with the Anesthesia Patient Safety Foundation (APSF) to advocate for/recommend use of pre-filled syringes in anesthetic locations in addition to assisting pharmacist's members in developing budgetary justification through improved anesthesia provider efficiency, decreasing provider needle sticks, drug wastage etc., and methods to estimate the true benefit/cost ration of investing in safety.

ASHP appreciates learning more about APSF initiatives and was gratified to see Dr. Meyer's name and a few other pharmacists listed on the APSF Advisory Group on Medication Safety. The recommendation was shared with colleagues that work in medication safety work that aligns with medication preparation and was considered by the 2022-2023 Council on Pharmacy Practice. ASHP welcomes opportunities to engage with APSF in joint statements or work streams related to this topic.