



What is Happening at the National Level?

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TOGETHER WE MAKE A GREAT TEAM



Overview

- Pharmacy Practice Model Initiative
- Health Reform Law and Its Impact at the State Level
- Residency Capacity Issues
- Drug Shortage Issues
- Pharmacy Technician Initiative



Pharmacy Practice Model Initiative





PHARMACY PRACTICE MODEL INITIATIVE
Redefining. Reconstructing. Reinventing.
A joint project of ASHP and the ASHP Foundation

Goal:

Develop and disseminate a futuristic practice model that supports the effective use of pharmacists as direct patient care providers

www.ashp.org/PPMI



PPMI Objectives

1. **Create a Framework** - Create a framework for a pharmacy practice models that ensure provision of safe, effective, efficient, accountable, and evidence-based care for all hospital/health system patients;
2. **Determine Services** - Determine patient care-related services that should be consistently provided by departments of pharmacy in hospitals and health systems and increase demand for pharmacy services by patients/caregivers, healthcare professionals, healthcare executives, and payers;

PPMI Objectives

3. Identify Emerging Technologies - Identify the available technologies to support implementation of practice models, and identify emerging technologies that could impact the practice model;
4. Develop a Template - Support the optimal utilization and deployment of hospital and health-system pharmacy resources through development of a template for practice models that are operational, practical, and measurable; and
5. Implement Change - Identify specific actions pharmacy leaders and staff should take to implement practice model change including determination of the necessary staff (pharmacy leaders, pharmacists, and technicians) skills and competencies required to implement this model.)

ASHP / ASHP Foundation Practice Model Summit : November 7-9, 2010

- **Two day invitational event with 150 participants**
- **Participant and member survey prior to the conference to assess areas of consensus**
- **Briefings commissioned and distributed**
- **Plenary presentations and work groups**
- **Consensus process to develop a new practice model**
- **Video webcast of plenary presentations and consensus process**



Summit Recommendations



This document provides the consensus-based beliefs, assumptions and recommendations from the ASHP/ASHP Foundation Pharmacy Practice Model Summit which was held in Dallas, Texas from November 7 through 9, 2010. Consensus was reached through an iterative process that included a pre-Summit survey along with small and large group discussions at the Summit. These recommendations will be included in the full proceedings of the Summit which will be published in the *American Journal of Health-System Pharmacy* in spring 2011. That publication will provide the context and perspective that will be necessary to interpret the recommendations and to translate them into practice. However, ASHP and the ASHP Foundation want to provide this information now so that all ASHP members and other stakeholders can become familiar with these recommendations which will provide the foundation for advances in pharmacy practice models. These recommendations do not reflect official ASHP policy. ASHP staff are reviewing them to determine implications for ASHP's policies. Questions about the recommendations should be directed to PPMI@ashp.org.

As readers review these consensus-based beliefs, assumptions and recommendations, it may be helpful to also consider the overarching objectives of the Pharmacy Practice Model Initiative which are provided below. Operational definitions for terms used throughout this document are provided on pages 14-15.

The objectives of the Pharmacy Practice Model Initiative are to:

1. Create a framework for a pharmacy practice model that ensures provision of safe, effective, efficient, accountable, and evidence-based care for all hospital/health system patients;

<http://www.ashp.org/DocLibrary/PPMI/Summit-Recommendations.aspx>



Major PPMI Themes

- **Move pharmacists closer to the patient**
- **Responsibility for safe use of medications and ensuring quality**
- **Well-developed technician workforce**
- **Wide-spread use of technology**

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Redefining. Reconstructing. Reinventing.

Engage now in the development of a future practice model that is responsive to healthcare reform and the health system of the future.

A JOINT PROJECT OF ASHP AND THE ASHP FOUNDATION



At this pivotal time, there is an urgent need to create a forward thinking hospital and health-system pharmacy practice model. ASHP and the ASHP Foundation are sponsoring a Pharmacy Practice Model Initiative that includes a consensus summit, a robust social marketing campaign, and program evaluations. The goal of this initiative is to significantly advance the health and well being of patients by developing and disseminating a futuristic practice model that supports the most effective use of pharmacists as direct patient care providers.



PPMI Summit 2010

View the results of the invitational consensus conference held on November 7 - 9, 2010, in Dallas as part of the ASHP and ASHP Foundation's Pharmacy Practice Model Initiative.

[Learn more](#)

Your Potential Roles: Activities and Partnerships

- **Be a Champion!**
- **Present/discuss the outcomes of the summit to your department/institution**
- **Address concerns**
- **Gap analysis/institutional self assessment**
- **Develop a vision for the department**
- **Set goals and timelines**
- **Publish/Present on your experiences and successes**
- **Do the simple stuff first**

PPMI Hospital Self-Assessment Tool

- www.ppmiassessment.org
- **Contains 106 questions assessing adoption of the PPMI recommendations at the hospital level**
 - Hospital demographic information
 - Optimal pharmacy practice model characteristics
 - Advancing the application of information technology in medication-use process
 - Advancing the use of pharmacy technicians
 - Successful implementation of new pharmacy practice models

PPMI Hospital Self Assessment Tool

- Your responses can be submitted for analysis.
- A list of priorities (an “Action List”) will be created for your institution
- Also, you will be able to identify tools and resources to assist in implementing change at your institution/health system

PPMI Hospital Self-Assessment Tool

- Hospitals will also have the opportunity to generate reports to compare their data with aggregated data collected from similar hospitals within and across their states.
- WI and UT have recently been pilot states to use this data within the entire state.
- Affiliate webinar on October 24 describing the experience in WI. Can register for the webinar at

<http://www.ashp.org/menu/StateAffiliates.aspx>



The Health Reform Law and Its Impact

The Patient Protection and Affordable Care Act– signed into law on March 23, 2010

- Paves the way for pharmacists to demonstrate their value by expanding patient access to pharmacists' services in hospitals and health systems.**
- Helps more patients receive pharmacists' medication therapy management services**
- Promotes integrated care around hospitalizations**
- Addresses healthcare workforce issues**
- Addresses health-care quality issues**



Affordable Care Act Implementation

- **Focusing on those provisions to develop care delivery models that integrate health professionals**
 - **Medical Homes, ACOs, CMS Innovation Center, MTM grant program**
- **Goal is to include pharmacists patient care services**
- **Build case for payment for services**

- **ASHP's focus is largely around care delivery models that are multidisciplinary**
 - Medical homes
 - Accountable care organizations
 - MTM grant program
 - CMS Innovation Center (State Medicaid)
- **Quality**
- **Workforce (PGY2)**

Medical Homes

- **Pilots are beginning:**
 - **State Medicaid programs**
 - Connecticut
 - Massachusetts
 - Others?
 - **CMS Innovation Center**
 - **Private Payers**

CMS Innovation Center

- ACA also creates an innovation center within CMS to develop and test care delivery models; ACOs, med homes, etc.
- Not likely to be regulations, but contracts
- Look to ASHP and CMS resources
- Innovations.cms.gov



Accountable Care Organizations


- **CMS to promulgate regulations on this, ASHP commented late last year to CMS per their request for more information**
 - Comments centered upon the role of the pharmacist
- **ASHP published white paper on ACOs:**
 - <http://www.ashp.org/DocLibrary/Advocacy/PolicyAlert/ACO-Policy-Analysis.aspx>

Quality Initiatives

- **Focus on preventing hospital readmissions; hospital reimbursement incentives**
- **Partnership for Patients within CMS Innovation Center**

Our Message...

- **Affordable Care Act, States, Payers, Divided Government:**
 - **Pharmacists improve health outcomes**
 - **Improve efficiency of our health care system**
 - **Save on larger health expenses**
 - Chronic disease accounting for a large portion of them
 - 58 million baby boomers beginning mass retirement
 - **Repeal, Replace, or Implementation**
 - Regardless, there is an ongoing and evolving role for pharmacists



Residency Capacity Issues

What's Happening ?

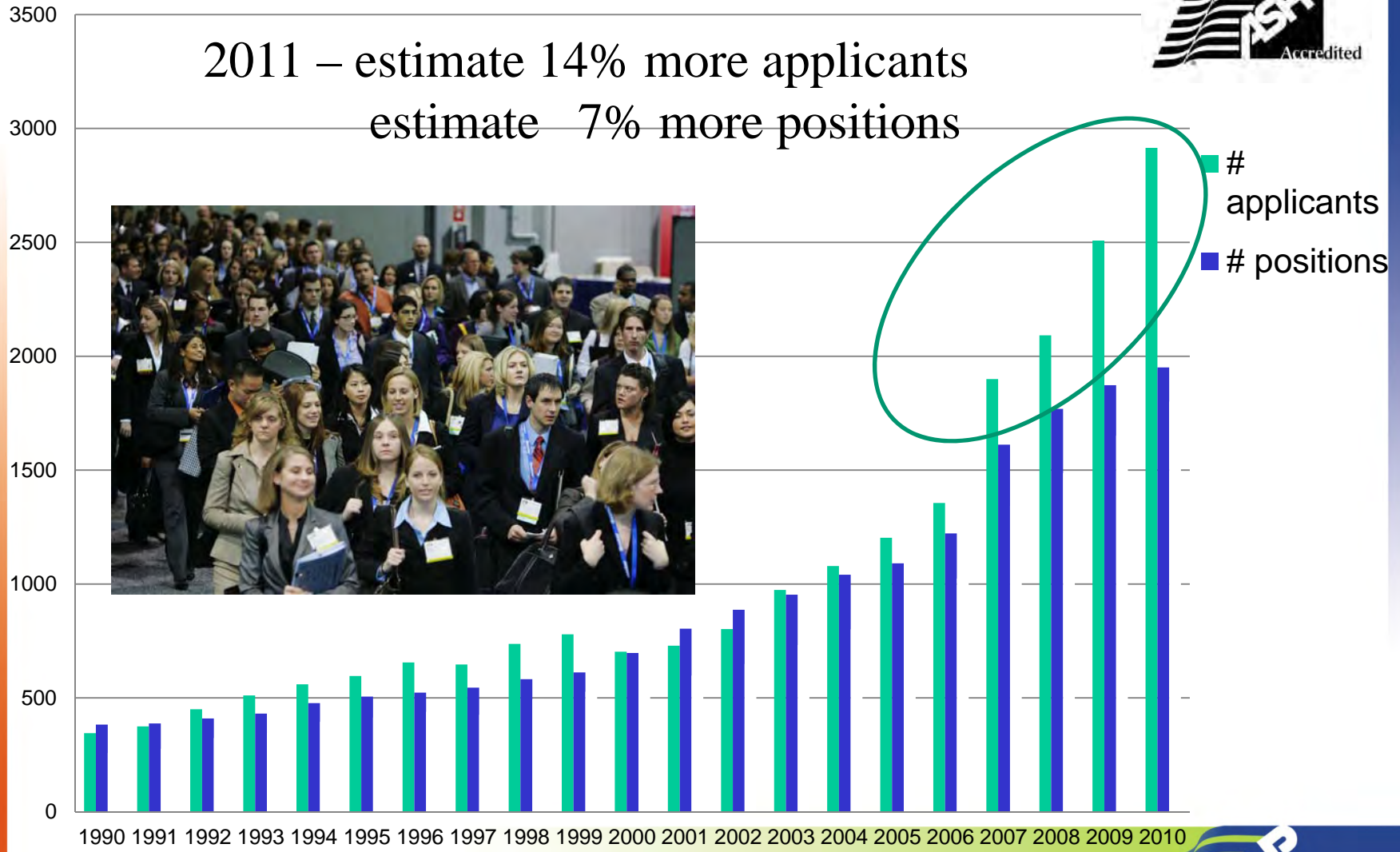
- **54% more applicants for PGY1 positions**
- **22% growth in # Residency Programs**
- **37% growth in # Residency Positions**
- **Demand is exceeding availability**

All data based on change from 2009 to 2011

ASHP Resident Matching Program 1990-2010 PGY1 Programs



2011 – estimate 14% more applicants
estimate 7% more positions



ACCREDITATION

[Residency Accreditation](#)

[Pharmacy Technician Accreditation](#)

[Residency Directory](#)

[Technician Training Directory](#)

[Resident Information](#)

▶ [What's New](#)

▶ [Past Issues](#)

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Pharmacy Residency Capacity Stakeholders Conference

February 15–16, 2011, Washington, DC

This conference provided a forum for identifying ways to bring the supply of accredited pharmacy residency training programs in better balance with the demand for such training.

[Participants](#) [PDF] from a variety of health care settings reviewed current issues affecting expansion of residency programs, identified opportunities for expanding program capacity, explored new and current residency models, and made recommendations to accelerate the rate of expansion to meet the needs of the public and the profession.



The conveners were the American Society of Health-System Pharmacists (ASHP), working with their partner organizations in accrediting pharmacy residency programs: the American Association of Colleges of Pharmacy (AACP), American College of Clinical Pharmacy (ACCP), Academy of Managed Care Pharmacy (AMCP), and American Pharmacists Association (APHA).

All participants were selected by the stakeholder organizations because of their experience with pharmacy residency programs and/or ability to influence pharmacy residency change. They represent a wide variety of practice settings and/or organizations interested in accredited pharmacy residency programs.

Presentations and Survey Data

Presentations provided background information for the participants. Additionally a survey was sent in January 2011 to all the participants and all the residency program directors (RPD) in programs in the ASHP Accreditation Process.

- ▶ [The Current Landscape of Pharmacy Residency Training](#) [PDF] – Janet Teeters
- ▶ [Trends in Healthcare Delivery & Financing Impacting Workforce](#) [PDF] – Josh Benner
- ▶ [Workforce Trends and Policies Influencing the Capacity to Train Pharmacy Residents, HRSA Perspective](#) [PDF] – Janet Heinrich
- ▶ [Perspectives and Trends in Medical Residency Training](#) [PDF] – Michael Adams
- ▶ [Actual Expansion of Residency Positions – What is programs doing today?](#)
- ▶ [Community](#) [PDF] – Jaime Montuoro

<http://www.ashp.org/menu/Accreditation/Resources/Residency-Capacity-Conference.aspx>



Key Recommendations of the Summit

- Opportunities exist:
 - Medium size hospitals (300-500 beds)
 - Community pharmacies
 - Non-traditional settings (*clinics, community health centers, Area Health Education Centers (AHEC), urgent care centers*).
 - Schools of pharmacy partnering with more sites
- Strategies:
 - Growing current programs # positions
 - New programs developed
 - New Models developed

Why would state affiliates want to get involved in growing residencies?

- Interest by their members
- Local networking opportunities
- Opportunities for meeting content
- May ↑ membership or attendance
- Help strengthen practice in the state
- Help meet 2020 goal of residency training



Opportunities for State Affiliates

Program or activities for existing residencies

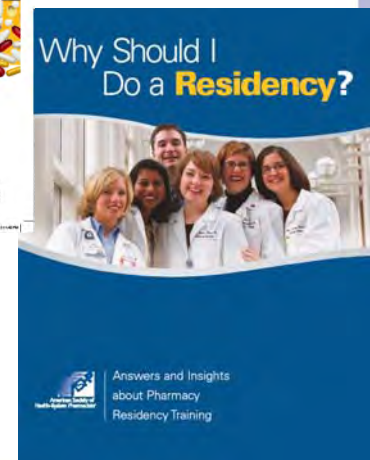
- Forums/debates: Expansion models –draw on medical model
- Preceptor development
- Program on effective feedback
- Networking Forums for residents or program directors
- Pearls
- Resident Posters
- Partner with colleges of pharmacy for preceptor development
- Highlight Residency programs or graduates in newsletters
- How residencies coordinate with undergraduate students

Residency Showcases

- Partner with colleges, to get students to attend meetings

Opportunities for State Affiliates

- **Programming for pharmacy students**
 - Partner with Student Societies at Colleges of Pharmacy
 - Use your residents or residency program directors to speak
 - Educate students about residencies
 - Interviewing tips
 - Resume writing tips
 - How to navigate Midyear Meeting



- **Introduces students to your organization**
- **Introduces students to health-system practice**



Drug Shortage Issues

American Hospital Association's Survey on Drug Shortages July, 2011

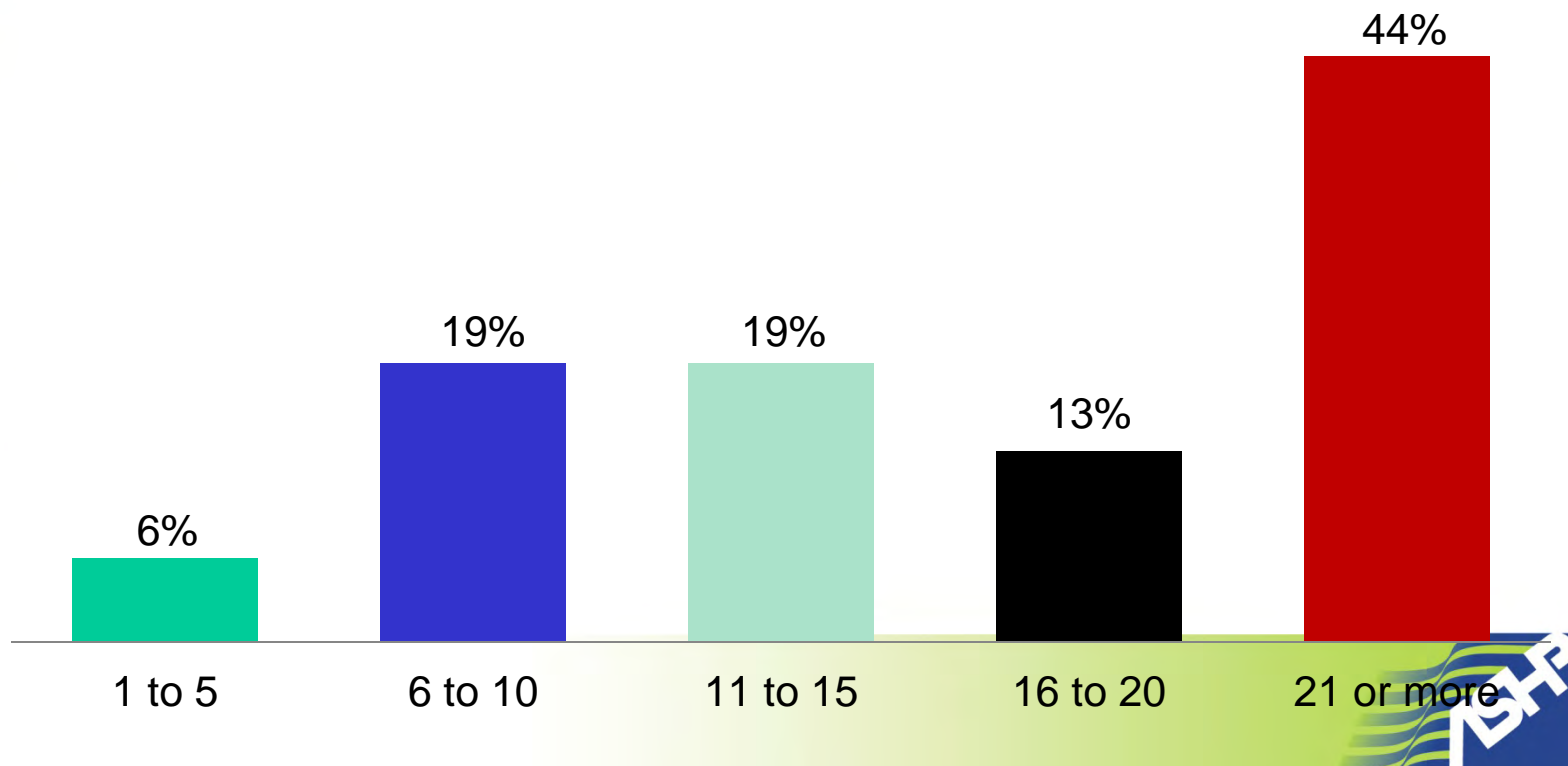
- **99.5% of hospitals reported experiencing one or more drug shortage in the last six months and nearly half of the hospitals reported 21 or more drug shortages.**
 - **Hospitals report experiencing drug shortages across all treatment categories.**
- **82% of hospitals report they have delayed patient treatment as a result of a drug shortage and more than half were not always able to provide the patient with the recommended treatment.**
 - **Three out of four hospitals report rationing or implementing restrictions for drugs that are in short supply.**

AHA Survey (continued)

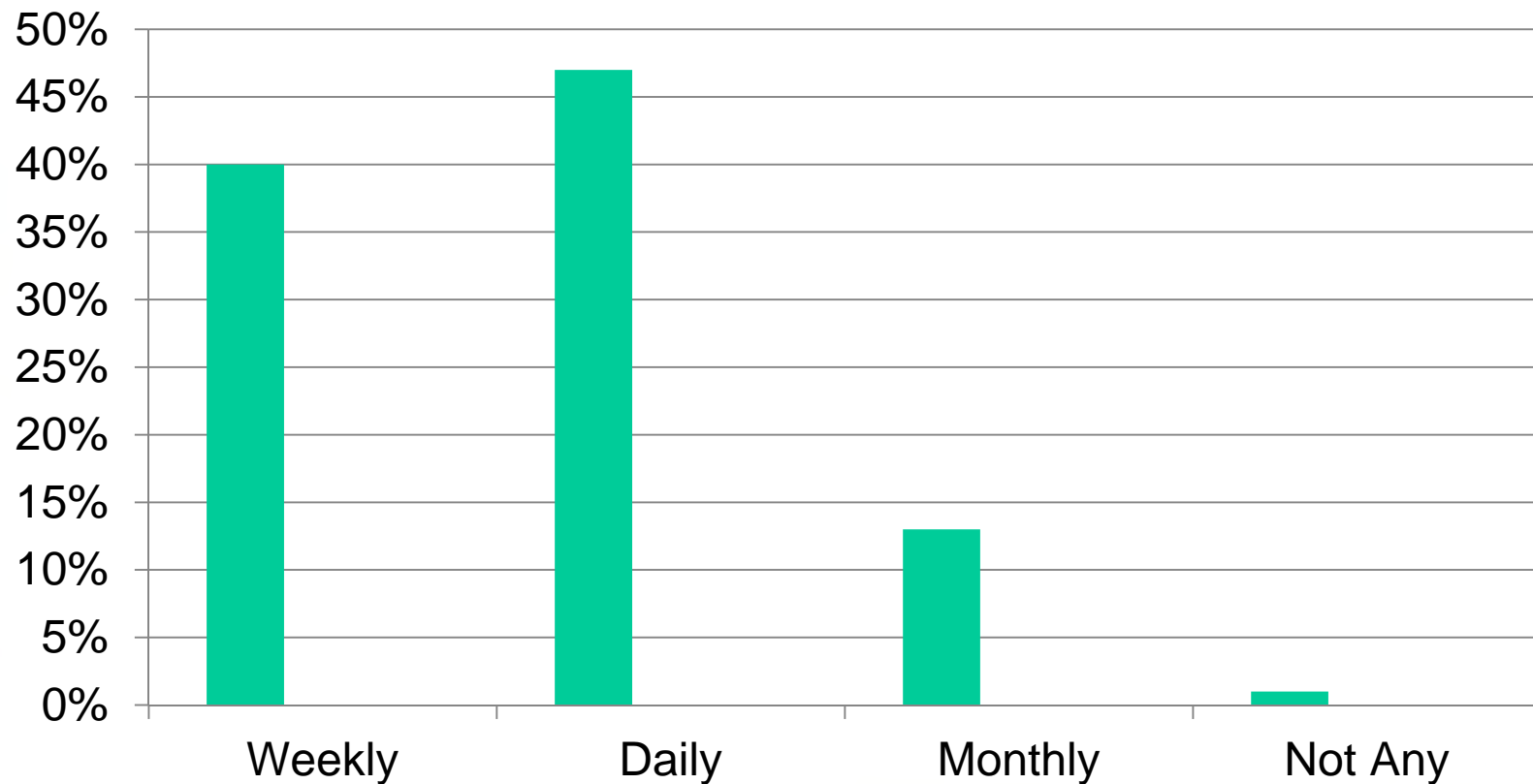
- The vast majority of all types of hospitals reported increased drug costs as a result of drug shortages.
 - Most hospitals are purchasing more expensive alternative drugs from other sources.
- **Hospitals report that they rarely or never receive advance notice of drug shortages and are not informed of the cause or the expected duration of the shortage.**
- Hospitals are taking many actions to reduce the impact of drug shortages on patients including increasing inventory levels and devoting resources to train clinical staff to address shortages.

99.5% of hospitals reported experiencing one or more drug shortage in the last six months and nearly half of the hospitals reported 21 or more drug shortages.

Percent of Hospitals Reporting the Number of Individual Drugs For Which the Hospital Experienced a Drug Shortage in the Last Six Months



Nearly half of hospitals reported experiencing a drug shortage on a daily basis.



Percent of hospitals experiencing a drug shortage by frequency



ISMP Medication Safety Alert

August 2011

ISMP Survey of 549 Hospitals—

- More than half (56%) report daily solicitations from multiple gray market vendors to purchase medications in short supply.
- More than 13% also reported receiving solicitation from gray market vendors who wanted to purchase medications in short supply.

Recent Premier Survey Reported...

- From gray market vendors, an average markup of 650% of the contract prices for these drugs in short supply.
- There were higher markups for some critical care drugs, oncology drugs and anesthetics.

Recently Proposed Legislation-- HR 2245

- Reps Diana DeGette (D-CO); Tom Rooney (R-FL)
- Similar to S 296—requires reporting by manufacturers (Early Warning System)
- Differences:
 - 1 Includes biologics
 - 2 Lists civil monetary penalties for failure to report
 - \$10,000 per day with a maximum of \$ 1,800,000
- ASHP provided significant input
- One manufacturer (Hospira) supports

Next steps...

- **Secure co-sponsors, grassroots letters**
- **Senate HELP Committee has formed bipartisan working group on the issue**
 - ASHP met with them in July, 2011
 - During September Legislative Day, many ASHP members discussed with their Representatives and Senators
 - Will likely use the House bill as model language
 - The meeting is expected to go beyond the early warning system, explore other solutions

What can you do?

- **Share information and solutions with colleagues and patients**
- **Support drug shortages advocacy initiatives**
 - Contact your legislators; invite them to your hospital (over 1,000 letters to date)
 - Tell your stories
 - Emphasize the risks to public health and patient safety
- **CONTINUE TO REPORT DRUG SHORTAGES**

Pharmacy Technician Initiative



Pharmacy Technicians

- Training varies greatly
- Certification requirements vary greatly
- Registration not required in all states
- Changing Roles:
 - Preparation of medications for dispensing
 - Role is changing and evolving as pharmacist shifts to more direct patient care roles
 - Evolving into automation, IT, purchasing, other roles

Why Pharmacy Technicians are so important

- There is growing complexity in medication use, with a continued focus on medication safety, quality
- There is a need TODAY for well-qualified, competent pharmacy technicians for the safe provision of medications in all settings
- The existence of a competent pharmacy technicians will be fundamental to advancing the patient care role of pharmacists in the FUTURE
- There is need for defined, baseline skills and competencies obtained through standardized education, training, certification and registration of pharmacy technicians

ASHP Position on Pharmacy Technicians

Well-qualified, competent pharmacy technicians are integral to the safe provision of medications in all settings. To achieve this, ASHP:

- Supports uniform training – ASHP-accredited
- Supports certification through PTCB
- Supports registration through state boards

Ideally should be completed in this order.



Positions of other Organizations

- **American Pharmacists Association (APhA)**
 - supports nationally recognized standards and guidelines for the accreditation of training programs.
 - supports the continued growth of accredited education and training programs
 - supports the following minimum requirements for all new pharmacy technicians by the year 2015:
 - Successful completion of an accredited education and training program
 - Certification by the Pharmacy Technician Certification Board (PTCB)
- **American College of Clinical Pharmacy (ACCP)**
 - Pharmacy technicians are authorized by both state regulation and employment status
 - have successfully completed an education and training program that is accredited by a nationally recognized accrediting body; and
 - are certified by the Pharmacy Technician Certification Board (PTCB)



Pharmacy Technician Training-- Why there's a need to set the bar

- On-the-job training is not adequate to provide a consistently competent pharmacy technician workforce
- Review courses designed to pass the certification exam are NOT training
- Establishing a standard level of training is the only way to achieve consistency
- The only current national standard for pharmacy technician training is ASHP-accreditation



What is Accreditation?

A voluntary means of providing:

- Quality assurance
- Credibility
- Patient Safety
- Continuous monitoring & improvement

Examples:

- The Joint Commission
- American Council on Pharmacy Education
- ASHP



ASHP Accreditation

- **Currently there are 195 ASHP-Accredited Pharmacy Technician Training Programs***
 - Majority are Vocational-Technical Schools and Community Colleges
 - Several large chain drug store programs are ASHP-accredited
 - All areas of practice (community, military, hospital) are accredited
 - ASHP has accredited technician programs since 1982
- **Oversight for accreditation process provided by ASHP Commission on Credentialing (19 pharmacists) including representatives from:**
 - Pharmacy Technician Training Program Educator
 - AACCP (colleges of pharmacy)
 - APhA (community)
 - AMCP (managed care)
 - ACCP (clinical)
 - ASHP (hospital & health system)

**Accredited or in accreditation process as of 9/22/11*



Pharmacy Technician Certification Board (PTCB)

- NCCA accredited
- Psychometrically-sound
- Nationally-administered exam for thirteen years.
- Over 400,000 PTCB-Certified Pharmacy Technicians.
- Based on task analysis of pharmacy practice, across all practice settings.
- Has recertification process and CE requirement.

State Regulation of: CERTIFICATION

- **PTCB Recognition in 30 states as one option for registration or for expanded tech responsibilities**
- **ExCPT exam now available**

State Regulation of REGISTRATION

(Source: NABP Survey of Pharmacy Law-2011)

- 34 states require registration
- 7 states require licensure:
 - AK, AZ, CA, OR, RI, UT, WY
- 9 states, plus DC, have no registration or licensure requirements:
 - CO, DE, DC, HI, IN, MI, NY, PA, WA, WI

ASHP Pharmacy Technician Initiative

- **What**: Joint partnership with goal of developing an educated, trained, certified and registered pharmacy technician workforce.
- **Who**: ASHP and individual state affiliates.
- **How**: Joint advocacy to promote a qualified technician workforce, with strategies and tactics unique to each state.
- **Status**: Launched in May 2008. 22 states signed on to date.



What are your questions??

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