Optimizing the Practice Advancement Initiative PAI at the State Level

July 12, 2017

Expand or Collapse

To Ask a Question and Collapse Control Panel

Type your question here

Dr. Eric Maroyka joined ASHP in May 2016 as the Director, Center on Pharmacy Practice Advancement.

Previously, he was the Pharmacy Director at Fauquier Health in Warrenton, Virginia. Dr. Maroyka also served over 22 years as a commissioned pharmacy officer in the U.S. Army working in a variety of clinical and senior leadership roles within the Military Health System spanning both acute and ambulatory care environments.

He earned his B.S. and Pharm.D. degrees from Rutgers University and completed a PGY1 Pharmacy Practice Residency at Walter Reed Army Medical Center. Dr. Maroyka is a Board Certified Pharmacotherapy Specialist and is a graduate of the Pharmacy Leadership Institute.

Eric resides in Fairfax, Virginia with his wife of over 20 years and their two teenage daughters. In his free time, he enjoys traveling with his family, baseball, hiking, military history, and volunteering his time to help the underserved.

Eric Maroyka

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Jaclyn Boyle is an Assistant Professor in the Department of Pharmacy Practice at the Northeast Ohio Medical University (NEOMED) College of Pharmacy and pharmacist at Pharmacy Innovations, LLC, an affiliate of Northeast Ohio Medical University. She graduated from pharmacy school at NEOMED in 2012; prior to this she received a Master of Science in Pharmacology and Bachelor of Science in Pharmaceutical Sciences from The Ohio State University. After PGY1 and PGY2 residency training at University Hospitals Geauga Medical Center, she completed her Master of Business Administration at University of Findlay in 2016.

Her current responsibilities include developing innovative ambulatory care/community services including employer health plan services, primary care services, and telehealth services at her practice site. She also participates in residency education initiatives and precepts APPE students. She is an active member of American Society of Health-System Pharmacists (ASHP), the Ohio Society of Health-System Pharmacists (OSHP), the American Association of Colleges of Pharmacy (AACP), and Lambda Kappa Sigma(LKS). Her passions include education, empowering woman, and changing the world. She started a blog in 2016 called The Pharmacy Girl (www.thepharmacygirl.com) which focuses on creating a community of women in pharmacy that focuses on leadership, support, and empowerment.

Jaclyn Boyle

Robert Osten received his Doctor of Pharmacy (PharmD) from Pacific University of Oregon School of Pharmacy in Hillsboro, Orin 2011. He then completed a PGY1 Pharmacy Practice Residency at Oregon Health & Science University (OHSU). After residency, Robert helped to develop the comprehensive medication service for Cardiology and Surgery Services and the pharmacy intern medication reconciliation program at OHSU before taking a position as a clinical pharmacist in the Surgery Services with a focus in Neurology and Neurosurgery. He has been involved with medication reconciliation, safe opioid prescribing, and safe care for vulnerable patients. Robert is involved with his state affiliate Oregon Society of Health-System Pharmacists (OSHP) as the co-chair for the Professional Relations Committee.

Robert Osten

Denise C. Fields, Pharm.D., FASHP is a Clinical Consultant at the Cummins LiveWell Center in Columbus, Indiana. She received her B.S. in Pharmacy from Butler University and her Pharm.D. from Purdue University. She holds certifications in Immunization Delivery, Diabetes Care, Anticoagulation, Medication Therapy Management and Pharmacogenomics. She is a graduate of the ASHP Foundation's Pharmacy Leadership Institute. Fields has experience in varying sized hospitals, and has fulfilled such roles as clinical pharmacist, informatics pharmacist, medication safety pharmacist and Director of Pharmacy.

Dr. Fields is a Past President of the Indiana Society of Health-Systems Pharmacists. She has served on the Board of Directors for both the Indiana Pharmacist Alliance and the Indiana Rural Health Association. She has served ASHP as the Chair of the Section of Inpatient Care Practitioners Section Advisory Group for Small and Rural Hospitals and as a member of the ASHP Center for Pharmacy Practice Advancement Advisory Group. Dr. Fields served as the Chair for the Indiana Practice Advancement Initiative Task Force from 2014-2015.

Denise Fields

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Kathy Baldwin, Pharm.D. BCPS – is currently a clinical pharmacy practitioner in Critical Care at Baptist South in Jacksonville Florida since 2015. Prior to that, Dr. Baldwin worked as the Neurology/Neurosurgery/Neuro ICU pharmacist at Baptist Medical Center in Downtown Jacksonville. Before coming to Jacksonville in 2006, Dr. Baldwin worked at Lakeland Regional Medical Center from 2003 to 2006 in 2 different capacities, first in education and then in critical care. Prior to that, Dr. Baldwin worked in mail service for 10 years. Before that time she worked in both long term care as a consultant pharmacist and at CVS. Upon completion of the Pharm D degree, Dr. Baldwin completed an ASHP approved ambulatory Care Residency at the JA Haley VA in Tampa Florida in 2001. She became a Board Certified-Pharmacotherapy Specialist (BCPS) after her residency in 2001.

Dr. Baldwin received her B.S. Degree in Pharmacy from Temple University in 1985 and a Pharm.D. degree from the University of Florida in 1999. She also received a Master's Degree in Adult Education from University of South Florida in 2007. Her professional practice experiences include providing pain management, participating in a Pharmacokinetic Consultation Service, precepting students, and educating patients.

Currently Dr. Baldwin is the president of FSHP (Florida Society of Health System Pharmacists).

Kathy Baldwin

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Optimizing the Practice Advancement Initiative (PAI) at the State Level

Eric M. Maroyka Pharm.D., BCPS
Director, Center on Pharmacy Practice Advancement

July 12, 2017

Origins of PAI

- **Pharmacy Practice Model Initiative (PPMI) – started with invitational summit in November 2010**

- **The PPMI summit resulted in 147 recommendations and statements on the future of health system practice**

- **An Ambulatory Care Summit (ACS) was held in March 2014, recognizing the acute care focus of PPMI and the clear need to bring focus to ambulatory care practice**

- **The ACS14 resulted in 25 recommendations specific to practice in ambulatory care**

- **In 2015, PPMI and ACS14 collectively were rebranded to…**

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Practice Advancement Initiative

Transforming how pharmacists in acute and ambulatory settings care for patients

The Practice Advancement Initiative (PAI) is a **profession-led** initiative that is **empowering pharmacists** to take responsibility for **patient outcomes** in acute and ambulatory care settings.

Care Team Integration	Leveraging Pharmacy Technicians	Pharmacist Credentialing & Training	Technology	Leadership in Medication Use
• Promotes a team-based approach to health care • Shifts the roles of the healthcare team to enable pharmacists to optimize their time with patients across the continuum of care • Enhances the relationship between pharmacists and patients by positioning pharmacists as healthcare providers	• Empowers the pharmacy team to ensure that pharmacy technicians perform all traditional preparation and distribution activities • Urges technicians to handle non-traditional and advanced responsibilities and activities to allow pharmacists to take greater responsibility for direct patient care • Promotes technician training and certification requirements, such as the need for uniform standards for advanced technician roles	• Elevates the reputation of the pharmacy team • Ensures pharmacists, residents, and students have the training and credentials for activities performed within their scope of practice now and in the future • Promotes the use of credentials to provide services at the top of the scope of practice	• Evaluates the available technologies to support patient safety and quality of care • Encourages use of available automation and technology to improve patient safety, quality, and efficiency, while also reducing costs • Identifies emerging technologies to improve pharmacy practice	• Empowers pharmacists to take responsibility for patient outcomes • Positions pharmacists to promote health and wellness, optimize therapeutic outcomes, and prevent adverse medication events • Emphasizes that, given their extensive education and training, pharmacists are integral to achieving the best outcomes

PAI Self-Assessments

- **Hospital Self-Assessment**
  - Designed to assess a hospital or health-system's alignment with the PAI (formerly PPMI) consensus recommendations

- **Ambulatory Care Self-Assessment**
  - Assess how your practice aligns with the Ambulatory Care Summit recommendations
  - Two versions of the self-assessment (system and practitioner)

- **Create an action plan to improve practice**
  - Determine priorities based on feasibility and impact
  - Benchmark against other facilities and measure progress over time
  - Put data to use (e.g., strategic planning priorities, business plan development)

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PAI: The Journey to Improve Patient Care

www.ashp.org/pai

http://www.ashpmedia.org/pai/

Self-Assessment
Prioritized Action List Items

- **Assigning initiation of medication histories to appropriately trained pharmacy technicians**

- **Provision of discharge education by pharmacists**

- **Pharmacists part of organizational credentialing and privileging process**

- **Residency-trained pharmacists**

- **Billing for provision of ambulatory care pharmacist patient care services**

- **Ambulatory care pharmacists actively engaged in transitions of care activities**

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Maximize Learner Participation

- **Residents/student pharmacists can help identify low performing areas across service and participate in addressing prioritized goals**
- **Pharmacy practice more reliant on learner engagement for the provision of essential patient care services**
- **Not every recommendation will work for every institution or practice-setting**
- **Learners can work with pharmacy and/or senior leadership to engage extenders and advance pharmacy practice**
- **Value of learners in experiential education**
  - Layered-learning models
  - Ability to expand services with net neutral effect on FTEs
  - Projects to help target self-assessment gaps in quality/safety

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Case Studies, Spotlights, and Toolkits

State Affiliate Workshop Grants

- **<u>Goal</u>: Promote the dissemination and implementation of PAI**

- **Leadership Workshop**
  – Honoraria and travel support

- **$2,000 grant to support advancement-focused programs**

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PAI State Affiliate Grants

State Affiliate Chapter	Award Letter Sent	Date of Workshop
Indiana	1/24/13	5/23/13
Ohio	3/27/13	9/9/13
Florida	4/2/13	10/23/13
Mississippi	5/15/13	7/25/13
California	5/15/13	8/21/13
Iowa	7/8/13	10/24/13
Wisconsin	12/2/13	4/10/14
South Carolina	2/25/14	10/16/14
Kansas	2/25/14	11/13/14
Puerto Rico	12/3/14	7/10/15
West Virginia	12/3/14	4/9/15
South Dakota	12/3/14	5/16/15
Missouri	7/29/15	11/16/15
Alabama	7/29/15	6/1/16
Oregon	9/15/15	4/22/16
Wisconsin (Amb Care)	3/7/2016	5/25/2016
Pennslyvania	4/25/2016	10/12/2016
Ohio (Amb Care)	5/25/2016	8/26/2016
Iowa (Ambcare)	11/30/2016	2/17 & 2/18 2017
South Carolina (Amb Care)	11/4/2016	3/13/2017
Florida (Amb Care)	11/4/2016	8/4/17

- **21 total grants awarded**
- **FL, IA, OH, SC, and WI have been awarded two**
- **Six grants awarded in 2016**

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PAI State Affiliate Grant Success Stories

- **Discharge and/or admission medication history pilots**

- **Education and training on current reimbursement practices and options for pharmacists/pharmacies to create financially sustainable services**

- **Legislative wins such as collaborative practice agreement updates and expanding pharmacist scope of practice**

- **Residency expansion including layered learning models**

- **Development of a Tech-check-Tech toolkit (hospital/ambulatory)**

- **Pharmacist care transitions toolkit to decrease care fragmentation across the continuum**

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Progress Measures

CARE TEAM INTEGRATION
- 85%
- 60%
- 52%

LEVERAGING PHARMACY TECHNICIANS
- 58%
- 68%
- 42%

CREDENTIALING AND TRAINING
- 54%
- 58%
- 60%

AUTOMATION AND TECHNOLOGY
- 32%
- 38%
- 26%

LEADERSHIP IN MEDICATION USE

- **85%** — Of hospitals developed a strategic plan for implementing automation and technology designed to improve the safety and efficiency of medication use
- **87%** — Of pharmacy leaders engage in regular, direct communications with hospital administration and the board of directors about medication management systems performance
- **72%** — Of ambulatory care practitioners participate in initiatives aimed at medication safety, quality, and cost evaluation

Care Team Integration Progress Measures

Collaborative practice agreements between pharmacists and other health care providers implemented at hospital

Pharmacy department identifies problem-prone (e.g., high-alert) and high-risk drug therapies using pre-established criteria

Processes to ensure medication-related continuity of care

Evaluated ways to improve organization's effectiveness as an accountable care organization (ACO)

Pharmacists taking a leadership role in an antimicrobial stewardship program

Legend: All, 2017, 2016, 2015, 2014, 2013, 2012, 2011

Key PAI Takeaways

- **Develop an outreach strategy to complete the assessment(s) and use the action list and reports to develop specific <u>ACTIONS</u> for enterprise priorities**

- **Tie PAI priorities to organization and/or state affiliate specific strategic plans**

- **Connect practice advancement activities to advocacy efforts**

- **Learner engagement (student pharmacists, residents)**

- **Reach out to those states that have had success**

- **Submit *Case Studies* or *Spotlights* on small wins**
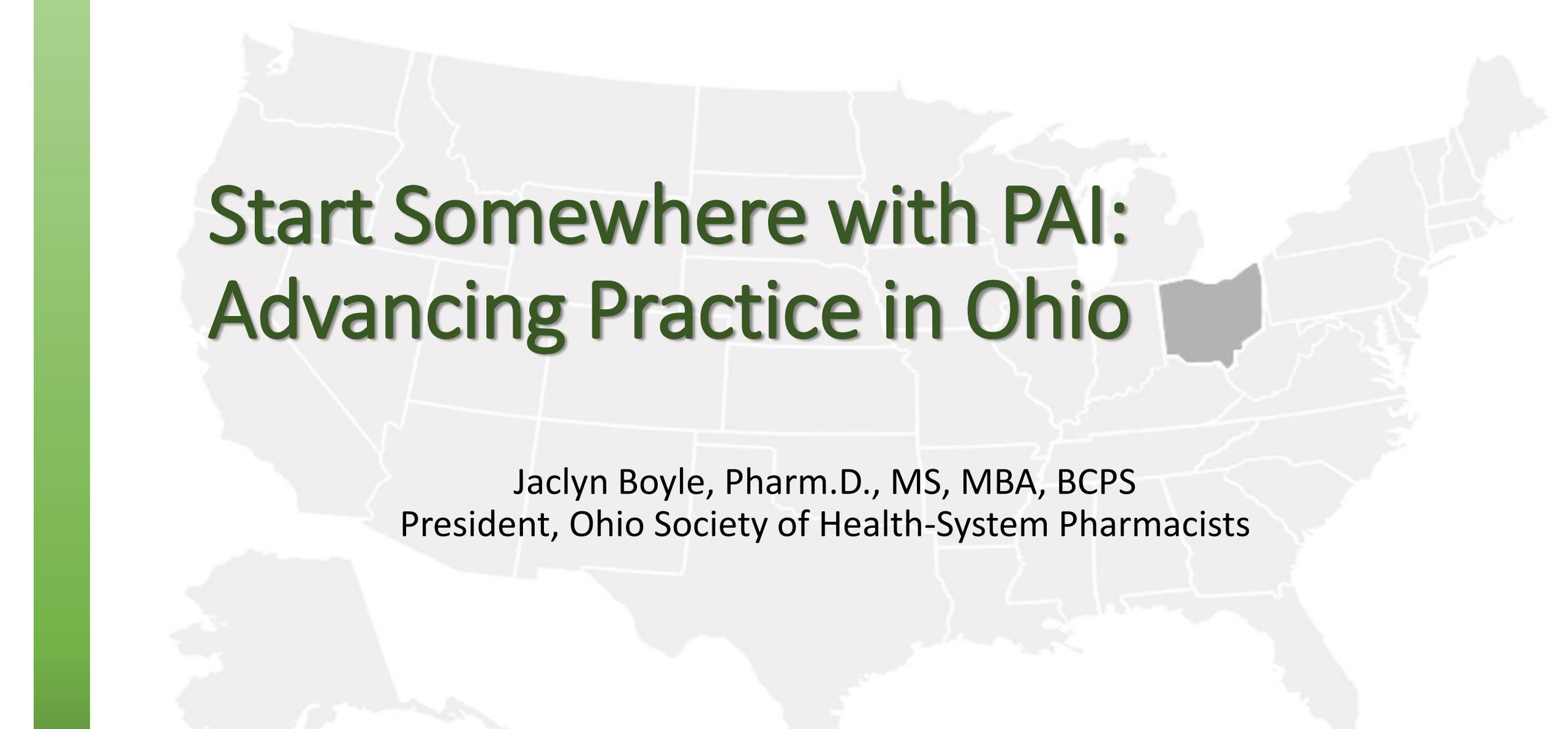
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OSHP's Practice Advancement Initiative (PAI) History

2010: ASHP develops and promotes the Pharmacy Practice Model Initiative (PPMI)

2012: ASHP Hospital Self-Assessment Survey (HSAS) launched. In August 2013, Ohio's HSAS completion rate is 25%.

2013: OSHP awarded 1st State Affiliate Workshop Grant from the ASHP Foundation

2014: OSHP hosts 4 regional meetings in rural areas to promote the HSAS and PPMI with grant funding support; PPMI transformed to Practice Advancement Initiative (PAI)

2015: ASHP Ambulatory Care Self-Assessment Survey (ACSAS) launched. Ohio's HSAS completion is near 50%.

2016: OSHP is awarded 2nd State Affiliate Workshop Grant from the ASHP Foundation; OSHP hosts 1st Ohio Ambulatory Care Summit in collaboration with OPA and OCCP

2017: OSHP leading in completion of ASCAS surveys completed; OSHP forms partnership with OCCP (Ohio Ambulatory Care Task Force)

OSHP

PAI-O Steering Group

- Co-Chair: Keith Posendek – New Practitioner

- Co-Chair: Kristy Malacos – Pharmacy Technician

- 17 Members: Pharmacists, pharmacy technicians, pharmacy residents

- Meetings: quarterly

- Recommendations made to standing committees ("divisions"), other board members, presidential officers for consideration

- PAI-O group members will often lead PAI-related projects or organize educational sessions/events

Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has.

Margaret Mead

quotefancy
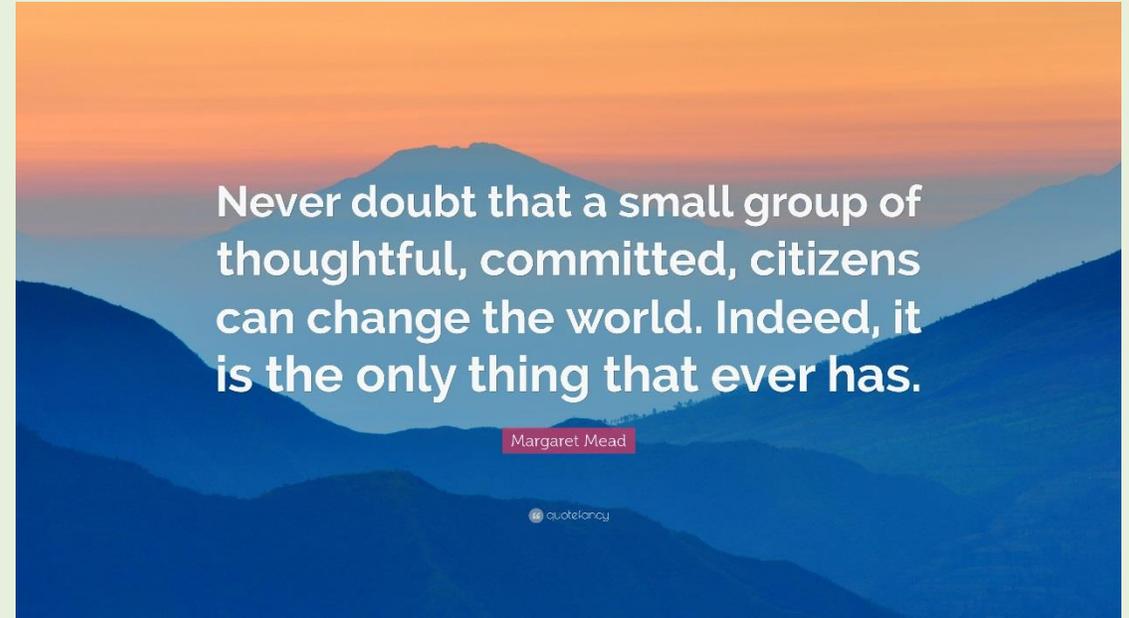
The Grant Application Process

ASHP Foundation Process

- It's easy!
- Read the instructions to make sure your organization qualifies and you know the requirements
- Submit the online application and required documents
- Provide a cover letter and three letters of support from three key affiliate leaders
- No deadline! Applications are accepted on an ongoing basis

OSHP Application Process

- Ohio identified Ambulatory Care education as a need which was further fueled by Ohio legislation and release of the ACSAS
- Used the previous Ohio grant recipient application as a guide with input from the OSHP President
- A letter of support was obtained from OSHP's President, President-elect, and OPA's President-Elect (who is also an active OSHP member!)
- Submitted April 2016 and approved in May 2016

OSHP

What we've learned

- ASHP grant funding allowed for an idea to become reality
- Collaborating with other state organizations allowed for pooled resources and larger reach
- Practice advancement will always be a priority; design initiatives and education around topics that move the profession forward
- Collaboration with ASHP & alignment of state affiliate is beneficial for members to see connectivity between ASHP & state affiliate
- Grant efforts can spur new ideas for the future of your state affiliate

OSHP

Current PAI priorities and future pursuits

- Provider status
- Credentialing and privileging
- Pharmacy Forecast
- Opioid epidemic
- Ambulatory care
  - Bi-annual Ohio Ambulatory Care Conference with OPA/OCCP
- Residency Expansion
  - Bi-annual ASHP Residency Program Design and Conduct Program
- Technician advancement

OSHP

Questions?

Contact us at:
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sarah.foos@ohiohealth.org
kmalacos@magruderhospital.com
posendekk@findlay.edu

Planning the PAI Summit in Oregon: Tips for success

Robert Osten, PharmD, BCPS

Develop Leadership Taskforce

- 5-10 volunteer members
  - Hospital/institution/medical group leaders
  - Academic faculty
  - OSHP members and leaders
  - Residents and students

Grant application

- Letters of support
  - OSHP president and past-president
  - Taskforce/OSHP BOD member demonstrating engagement and commitment to workshop success

- Challenges in Oregon
  - Geographic, large distance between Portland and rural areas
  - Limited funding available to bring people together for action planning

Workshop planning decisions

- Invite only – completion of self-assessment required for invitation to workshop

- To ensure diversity of attendance decided to limit # representing each institution (if needed based on room size)

- Considered stand alone vs. associated with conference
  - Half-day event prior to start of Spring conference (Friday morning 8-12)

Workshop Agenda

- 0730-0800: Registration and continental breakfast

- 0800-0845: ASHP keynote speaker

- 0845-0930: Local success stories

- 0930-0945: Break

- 0945-1015: Roundtable breakout sessions

- 1015-1200: Tying it together – Action planning, identify top priorities for Oregon

5 Minute Advancement Pearls: Local Success Stories

- Technician checking validation program (tech-check-tech)
- Implementing medication reconciliation using pharmacy technicians
- Billing for pharmacy services – ambulatory care opportunites
- Pharmacy services – persistent pain managment
- Credential who? Privilege what?

Action Planning

- Consensus development
  - Facilitator lead groups to consolidate ideas that were similar
  - Participants had 3 votes each to help prioritize top 2 objectives for action plan for Oregon
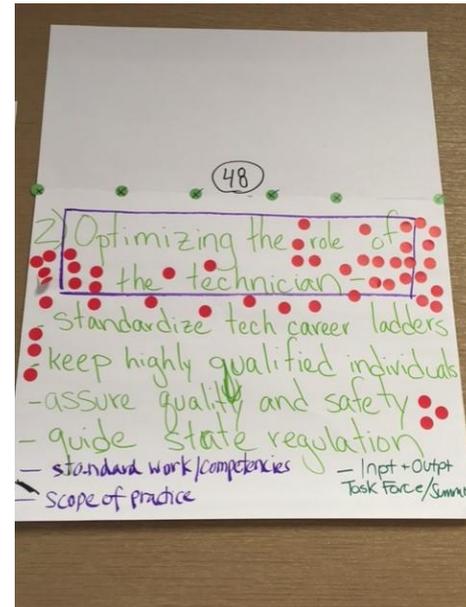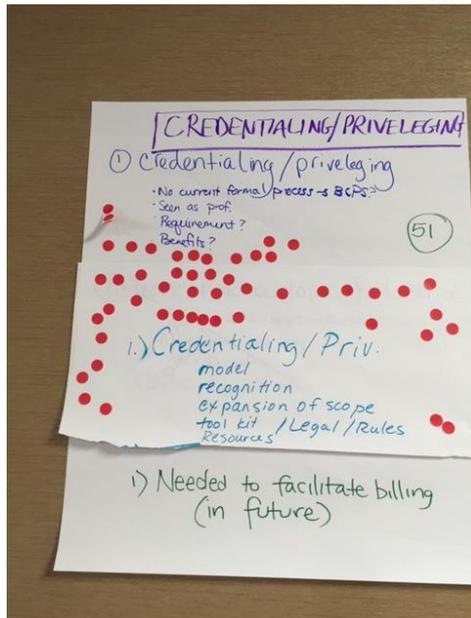
Top Priorities Determined

- Advancing role of pharmacy technicians
  - Need for development of competencies and standard work
  - Retention strategies to ensure qualified individuals stay
  - Provide unified voice to guide state regulation
- Credentialing and Privileging
  - Lacking formal process
  - Expand scope of practice
  - Develop guidance and toolkits for implementation
  - Draft OSHP policy statement on credentialing and privileging

Technician Advancement

- Technician summit held during fall meeting
  - ~20 technicians present
  - Similar format to PAI summit
- Top priorities:
  - Resources development (i.e. guidance documents, toolkits)
  - Advanced training/certification
    - Technician checking validation programs, medication reconciliation, technology management
  - Standardized education
  - Career ladder development

Credentialing and Privileging

- Decided to approach from the professional side instead of legislative side
  - Legislative aspect already in place in Oregon
- Drafted policy statement endorsed by OSHP BOD
- Working to develop additional resources:
  - Policy statements
  - Guidance documents
  - Toolkits

Continued Challenges

- Sustained momentum from summits
  - Geographic diversity makes work groups difficult
- Professional vs legislative implications
  - Responsible party for oversight/regulation?
  - Which items require additional legislative efforts?
- Health-system vs profession as a whole
  - Joint taskforce with APhA affiliate?

Looking Towards the Future: Indiana's PAI Journey

Dr. Denise Fields, PharmD, FASHP

Indiana Pharmacists Alliance

Mission & Vision:

To be the voice and advocate for the profession of pharmacy in Indiana. Lead the advancement of Indiana Pharmacy by promoting legislation and innovations that optimize patient care, safety, and the health of our communities.

- ➤ **Advance** Indiana Pharmacy Provider Legislation and Service Reimbursement
- ➤ **Grow** Your Professional, Business, and Leadership Skills
- ➤ **Expand** Your Professional Resources and Network
- ➤ **Strengthen** Professional Outreach

INDIANA PHARMACISTS
Advancing Our Profession Together

IPA Members

- *Serving over 1,000 Pharmacists, Technicians and Student Pharmacists.*
- *In 2016, bylaw changes for the Alliance led to a reorganization of the structure*

Academies

Academy of Community Pharmacists

Academy of Health-Systems Pharmacists

Academy of Specialized Pharmacists

Councils and Task Force

Education Council

Membership Council

New Practitioner Council

Legislative and Regulatory Task Force

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3

PAI in Indiana: Phase 1

- Indiana Pharmacy Practice Model (PPMI) Task Force
  - Indiana Society for Health-System Pharmacists (ISHP)
  - Steering group for hospital practice model change
  - 13 members
- Focus on completion of Hospital Self-Assessment (HSA)
  - To provide current practice data for Indiana for Gap Analysis
  - Outreach efforts via email and telephone by Task Force
  - Engaged the assistance of non-pharmacists in our outreach
    - Wholesale Vendor Representatives
    - Indiana Rural Health Association

PAI in Indiana: Phase 2

- Identify practice advancement priorities
  - Identification and dissemination of advanced and "lagging" pharmacy practices
  - Pharmacy students provided some initial data evaluation on areas of impact opportunity
    - Small hospitals vs larger health systems
  - Needed support to continue the momentum

ASHP Foundation Grant

- Provided the momentum boost!
- Grant awarded in February 2013
  - Workshop held May 23rd 2013
  - 50 attendees from across Indiana
  - Established <u>consensus</u> opportunities and priorities
  - Helped develop a state affiliate strategic plan for advancing pharmacy practice
  - Workshop results communicated

PAI in Indiana: Phase 3

- Task Force served as the steering group responsible for implementation
- Developed a plant of action and begin implementation for top priorities
  - Pharmacist involvement in transition roles
  - Pharmacy Technician Advancement
  - Reimbursement for Pharmacists

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Indiana Pharmacy Practice Model Initiative Task Force
Action Plan

Description	Start Date	Target Completion Date	Status	Responsibility
Pharmacist Reimbursement: Education and Training Session				
Develop and organize educational materials and training on current reimbursement practices and options for pharmacists.	8/1/13		• V. Vernon is meeting with Gloria Sachdev in mid-October to discuss possible education/training session • S. Sorenson is going to gather information from a contact in Minnesota about their state employee MTM reimbursement.	V. Vernon & S. Sorenson
Technician Advancement: Vision Statement				
Determine the Task Force's position on ASHP's technician advancement initiative and draft a vision statement that is in alignment.	8/1/13		• J. Hertig is going to look at ASHP's purpose statement and NPTA's statement • J. Hertig is going to get in touch with IPA's technician chapter to get their thoughts	J. Hertig

Phase 3: New Pharmacy Technician Law

Second Regular Session 118th General Assembly (2014)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~*this style type*~~ reconciles conflicts between statutes enacted by the 2013 Regular Session and 2013 First Regular Technical Session of the General Assembly.

SENATE ENROLLED ACT No. 233

AN ACT to amend the Indiana Code concerning health.

Be it enacted by the General Assembly of the State of Indiana:

Moving Forward: Summary

- Communication to members and key stakeholders
  - Multiple modalities
- PAI Task Force for ISHP transitioned to Legislative and Regulatory Task Force for IPA
  - Pharmacy leaders from ALL areas of practice included
- Multidisciplinary collaboration; consider population health needs of your state
  - Board of Pharmacy
  - State Department of Health
  - Legislators
  - Employers and Health Plans

Indiana Pharmacists Legislative Wins

1993-1996

- Expanded Indiana Pharmacy Practice Act to include patient care-related activities, such as history taking, record review, counseling & administration.

- Pharmacists added and recognized as Healthcare Providers.

- Pharmacists can establish Collaborative Drug Therapy Management protocols with Hospitals and Long-Term Care facilities.

2003

- Establish Oversight of Pharmacy Technicians by Board of Pharmacy.

2007

- Permit Pharmacist-Administered Immunizations for Influenza and Shingles. Established principal of administration by protocol.

2011

- Expand Pharmacists Collaborative Drug Therapy Management protocol to include Protocols with Physicians in any practice setting, including Community Pharmacies.

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Indiana Pharmacists Legislative Wins

2012 2013
- Expand Pharmacist-Administered Immunizations to include Tetanus, Tetanus, Diphtheria, Pertussis, HPV, Pneumonia and Meningitis.
- Permit Pharmacy Interns to Administer Vaccines under protocol.

2014 2015
- Expand Medicaid to include coverage of Pharmacist Services.***
- Add Medication Therapy Management Definition to provide foundation for payers to pay for MTM services.
- Expand Collaborative Drug Therapy Management Protocol with Physician to permit supervision requirements by Physician Assistant and Nurse Practitioner.
- Add minimum education requirements for Pharmacy Technician.

2016
- Add OTC Pseudoephedrine Pharmacist Legitimization to deter meth labs.
- National Pharmacist "Provider Status"- Won Co-Sponsor Support from 8 of 11 United States Congressional Legislators from Indiana.

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2016-17 Legislative Process

May: IPA collects legislative ideas from membership

⬇

June: IPA meets with legislators to share ideas & assess their interest

⬇

July: Research ideas of potential interest and share with legislators

⬇

August: Determine legislative agenda & meet with key stakeholders

⬇

Sept-Nov: Draft bill language and supporting handouts

⬇

December: Pre-legislative session advocacy

⬇

January: All bills are filed and session begins

⬇

March-April: Legislative session ends

2017 IPA-Sponsored Legislative Bills

2017

HB 1540: Pharmacy Modernization Modernization
Begins July 2017

a. State Health Commissioner may develop a Statewide standing order, rx, or protocol that allows pharmacist to administer or dispense immunization and smoking cessation products.

b. Removes requirement for a prescriber to be notified when there is a prescription change regarding quantity filled.

2017 IPA-Sponsored Legislative Bills

2017

HB 1540: Pharmacy Modernization Continued

c. Defines telepharmacy and establishes a registration for pharmacy remote dispensing facilities.

d. Requires that a health insurance policy and an HMO contract that provides coverage for prescription medications must provide for synchronized refill schedule coordination for chronic prescription medications = Medication Synchronization

e. Expands collaborative practice to physician groups

2017 IPA-Sponsored Legislative Bills

2017

SB 51: Immunization Expansion
Begins July 2017

Expands immunizations from 7 to 12 (MMR, varicella, Hep A, Hep B, Hib

permits State Health Commissioner may develop a Statewide standing order, rx, or protocol that allows pharmacist to administer or dispense immunization

Any entity may be given access to immunization data if meet certain criteria

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2017 IPA-Sponsored Legislative Bills

2017

SB 73: Electronic Prior Authorization
Begins Jan. 1, 2018

Requires <u>certain health plans</u> to accept and respond to electronic prior authorization requests according to transaction standard

2017 IPA-Sponsored Legislative Bills

SB 392: Emergency Medications
Begins July 1, 2017

Defines "emergency medications" as epinephrine, albuterol or naloxone. Allows a school corporation to fill a prescription for an emergency medication and store the emergency medication. No less than 12 month expiration upon pharmacy dispensing.

(Supposed to also note: General public 12 months minimum expiration date for epinephrine products)

2017

Considerations for All of Us

- "The capacity of 1"
  - How much can be done with limited resources?
  - Where do our priorities lie?

- Ensuring the best care across ALL practice settings
  - Hospital, ambulatory, long-term care, community, and so on…

- Translation to Indiana
  - Teamwork is essential!
  - It's a journey….

VISIT US ONLINE TO JOIN NOW!

indianapharmacists.org

PAI Workshop
Caveats for Success

Kathy Baldwin, Hoda Masmouei, Adrienne DeBerry, Tamekia Bennett & Brooke Ferrell

Objectives

Include the survey in the invite

Build web page link for accessibility

Identifying target audience for PAI workshop

Florida does not have collaborative practice

Invite

Free workshop (3 hours CE) to discuss innovative *ambulatory care best practices* within the state.

Please complete the survey at

http://www.amcareassessment.org/[amcareassessment.org] *by _____(date)_____*

Then attend the workshop

RSVP HERE:

http://www.fshp.org/events/EventDetails.aspx?id=942643&group[fshp.org]=

Target Audience

Ambulatory Care Practitioners

http://www.bpsweb.org/find-a-board-certified-pharmacist/

To search for a list of pharmacists by specialty and location, please click here.

bps   Board of Pharmacy Specialties

6/18/2017 1:31:10 PM CST

Certificant List by Specialty and Location

To search for a list of pharmacists by specialty and location, please select from the drop-down menus below.

Speciality *   **Location** *   **Export All to Excel**

Ambulatory Care

Academic Centers

Contact Colleges of Pharmacies

 For ambulatory care preceptor lists*

 Professors working in ambulatory care clinic

VA Pharmacists

Personal invite to Orlando* area pharmacists

Conference held in Orlando

Federally Funded Clinics

https://findahealthcenter.hrsa.gov/#

Target Audience

Miscellaneous Advertising

Directors of Pharmacy Members

Entire membership

Phone calls from past

Questions