

Professional Policies Approved by the 2016 ASHP House of Delegates

Baltimore, MD
June 14, 2016

Am J Health-Syst Pharm. 2016; 73:e529-33

The new professional policies approved by the ASHP House of Delegates at its June 2016 meeting are listed below. Policies proposed by councils or other ASHP bodies are first considered by the Board of Directors and then acted on by the House of Delegates, which is the ultimate authority for ASHP positions on professional issues.

The background information on these policies appears on the ASHP Web site (www.ashp.org); click on "Practice and Policy" then on "House of Delegates," and then on "Board of Directors Reports on Councils" (<http://www.ashp.org/DocLibrary/Policy/HOD/CouncilReports.aspx>).

The complete proceedings of the House of Delegates will be provided to delegates and will be posted on the ASHP Web site.

1601

Safety of Intranasal Route as an Alternative Route of Administration

Source: Council on Therapeutics

To encourage the development of institutional guidance and advocate for further research on the pharmacokinetic and pharmacodynamic characteristics of drugs not approved for intranasal administration; further,

To foster the development of educational resources on the safety of intranasal administration of drugs not approved for that route.

1602

Drug Product Supply Chain Integrity

Source: Council on Pharmacy Management

To encourage the Food and Drug Administration (FDA) and relevant state authorities to take the steps necessary to ensure that (1) all drug products entering the supply chain are thoroughly inspected and tested to establish that they have not been adulterated or misbranded and (2) patients will not receive improperly labeled and packaged, deteriorated, outdated, counterfeit, adulterated, or unapproved drug products; further,

To encourage FDA and relevant state authorities to develop and implement regulations to (1) restrict or prohibit licensed drug distributors (drug wholesalers, repackagers, and manufacturers) from purchasing legend drugs from unlicensed entities and (2) ensure accurate documentation at any point in the distribution chain of the original source of drug products and chain of custody from the manufacturer to the pharmacy; further,

To advocate for the establishment of meaningful penalties for companies that violate current good manufacturing practices (cGMPs) intended to ensure the quality, identity, strength, and purity of their marketed drug product(s) and raw materials; further, To advocate for improved transparency so that drug product labeling include a readily available means to retrieve the name and location of the facility that manufactured the specific lot of the product; further,

To advocate that this readily retrievable manufacturing information be available prospectively to aid purchasers in determining the quality of

a drug product and its raw materials; further,

To foster increased pharmacist and public awareness of drug product supply chain integrity; further,

To urge Congress and state legislatures to provide adequate funding, or authority to impose user fees, to accomplish these objectives.

This policy supersedes ASHP policy 1503.

1603

Stewardship of Drugs with Potential for Abuse

Source: Council on Therapeutics

To advocate for the inclusion of a clinically appropriate indication of use, the intended duration, and the goals of therapy when prescribing drugs with potential for abuse; further,

To encourage pharmacists to engage in interprofessional efforts to promote the appropriate, but judicious, use of drugs with the potential for abuse, including education, monitoring, assessment of clinical progress, and discontinuation of therapy or dose reduction, where appropriate; further,

To advocate that pharmacists lead efforts to prevent inappropriate use of drugs with potential for abuse, including engaging in strategies to detect and address patterns of use in patient populations at increased risk for adverse outcomes; further,

To facilitate the development of best practices for prescription drug monitoring programs and drug take-back disposal programs for drugs with potential for abuse.

1604

Appropriate Use of Antipsychotic Drug Therapies

Source: Council on Therapeutics

To advocate for the documentation

of appropriate indication and goals of therapy to promote the judicious use of antipsychotic drugs and reduce the potential for harm; further,

To support the participation of pharmacists in the management of antipsychotic drug use, which is an interprofessional, collaborative process for selecting appropriate drug therapies, educating patients or their caregivers, monitoring patients, continually assessing outcomes of therapy, and identifying opportunities for discontinuation or dose adjustment; further,

To advocate that pharmacists lead efforts to prevent inappropriate use of antipsychotic drugs, including engaging in strategies to detect and address patterns of use in patient populations at increased risk for adverse outcomes.

1605

Safety of Epidural Steroid Injections

Source: Council on Therapeutics

To encourage healthcare providers to 1) inform patients about the significant risks and potential lack of efficacy of epidural steroid injections, 2) request their informed consent, and 3) inform patients of alternative therapies and their risks and benefits; further,

To recommend pharmacist involvement in the medication-use process associated with epidural steroid injections when such injections are medically necessary.

1606

Drug Dosing in Renal Replacement Therapy

Source: Council on Therapeutics

To encourage research on the pharmacokinetics and pharmacodynamics of drug dosing in renal replacement therapy; further,

To support development and use of standardized models of assessment of the pharmacokinetics and pharmacodynamics of drug dosing in renal replacement therapy; further,

To collaborate with stakeholders in enhancing aggregation and publication of data on the pharmacokinetics and pharmacodynamics of drug dosing in renal replacement therapy.

1607

Use of Methadone to Treat Pain

Source: Council on Therapeutics

To acknowledge that methadone has a role in pain management and that its pharmacologic properties present unique risks to patients; further,

To oppose the payer-driven use of methadone as a preferred treatment option for pain; further,

To advocate that pain management experts, payers, and manufacturers collaborate to provide educational programs for healthcare professionals on treating pain with opioids, including the proper place in therapy for methadone; further,

To advocate that all facilities that dispense methadone, including addiction treatment programs, participate in state prescription drug monitoring programs.

1608

Therapeutic Indication in Clinical Decision Support Systems

Source: Council on Therapeutics

To advocate that healthcare organizations optimize use of clinical decision support systems by including the appropriate indication for medications.

1609

Pharmacy Technician Training and Certification

Source: Council on Education and Workforce Development

To advocate that Pharmacy Technician Certification Board (PTCB) certification be required for all pharmacy technicians; further,

To advocate that all pharmacy technicians maintain PTCB certification; further,

To support the position that by the year 2020, the completion of a pharmacy technician training program accredited by ASHP and the Accreditation Council for Pharmacy Education (ACPE) be required to obtain PTCB certification for all new pharmacy technicians; further,

To foster expansion of ASHP-ACPE accredited pharmacy technician training programs.

This policy supersedes ASHP policy 1519.

1610

Career Opportunities for Pharmacy Technicians

Source: Council on Education and Workforce Development

To promote pharmacy technicians as valuable contributors to healthcare delivery; further,

To develop and disseminate information about career opportunities that enhances the recruitment and retention of qualified pharmacy technicians; further,

To support pharmacy technician career advancement opportunities, commensurate with training and education; further,

To encourage compensation models for pharmacy technicians that provide a living wage.

This policy supersedes ASHP policy 0211.

1611

Developing Leadership Competencies

Source: Council on Education and Workforce Development

To work with healthcare organization leadership to foster opportunities, allocate time, and provide resources for pharmacy practitioners to move into leadership roles; further,

To encourage leaders to seek out and mentor pharmacy practitioners in developing administrative, managerial, and leadership skills; further,

To encourage pharmacy practitioners to obtain the skills necessary to

pursue administrative, managerial, and leadership roles; further,

To encourage colleges of pharmacy and ASHP state affiliates to collaborate in fostering student leadership skills through development of co-curricular leadership opportunities, leadership conferences, and other leadership promotion programs; further,

To reaffirm that residency programs should develop leadership skills through mentoring, training, and leadership opportunities; further,

To foster leadership skills for pharmacists to use on a daily basis in their roles as leaders in patient care.

This policy supersedes ASHP policy 1518.

1612

Interprofessional Education and Training

Source: Council on Education and Workforce Development

To support interprofessional education as a component of didactic and experiential education in Doctor of Pharmacy degree programs; further,

To support interprofessional education, mentorship, and professional development for student pharmacists, residents, and pharmacists; further,

To encourage and support pharmacists' collaboration with other health professionals and healthcare executives in the development of interprofessional, team-based, patient-centered care models; further,

To foster documentation and dissemination of outcomes achieved as a result of interprofessional education of healthcare professionals.

This policy supersedes ASHP policy 1014.

1613

Cultural Competency

Source: Council on Education and Workforce Development

To foster the ongoing development of cultural competency within the pharmacy workforce; 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 1414.

1614

Controlled Substance Diversion and Patient Access

Source: Council on Pharmacy Management

To enhance awareness by pharmacy personnel, healthcare providers, and the public of drug diversion and abuse of controlled substances; further,

To advocate that the pharmacy profession lead collaborative efforts to reduce the incidence of controlled substance abuse; further,

To advocate that pharmacists lead collaborative efforts by organizations of healthcare professionals, patient advocacy organizations, and regulatory authorities to develop and promote best practices for preventing drug diversion and appropriately using controlled substances to optimize and ensure patient access and therapeutic outcomes; further,

To advocate that the Drug Enforcement Administration and other regulatory authorities interpret and enforce laws, rules, and regulations to support patient access to appropriate therapies, minimize burdens on pharmacy practice, and provide reasonable safeguards against fraud, misuse, abuse, and diversion of controlled substances; further,

To advocate establishment of programs to support patients and personnel with substance abuse and dependency issues.

1615

Protecting Workers from Exposure to Hazardous Drugs

Source: Council on Pharmacy Management

To advocate that pharmaceutical manufacturers eliminate surface con-

tamination on packages and vials of hazardous drugs; further,

To inform pharmacists and other personnel of the potential presence of surface contamination on the packages and vials of hazardous drugs; further,

To advocate that the Food and Drug Administration require standardized labeling and package design for hazardous drugs that would alert handlers to the potential presence of surface contamination; further,

To encourage healthcare organizations, wholesalers, and other trading partners in the drug supply chain to adhere to published standards and regulations, such as ASHP guidelines and United States Pharmacopeia Chapter 800, to protect workers from undue exposure to hazardous drugs.

This policy supersedes ASHP policy 0618.

1616

Patient Experience

Source: Council on Pharmacy Management

To encourage pharmacists to evaluate their practice settings for opportunities to improve the experience patients have with healthcare services and with the outcomes of their drug therapy; further,

To educate pharmacists and pharmacy personnel about the relationship between patient experience and outcomes; further,

To develop or adopt tools that will (1) provide a system for monitoring trends in the quality of pharmacy services to patients, (2) increase recognition of the value of pharmacy services, and (3) provide a basis for making improvements in the process and outcomes of pharmacy services in efforts to engage patients and improve their experience; further,

To facilitate a dialogue with and encourage education of patient experience database vendors to include the value of pharmacists and pharmacy services in the patient experience.

This policy supersedes ASHP policy 0104.

1617

Automated Preparation and Dispensing Technology for Sterile Preparations

Source: Council on Pharmacy Practice

To advocate that health systems adopt automation and information technology for preparing and dispensing compounded sterile preparations when such adoption is (1) planned, implemented, and managed with pharmacists' involvement; (2) implemented with adequate resources to promote successful development and maintenance; and (3) supported by policies and procedures that ensure the safety, effectiveness, and efficiency of the medication-use process; further,

To educate patient safety advocacy groups and regulatory agencies on the capabilities and benefits of automation and technology for preparing and dispensing compounded sterile preparations, and to encourage them to establish expectation of adoption by health systems; further,

To foster further research, development, and publication of best practices regarding automation and information technology for preparing and dispensing sterile preparations.

1618

Integrated Approach for the Pharmacy Enterprise

Source: Council on Pharmacy Practice

To advocate that pharmacy department leaders promote an integrated approach for all pharmacy personnel involved in the medication-use process; further,

To advocate a high level of coordination of all components of the pharmacy enterprise across the continuum of care for the purpose of optimizing (1) medication-use safety, (2) quality, (3) outcomes, and (4) drug therapy.

This policy supersedes ASHP policy 0619.

1619

Preventing Exposure to Allergens

Source: Council on Pharmacy Practice

To advocate for pharmacy participation in the collection, assessment, and documentation of a complete list of allergens pertinent to medication therapy, including food, excipients, medications, devices, and supplies, for the purpose of clinical decision-making; further,

To advocate that vendors of medication-related databases incorporate and maintain information about medication-related allergens and cross-sensitivities; further,

To advocate that pharmacists actively review allergens pertinent to medication therapy and minimize patient and healthcare worker exposure to known allergens, as feasible; further,

To encourage education of pharmacy personnel on medication-related allergens.

1620

Promotion of Off-Label Uses

Source: Council on Public Policy

To advocate for authority for the Food and Drug Administration (FDA) to regulate the promotion and dissemination of information about off-label uses of medications and medication-containing devices by manufacturers and their representatives; further,

To advocate that such off-label promotion and marketing be limited to the FDA-regulated dissemination of unbiased, truthful, and scientifically accurate information based on peer-reviewed literature not included in the New Drug Approval process.

This policy supersedes ASHP policy 1120.

1621

Timely Board of Pharmacy Licensing

Source: Council on Public Policy

To advocate that the National Association of Boards of Pharmacy (NABP) collaborate with boards of pharmacy to streamline the licensure process through standardization and improve the timeliness of application approval; further,

To advocate that NABP collaborate with boards of pharmacy and third-party vendors to streamline the licensure transfer or reciprocity process; further,

To advocate that boards of pharmacy grant licensed pharmacists in good standing temporary licensure, permitting them to engage in practice, while their application for licensure transfer or reciprocity is being processed.

This policy supersedes ASHP policy 0612.

1622

Inclusion of Drug Product Shortages in State Price-Gouging Laws

Source: Council on Public Policy

To urge state attorneys general to consider including shortages of life-saving drug products within the definition of events that trigger application of state price-gouging laws.

1623

Home Intravenous Therapy

Source: Council on Public Policy

To support the continuation of a home intravenous therapy benefit under federal and private health insurance plans and expansion of the home infusion benefit under Medicare at an appropriate level of reimbursement for pharmacists' patient care services provided, medications, supplies, and equipment.

This policy supersedes ASHP policy 0414.

1624**Ban on Direct-to-Consumer Advertising for Prescription Drugs and Medication-Containing Devices***Source: Council on Public Policy*

To advocate that Congress ban direct-to-consumer advertising for prescription drugs and medication-containing devices.

This policy supersedes ASHP policy 1119.