

# 2019 POLICY TOPIC OPEN FORUM

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**Michael D. Hogue**, PharmD, FAPhA, FNAP  
Speaker, House of Delegates

**Steve Firman**, BSP Pharm, MBA  
Chair, Policy Committee

# Objectives

1. Briefly review the purpose of the House of Delegates
2. Provide short overview of the policy development process
3. Outline the 2018-2019 proposed policy topics
4. Briefly discuss next steps in the process

Webinar scheduled for 60 minutes.

(10 minutes for intro/overview, 15 minutes per topic, and 5-10 minutes for final comments/questions)

# For Your Information

To request to speak during the webinar, click on the **raise hand** button. You will be placed in the queue and recognized by the moderator.

Provide written questions/comments in the **chat area** or send email to **HOD@aphanet.org**. Written comments may be limited due to time, but will be made available to the Policy Committee.

The moderator and APhA Staff will clarify issues, but will not engage in debate.

Be courteous to your colleagues in your communications.

We want and need your perspective to help shape the direction of the proposed policy statements to be considered by the 2019 House.

# Purpose of the House of Delegates

## House of Delegates

- “serves as a legislative body in the development of association policy. It shall act on such policy recommendations as shall come before it and shall adopt rules or procedures for the conduct of its business.” (*from APhA Bylaws*)

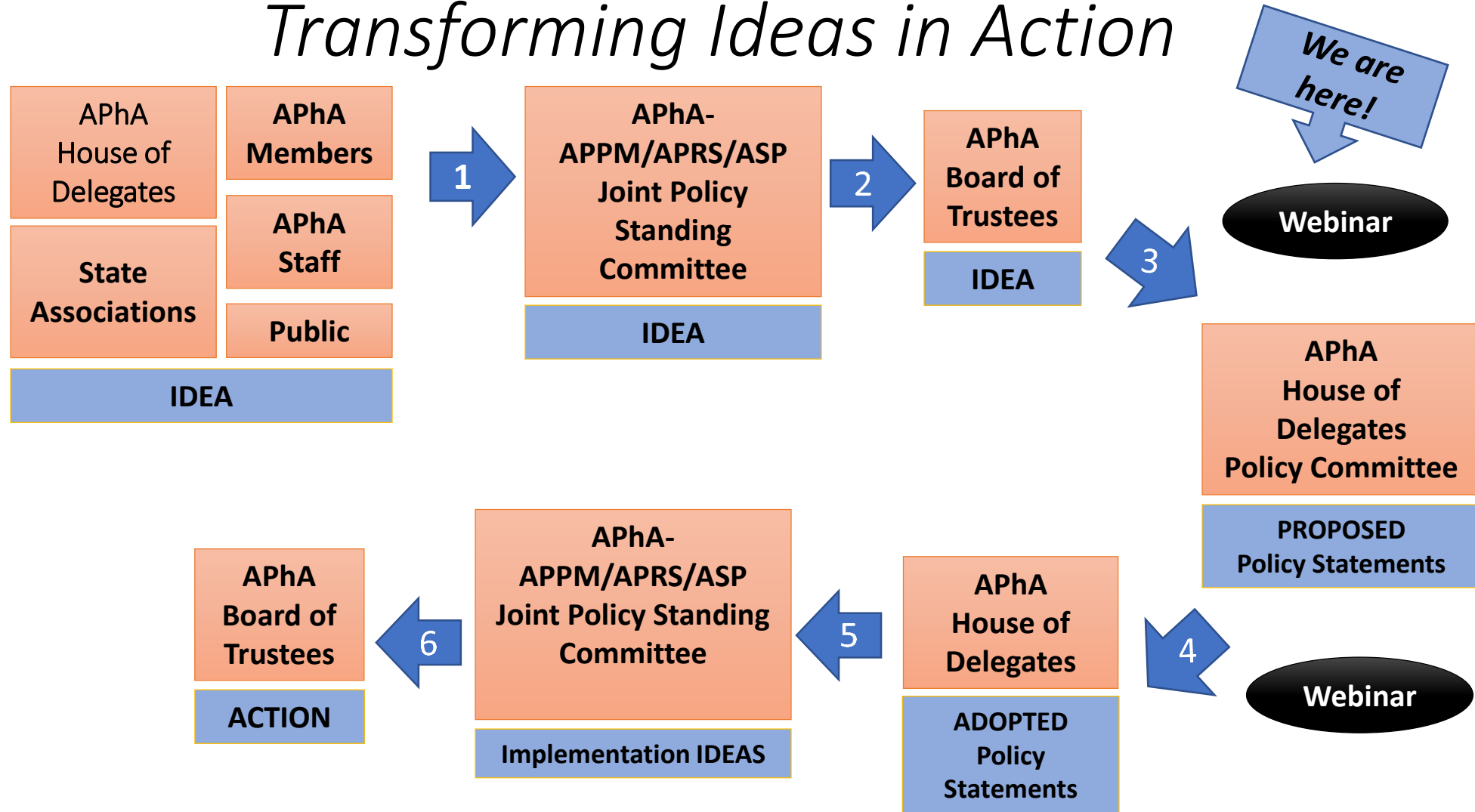
## Association policy directs:

- Advocacy activities
- External communications
- Advisory committees
- Association activities

Existing APhA policy can be found online at: [www.pharmacist.com/policy-manual](http://www.pharmacist.com/policy-manual)

# APhA Policy Development Process:

## *Transforming Ideas in Action*



# American Pharmacists Association Antitrust Statement

The American Pharmacists Association complies with all Federal and State Antitrust laws, rules and regulations. Therefore:

- 1) Meetings will follow a formal, pre-approved agenda which will be provided to each attendee. Participants at meetings should adhere strictly to the agenda. Subjects not included on the agenda should generally not be considered at the meeting.
- 2) The agenda will be specific and will prohibit discussions or recommendations regarding topics that may cause antitrust problems, such as prices or price levels. In addition, no discussion is permitted of any elements of a company's operations which might influence price such as:
  - a) Cost of operations, supplies, labor or services;
  - b) Allowance for discounts;
  - c) Terms of sale including credit arrangements; and,
  - d) Profit margins and mark ups, provided this limitation shall not extend to discussions of methods of operation, maintenance, and similar matters in which cost or efficiency is merely incidental.
- 3) It is a violation of Antitrust laws to agree not to compete, therefore, discussions of division of territories or customers or limitations on the nature of business carried on or products sold are not permitted.
- 4) Boycotts in any form are unlawful. Discussion relating to boycotts is prohibited, including discussions about blacklisting or unfavorable reports about particular companies including their financial situation.
- 5) Whenever discussion borders on an area of antitrust sensitivity, the Association's representative should request that the discussion be stopped and ask that the request be made a part of the minutes of the meeting being attended. If others continue such discussion, the webinar will be terminated.

# Policy Topics for 2019

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Vertical Integration in Healthcare and its Impact on Access to Pharmacist  
Provided Patient Care

Pharmacist's Role in a Mental Health Crisis

Referral System for the Pharmacy Profession

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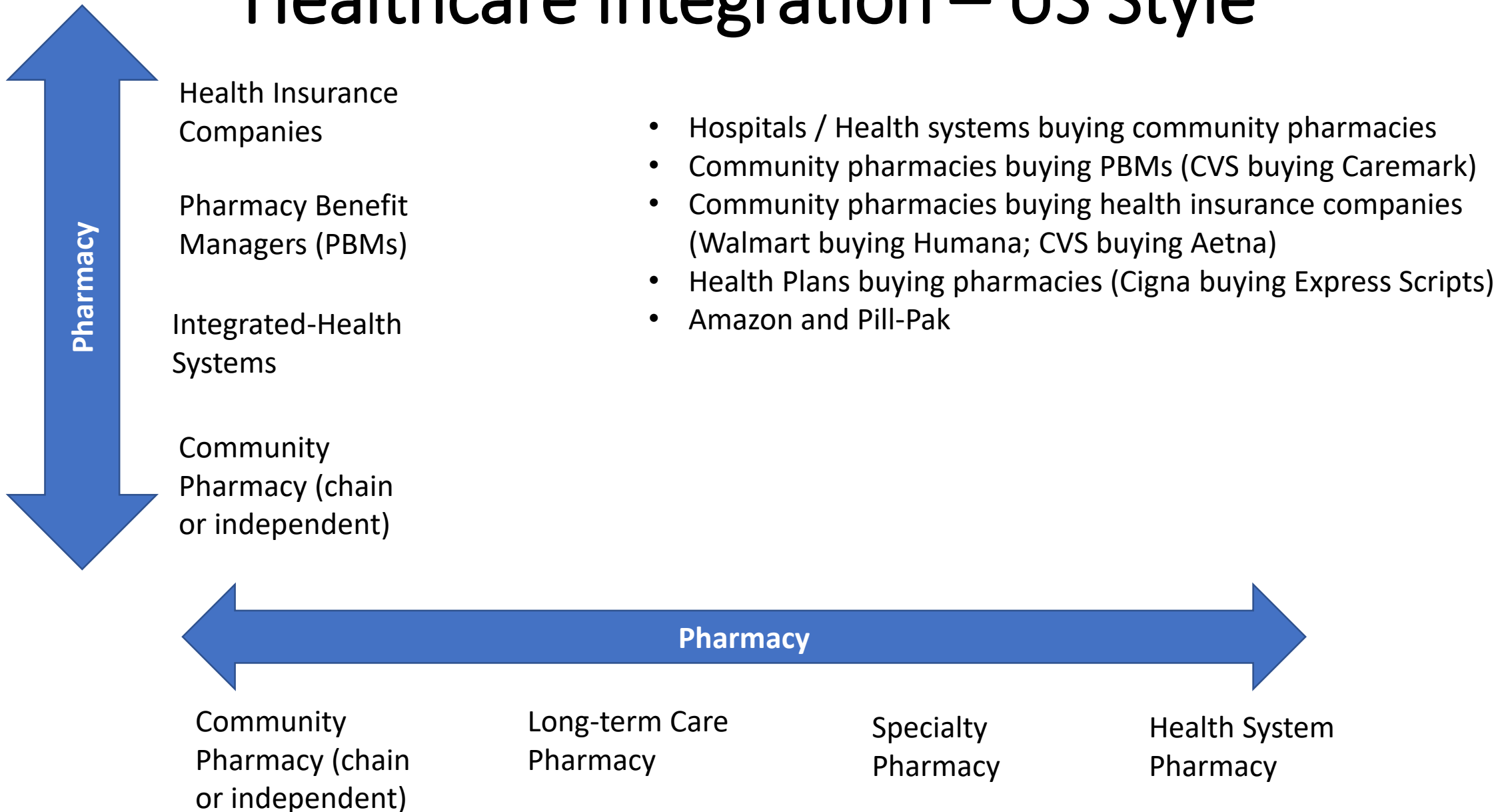
# Vertical Integration in Healthcare

## Rationale

Multiple mergers among various segments of the healthcare system may lead to either improved opportunities for, or decreased access to, pharmacist provided patient care services.

Patients should have the ability to select who they receive their medical care or medications from and some instances of vertical integration may limit these options.

# Healthcare Integration – US Style



# Vertical Integration in Healthcare

What issues should this proposed policy topic address?

Potential conflict of interest issues caused by multiple components of the healthcare system operating under one business entity.

- Community pharmacy owning and operating a third party or PBM.

A patient's freedom to choose the pharmacy or services of their choice could be limited due to vertical integration developments.

Consideration of current regulatory oversights in this sector of the market.

# Vertical Integration in Healthcare

What factors have contributed to the problem(s)?

Varying laws and regulations on this issue

Lack of oversight

In some instances there is no FTC review

Potential limitation of competition in the market due to vertical integration

# Vertical Integration in Healthcare

Why is this proposed policy topic necessary for the profession?

Increase patient access to pharmacist provided patient care services.

Improve access to medications and services at the pharmacy of the patient's choice.

Ensure proper oversight over business deals that may limit access to pharmacist provided patient care services.

# Related APhA Policies

## ***2004, 1990      Freedom to Choose***

1. APhA supports the patient's freedom to choose a provider of health care services and a provider's right to be offered participation in governmental or other third-party programs under equal terms and conditions.
2. APhA opposes government or other third-party programs that impose financial disincentives or penalties that inhibit the patient's freedom to choose a provider or health care services.
3. APhA supports that patients who must rely upon governmentally-financed or administered programs are entitled to the same high quality of pharmaceutical services as are provided to the population as a whole.

*(Am Pharm NS30(6):45 June 1990) (JAPhA NS44(5):551 September/October 2004) (Reviewed 2010) (Reviewed 2015)(Reviewed 2018)*



# VERTICAL INTEGRATION IN HEALTHCARE AND ITS IMPACT ON ACCESS TO PHARMACIST PROVIDED PATIENT CARE

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## Opportunity for Discussion

What other areas should the proposed policy statement address?

# Vertical Integration in Healthcare

What is your perspective?

What are your concerns, questions, etc. about these sorts of buyouts, which integrate one component of the healthcare system with another component (community pharmacy with insurers; or employer purchasers with health systems and pharmacies)?

What should APhA's position be on these sorts of private industry activities and why?

How will these sorts of corporate activities impact patient care, both positively and negatively?

How will these situations impact the pharmacy profession overall?



# Policy Topics for 2019

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Vertical Integration in Healthcare and its Impact on Access to Pharmacist  
Provided Patient Care

**Pharmacist's Role in a Mental Health Crisis**

Referral System for the Pharmacy Profession

# Pharmacist's Role in a Mental Health Crisis

## Rationale

An overall lack of comfort and willingness of pharmacists to identify and support patients with mental health issues that arise in their practices, currently exists.

The provision of programs, like mental health first aid, can serve as a preventative measure to provide assistance to a patient with a mental health issue.

Some pharmacists have gone through this training program already and APhA is seeking a broader understanding from members as to what level pharmacists should be involved in providing these services in the future.

# Pharmacist's Role in a Mental Health Crisis

What issues should this proposed policy topic address?

Advocating for support of ongoing training programs addressing mental health issues and associated crisis.

Prepare pharmacists to manage immediate mental health concerns of patients with mental health illnesses.

Involve pharmacists in public health efforts to assist patients with mental health illnesses.

What should the role of the pharmacist be in the provision of these services or referral to other providers?

# Pharmacist's Role in a Mental Health Crisis

What factors have contributed to the problem(s)?

Lack of consistent training to assist with urgent mental health issues in pharmacy settings.

Significant stigma toward mental illnesses, including pharmacists.

This stigma specifically affects counseling on medications or initiating a conversation about mental illness with patients.

# Pharmacist's Role in a Mental Health Crisis

Why is this proposed policy topic necessary for the profession?

Further address the stigma of healthcare providers around mental illness, which prevents the provision of services or proper care.

Support national movements to train pharmacists in dealing with patient and health professionals' mental health crisis.

With greater training, pharmacists have the opportunity to reduce the negative consequences that emerge from mental health illness.

# Related APhA Policies

## 2018    **Efforts to Reduce the Stigma Associated with Mental Health Disorders or Diseases**

1. APhA encourages all stakeholders to develop and adopt evidence-based approaches to educate the public and all health care professionals to reduce the stigma associated with mental health diagnoses.
2. APhA supports the increased utilization of pharmacists and student pharmacists with appropriate training to actively participate in the care of patients with mental health diagnoses as members of interprofessional health care teams in all practice settings.
3. APhA supports the expansion of mental health education and training in the curriculum of all schools and colleges of pharmacy, postgraduate training, and within continuing professional development programs.
4. APhA supports the development of education and resources to address health care professional resiliency and burnout.

# Related APhA Policies

## *2016, 2003, 1987*      **Substance Use Disorder Education**

APhA supports comprehensive substance use disorder education, prevention, treatment, and recovery programs.

## *2011*      **The Role and Contributions of the Pharmacist in Public Health**

In concert with the American Public Health Association's (APHA) 2006 policy statement, "The Role of the Pharmacist in Public Health," APhA encourages collaboration with APHA and other public health organizations to increase pharmacists' participation in initiatives designed to meet global, national, regional, state, local, and community health goals.

# Related APhA Policies

## *2004, 1965*      **Mental Health Programs**

APhA supports pharmacists' participation in the development and implementation of all aspects of mental health programs so that the special needs and problems of the mentally ill can be effectively met.

## *2003*      **Drug Addiction/Chemical Dependency Education**

APhA urges pharmacists and pharmacy students to become educated in the recognition and treatment of drug addiction and chemical dependency.





## PHARMACIST'S ROLE IN A MENTAL HEALTH CRISIS

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### Opportunity for Discussion

What other areas should the proposed policy statement address?

# Pharmacist's Role in a Mental Health Crisis

## What is your perspective?

- What are your thoughts regarding this topic being focused on a patient's mental health crisis or a pharmacist's mental health crisis?
- Should all pharmacists be prepared/trained to provide programs like mental health first aid, or should the profession take a more optional approach?
- Should all practice areas of the profession have the same expectation for training around mental health crisis?
- What barriers in practice exist, which would prevent pharmacists from responding?
- What responsibilities for referral to mental health providers should pharmacists have?
- What are your major concerns about this topic broadly from a practical and policy standpoint?

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Pharmacist's Role in a Mental Health Crisis

**Referral System for the Pharmacy Profession**

# Referral System for the Pharmacy Profession

## Rationale

Silos in healthcare inhibit a patient's ability to get access to proper services.

The pharmacy profession exists in a silo as it relates to referring patients for services. This includes other providers referring patients to pharmacists and pharmacists referring patients to other pharmacists.

Technology is one barrier to allowing referrals amongst pharmacists, but the current culture of the healthcare community would need to change to accept a new referral system that incorporates pharmacists and the services they can provide.

# Referral System for the Pharmacy Profession

**What issues should this proposed policy topic address?**

Effective team-based patient care and effective referrals to the necessary provider.

Establishment of a referral system for pharmacy, similar to medicine or nursing.

Acknowledgement of potential legal issues and ensuring proper laws and regulations are followed when referring patients to pharmacists and other healthcare providers.

Integration of a referral system into existing technologies used by other healthcare providers (EHR, EMR, pharmacy software, etc.).

# Referral System for the Pharmacy Profession

**What factors have contributed to the problem(s)?**

Pharmacists need to be viewed as a health care provider to whom various health care professionals can refer patients.

Lack of communication between current providers and from pharmacist to pharmacist.

Lack of other healthcare provider confidence in pharmacists providing services outside of their office.

# Referral System for the Pharmacy Profession

Why is this proposed policy topic necessary for the profession?

Pharmacists need to work together to provide patient centered team-based care and without a mechanism for proper referrals there is a lack of continuity of care.

Pharmacists, as providers, need to have a mechanism for referrals to pharmacists and from pharmacists to be further integrated into the healthcare team.

# Related APhA Policies

## *2018* Pharmacists Electronic Referral Tracking

1. APhA supports the development of electronic systems that enhance and simplify the ability of pharmacists in all practice settings to receive, send, and track referrals between all members of the health care team, including other pharmacists, irrespective of the health care system, model, or network in which the patient participates.
2. APhA supports the interoperability and integration of referral tracking systems with electronic health records so patients can receive the benefit of optimally coordinated care from all members of the health care team.



# Related APhA Policies

## *2006* Continuity of Care

1. APhA supports the pharmacist as the most appropriate member of the health care team responsible for reconciling medication use when patients move between practice settings within the continuum of care.
2. APhA supports the development and use, in practice, of a standardized, portable, accessible, HIPAA compliant, and secure Electronic Health Record (EHR) to facilitate continuity of care across all practice settings. The EHR shall include the clinical data elements necessary to support the performance of medication reconciliation.
3. APhA supports patient access to pharmacists with specialized skills and expertise. The patient's pharmacist should make patient referrals where appropriate.



## REFERRAL SYSTEM FOR THE PHARMACY PROFESSION

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### Opportunity for Discussion

What other areas should the proposed policy statement address?

# Referral System for the Pharmacy Profession

## What is your perspective?

- Would having a referral system help the profession get closer to being recognized as a provider?
- What problems do you see this topic addressing?
  - Communication from pharmacist to pharmacist
  - Communication from pharmacists to other providers
  - Communication among pharmacies
  - Others
- What challenges or barriers do you see being encountered if a referral system is implemented?
- Are there any unintended consequences that could be seen from implementing a referral system for pharmacists?
- How do you see patient confidentiality being maintained through a pharmacist referral system?

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# Next Steps

Policy Committee Meeting

- **October 12-14, 2018**

Webinars to discuss proposed policy statements

- **January 2019**

Policy Review Committee Webinar

- **January - February 2019**

New Business Review Committee Webinar

- **February - March 2019**

# House-“keeping”

**Reminder:** Sign-up as a delegate if you have not already done so!

- **Contact your state pharmacy association, APhA Academy, or affiliated organization.**

Plan to be at APhA2019!

- [www.aphameeting.org](http://www.aphameeting.org)



# Have a New Business Item?

New business items **due 30 days prior** to first HOD session

- February 20, 2019

Forms available at: [New Business Item Link](#) or [pharmacist.com/resources](http://pharmacist.com/resources)

- **\*The New Business Item Form will download as a word document**

Contact APhA staff with any questions ([hod@aphanet.org](mailto:hod@aphanet.org))

# THANK YOU!

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Contact HOD Staff or submit additional questions/comments!

[HOD@aphanet.org](mailto:HOD@aphanet.org)

[pharmacist.com/apha-house-delegates](https://pharmacist.com/apha-house-delegates)