



2017 Policy Topic Open Forum

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Objectives

1. Briefly review the purpose of the House of Delegates
2. Provide short overview of the policy development process
3. Outline the 2016-2017 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)

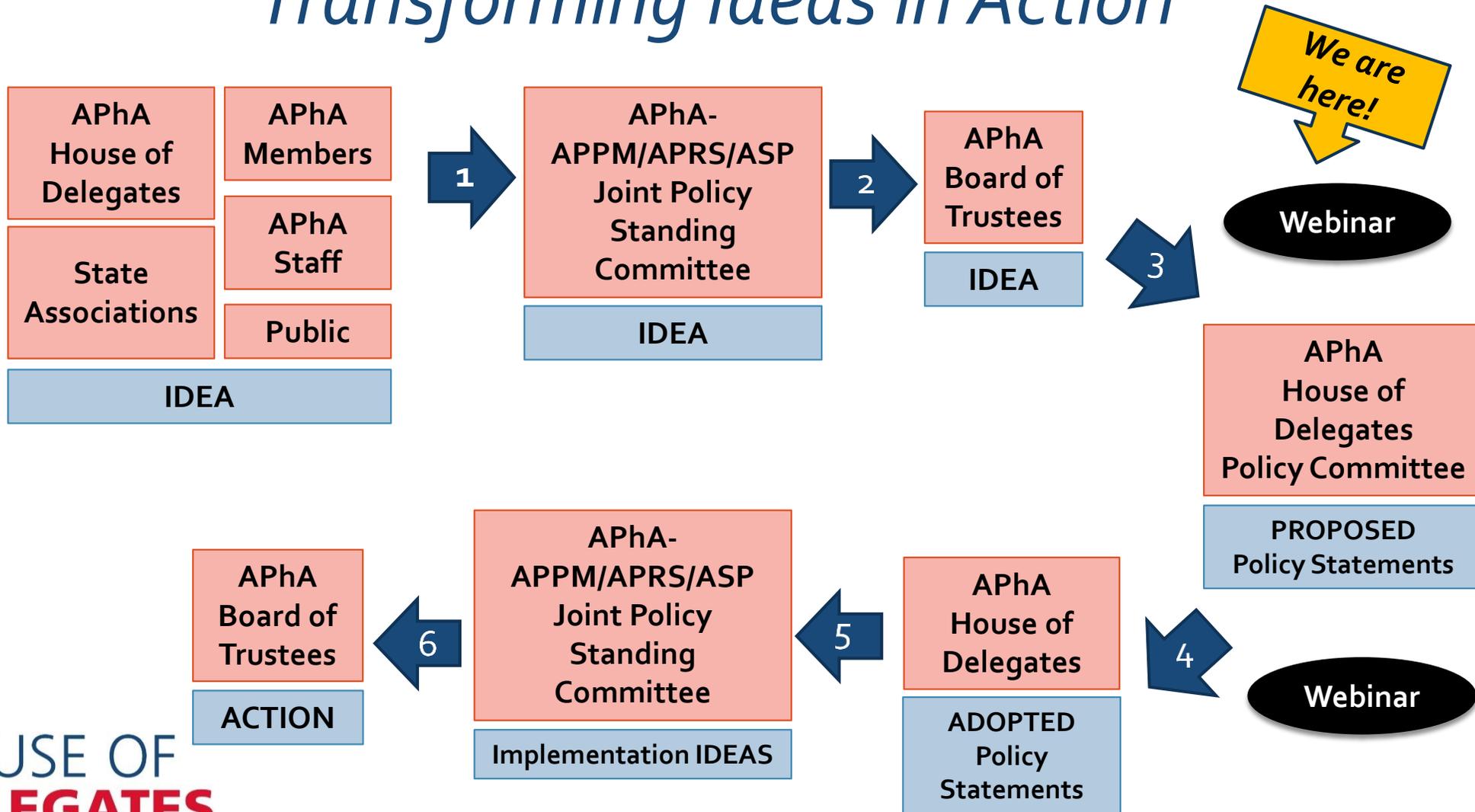
For Your Information

- 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 2017 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

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 2017

Increasing Patient Access to Pharmacist Initiated Medications

Pharmacist Roles with Value-Based Care Models

Performance-Based Networks

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Increasing Patient Access to Pharmacist Initiated Medications

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Performance-Based Networks

Increasing Patient Access to Pharmacist Initiated Medications

Rationale

- With current shortage of primary care providers, there is an ongoing issue of access to important primary care services, including medications.
- Patient access to medications is very pertinent among the underserved population, especially in rural or inner city areas.
- The safe and effective use of medications for some indications (e.g., contraception, tobacco cessation, and international travel) is well within the capabilities of contemporary pharmacists to assess, initiate, and monitor patient use of these medications.

Increasing Patient Access to Pharmacist Initiated Medications

What issues should this proposed policy topic address?

- How these types of services would be coordinated with the other members of the primary health care team?
- Legislative and regulatory changes that would enable pharmacists to assess the patient and provide these medications.
- Training/educational needs for the pharmacist and expectations of pharmacists practicing in this way (e.g., when to refer to a different provider).
- Public focused information on pharmacist initiated medication access

Increasing Patient Access to Pharmacist Initiated Medications

What factors have contributed to the problem(s)?

- Access to many other health care providers authorized to initiate medication therapy requires an appointment or emergency room visit.
- Shortage of primary care providers.
- Differing state laws related to pharmacist initiated medication therapy.

Increasing Patient Access to Pharmacist Initiated Medications

Why is this proposed policy topic necessary for the profession?

- Continues to recognize the pharmacist's expanded role in healthcare as a member of the healthcare team.
- Further establishes our unique role in the community as the most accessible healthcare provider.
- This practice model is more consistent with level of healthcare services pharmacists are trained to provide.
- Increased scope of practice for pharmacists provides increased access to care for patients

Related APhA Policies

2014 Controlled Substances with the Potential for Abuse and Use of Opioid Reversal Agents

1. APhA supports education for pharmacists and student pharmacists to address issues of pain management, palliative care, appropriate use of opioid reversal agents in overdose, drug diversion, and substance-related and addictive disorders.
2. APhA supports recognition of pharmacists as the health care providers who must exercise professional judgment in the assessment of a patient's conditions to fulfill corresponding responsibility for the use of controlled substances and other medications with the potential for misuse, abuse, and/or diversion.
3. APhA supports pharmacists' access to and use of prescription monitoring programs to identify and prevent drug misuse, abuse, and/or diversion.
4. APhA supports the development and implementation of state and federal laws and regulations that **permit pharmacists to furnish opioid reversal agents** to prevent opioid-related deaths due to overdose.
5. APhA **supports the pharmacist's role in selecting appropriate therapy and dosing and initiating and providing education about the proper use of opioid reversal agents** to prevent opioid-related deaths due to overdose.

Related APhA Policies

2013, 2009 Independent Practice of Pharmacists

1. APhA recommends that health plans and payers contract with and appropriately compensate individual pharmacist providers for the level of care rendered without requiring the pharmacist to be associated with a pharmacy.
2. APhA supports adoption of state laws and rules pertaining to the independent practice of pharmacists when those laws and rules are consistent with APhA policy.
3. APhA, recognizing the positive impact that pharmacists can have in meeting unmet needs and managing medical conditions, supports the adoption of laws and regulations and the creation of payment mechanisms **for appropriately trained pharmacists to autonomously provide patient care services, including prescribing, as part of the health care team.**

Related APhA Policies

2013, 1980 Medication Selection by Pharmacists

APhA supports the concept of a team approach to health care in which health care professionals perform those functions for which they are educated. APhA recognizes that the pharmacist is the expert on drugs and drug therapy on the health care team and **supports a medication selection role for the pharmacist, based on the specific diagnosis of a qualified health care practitioner.**

Related APhA Policies

2012, 1987 Pharmacists' Authority to Select Medications

APhA supports authority for pharmacists to select nonprescription and **prescription medications as part of pharmacists' responsibilities to design, implement, and monitor drug regimens for patients**, in consultation with practitioners when appropriate.

Related APhA Policies

2011 Potential Conflicts of Interest in Pharmacy Practice

1. APhA reaffirms that as health care professionals, **pharmacists are expected to act in the best interest of patients when making clinical recommendations.**
2. APhA supports pharmacists using evidence-based practices to guide decisions that lead to the delivery of optimal patient care.
3. **APhA supports pharmacist development, adoption, and use of policies and procedures to manage potential conflicts of interest in practice.**
4. APhA should develop core principles that guide pharmacists in developing and using policies and procedures for identifying and managing potential conflicts of interest.

Related APhA Policies

Other related policies include...

- | | |
|------------|---|
| 2016 | Opioid Overdose Prevention |
| 2013 | Revisions to the Medication Classification System |
| 2012 | Contemporary Pharmacy Practice |
| 2006 | Drug Classification System |
| 2003, 2000 | Emergency Contraception |
| 2003, 1992 | The Pharmacist's Role in Therapeutic Outcomes |

APhA-ASP Policy Book...

- | | |
|--------|---|
| 2016.4 | Increasing Patient Access to Pharmacists-Prescribed Medications |
|--------|---|



INCREASING PATIENT ACCESS TO PHARMACIST INITIATED MEDICATIONS

Opportunity for Discussion

What other areas should the proposed policy statement address?

Increasing Patient Access to Pharmacist Initiated Medications

What's your perspective?

- Does your state pharmacy practice act allow you to initiate medication therapy?
 - If so, is it limited to certain indications/medications (e.g., travel medications, contraception)?
- Do you believe that pharmacist initiated medications is relevant to your practice site?
- Would your current patients take advantage of this service if offered?
- What barriers do you foresee with pharmacist initiated medication therapy?

Policy Topics for 2017

Increasing Patient Access to Pharmacist Initiated Medications

Pharmacist Roles with Value-Based Care Models

Performance-Based Networks

Pharmacist Roles within Value-Based Care Models

Rationale

- CMS has announced intent to move provider compensation models from fee-for-service to one that is value-based.
- There is no defined role for the pharmacist within value-based care models and no defined method for patient referral to a pharmacist within these models.
- Currently there is a lack of inclusion of pharmacists who are outside of “closed” entities (e.g., ACOs, health-systems).

Pharmacist Roles within Value-Based Care Models

What issues should this proposed policy topic address?

- Call on insurance plans to cover services provided by pharmacists who are willing to meet expectations of the plan.
- Measures placed on value-based models to include engagement of community-based pharmacists as members of the healthcare team.
- Training of pharmacists about value-based care models as well as potential opportunities for participation in these settings.
- Plans should facilitate the exchange and access of relevant patient information to support team-based care and achievement of quality outcomes.

Pharmacist Roles within Value-Based Care Models

What factors have contributed to the problem(s)?

- Lack of recognition as providers – development of the healthcare team may exclude pharmacists.
- No template or guide for a pharmacist on how to be an effective member of a quality- or value-based healthcare team outside of when serving as an embedded practice pharmacist.
- Other healthcare providers are unaware of the services and opportunities a pharmacist can provide.

Pharmacist Roles within Value-Based Care Models

Why is this proposed policy topic necessary for the profession?

- A lack of a defined role in value-based care models may become a barrier to coverage and access to pharmacist services by patients.
- New value-based care models are coming – we need to be prepared.
- There is a need to shift from fee-for-service towards reimbursement of patient care services focused on value and quality metrics.

Related APhA Policies

2011 Pharmacist's Role in Health Care Reform

1. APhA affirms that pharmacists are the medication experts whose accessibility uniquely positions them **to increase access to and improve quality of health care while decreasing overall costs.**
2. APhA asserts that **pharmacists must be recognized as the essential and accountable patient care provider on the health care team responsible for optimizing outcomes through medication therapy management (MTM).**
3. APhA asserts the following: (a) Medication Therapy Management Services: Definition and Program Criteria is the standard definition of MTM that must be recognized by all stakeholders. (b) Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model, as adopted by the profession of pharmacy, shall serve as the foundational MTM service model.
4. APhA asserts that **pharmacists must be included as essential patient care provider and compensated as such in every health care model**, including but not limited to, the medical home and accountable care organizations.
5. APhA actively promotes the outcomes-based studies, pilot programs, demonstration projects, and other activities that document and reconfirm pharmacists' impact on patient health and well-being, process of care delivery, and overall health care costs.

Related APhA Policies

2011, 1994 APhA's Role in the Development and Support of New Payment Systems

1. APhA should continue its work with pharmacy benefits' managers and other private and public payers to develop innovative pharmacy benefit designs and compensation strategies for pharmacists' services.
2. APhA will **endorse benefit design concepts that recognize and compensate pharmacists for their cognitive services** to maximize therapeutic outcomes.

Related APhA Policies

1987 Compensation for Cognitive Services

1. APhA recognizes that pharmacists provide to patients cognitive services (i.e., services requiring professional judgment) that may or may not be related to the dispensing or sale of a product.
2. APhA **supports compensation of pharmacists for providing cognitive services** (i.e., services requiring professional judgment) that may or may not be related to the dispensing or sale of a product.

Related APhA Policies

2013 Ensuring Access to Pharmacists' Services

1. Pharmacists are health care providers who must be recognized and compensated by payers for their professional services.
2. APhA actively supports the adoption of standardized processes for the provision, documentation, and claims submission of pharmacists' services.
3. APhA **supports pharmacists' ability to bill payers and be compensated for their services consistent with the processes of other health care providers.**
4. APhA supports recognition by payers that compensable pharmacist services range from generalized to focused activities intended to improve health outcomes based on individual patient needs.
5. APhA advocates for the development and implementation of a standardized process for verification of pharmacists' credentials as a means to foster compensation for pharmacist services and reduce administrative redundancy.
6. APhA **advocates for pharmacists' access and contribution to clinical and claims data to support treatment, payment, and health care operations.**
7. APhA actively supports the integration of pharmacists' service level and outcome data with other health care provider and claims data.

Related APhA Policies

1994 Product and Payment Systems

1. APhA **shall work with public and private sectors in developing timely educational processes which assist pharmacists to** implement patient care, **understand new payment systems,** and apply emerging therapeutic advances to achieve desired patient outcomes.
2. APhA **supports payment systems that distinguish between compensation for the provision of pharmaceutical care and reimbursement for product distribution.**
3. APhA shall participate in the identification, development, and implementation of models for procurement and handling of therapeutic and diagnostic pharmaceutical products and devices which assure the continuous provision of pharmaceutical care by pharmacists.

Related APhA Policies

Other related policies include...

2005, 1993

Payment System Reform

2013, 2001, 1994

Pharmacist-Patient-Prescriber-Payer Responsibilities in Appropriate Drug Use

2013, 2009

Independent Practice of Pharmacists

2005, 1969

Medicare: Reimbursement Procedures

2005, 1980

Inclusion of Pharmacist-Provided Patient Care Services in Health Programs

1993

Pharmacists' Services



PHARMACIST ROLES WITHIN VALUE-BASED CARE MODELS

Opportunity for Discussion

What other areas should the proposed policy statement address?

Pharmacist Roles within Value-Based Care Models

What's your perspective?

- Are there examples of pharmacists practicing within value-based care models within your state?
- Do you have enough training to comfortably approach a practice who is trying to shift to a value-based care model?
- How can value-based care models fit in to our current pharmacy practice models? Or, how can pharmacy practice models fit into value-based care models?

Policy Topics for 2017

Increasing Patient Access to Pharmacist Initiated Medications

Pharmacist Roles with Value-Based Care Models

Performance-Based Networks

Performance-Based Networks

Rationale

- There is a need for transparency of expectations, consistency in the implementation and use of quality measures, and utilization of performance measures as a driver for recognition of quality care delivery.
- There are inconsistent performance measures used by plans and inconsistent implementation of those measures from plan to plan.
- Sometimes pharmacies are forced out of a network, which limits where a patient may choose to receive their prescriptions.

Performance-Based Networks

What issues should this proposed policy topic address?

- Consistency in performance measurements used by plans and how these measurements relate to individual pharmacies/pharmacists.
- Contract transparency between pharmacies and other organizations.
- Issues related to direct and indirect remuneration (DIR) fees and the negative impact that these are having on the profession of pharmacy and delivery of patient care.

Performance-Based Networks

What factors have contributed to the problem(s)?

- Health plans and Pharmacy Benefit Managers (PBM) are being required to report on specific measures (e.g., Star Ratings) for their covered lives.
- A continued lack of transparency in contracts between pharmacies and PBMs including unknown metrics for pharmacy reimbursement.
- Expansion of quality metrics within the healthcare system including specific pharmacy-related metrics.

Performance-Based Networks

Why is this proposed policy topic necessary for the profession?

- Pharmacies (regardless of setting) are unable to treat patients to the best of their ability if they are hindered with minimal reimbursements and unclear business practices.
- Pharmacists need to be aware of how they are measured with performance-based payment models being implemented.
- Patient access to preferred pharmacies is affected with contract changes or notices that force a pharmacy to leave a network.
- Expectations of the use of performance measures and implementation of these measures should be standardized to reduce burden on pharmacy practices.

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.

Related APhA Policies

Other related policies include...

2004, 1968

Manufacturers' Pricing Policies



PERFORMANCE-BASED NETWORKS

Opportunity for Discussion

What other areas should the proposed policy statement address?

Performance Based networks

What's your perspective?

- As a practitioner, do you know what metrics you are being measured by and how that affects your potential reimbursements?
- Have you experienced any lack of transparency in contracts with a PBM or health plan?
- Have you had patients who were unable to fill at your pharmacy after PBM/contract changes?

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Next Steps

- Policy Committee Meeting
 - November 18-20, 2016
- Webinars to discuss proposed policy statements
 - January-February 2017 (prior to Annual Meeting)
- 2016 Policy Review Committee Webinar
 - February 2017
- 2016 New Business Review Committee Webinar
 - March 2017

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 APhA2017!
 - www.aphameeting.org



San Francisco, CA | March 24-27
Annual Meeting & Exposition

Have a New Business Item?

- New business items **due 30 days prior** to first HOD session
 - February 22, 2017
- Forms available at: [New Business Item Link](#) or pharmacist.com/resources
 - *The New Business Item Form will download as a word document
- Contact APhA staff with any questions (hod@aphanet.org)

THANK YOU!

Contact HOD Staff or submit additional questions/comments!

HOD@aphanet.org

pharmacist.com/apha-house-delegates