



# Open Forum on 2017 Proposed Policy Statements

Theresa Tolle  
Speaker, APhA House of Delegates

Kevin Musto  
Chair, 2016-17 APhA Policy Committee

## Webinar Information

- Dial-in and use access code and audio pin on your control panel to limit audio issues and background noise during the webinar
- Submit your comments/questions during the webinar using the chat box on your control panel or email [HOD@aphanet.org](mailto:HOD@aphanet.org)
- Select "raise hand" button to request to speak and you will be recognized by the moderator as time permits
- Note: all comments/questions received will be considered by the Policy Reference Committee
- This webinar is being recorded for future access on the House of Delegates webpage, [www.pharmacist.com/apha-house-delegates](http://www.pharmacist.com/apha-house-delegates)



## Webinar Information

- Webinar scheduled for 90 minutes
  - 15 minutes for overview
  - 20 minutes per topic
  - 15 minutes for questions/general information
  
- Moderators will clarify issues, but will not engage in debate



## Policy Committee

**Kevin Musto, Chair**

Smyrna, DE

**Nicholas Dorich**

Durham, NC

**Sean Jeffery**

Wethersfield, CT

**Dan Kennedy**

Milwaukie, OR

**Jim Kirby**

Cincinnati, OH

**Randy McDonough**

Iowa City, IA

**Marissa Schlaifer**

Arlington, VA

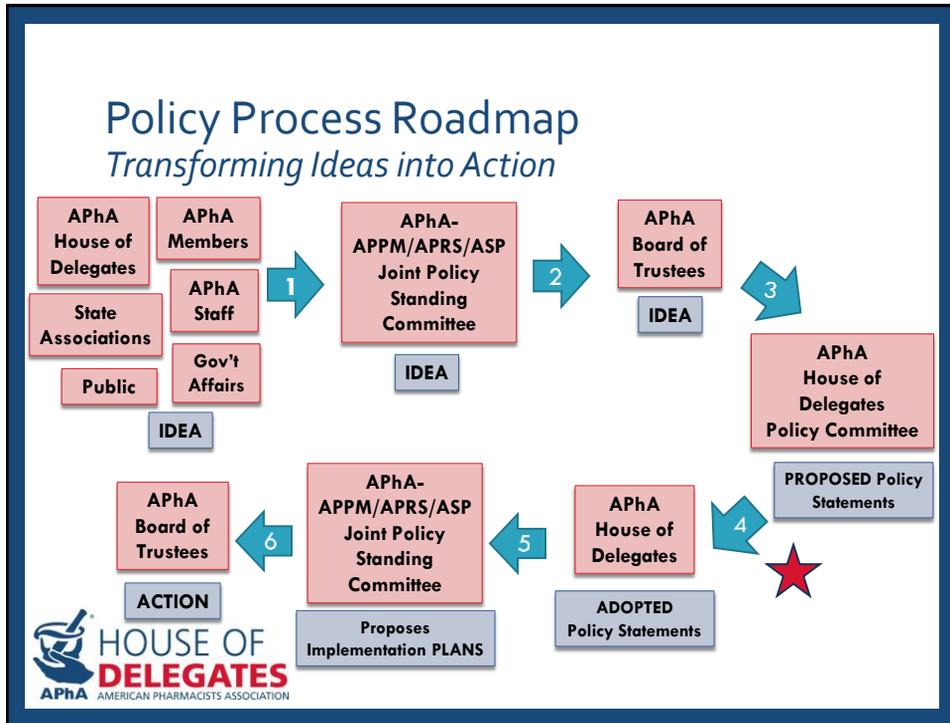
**Scott Sexton**

Waterloo, IL

**Krystalyn Weaver**

Richmond, VA





## Current Policy Information

- Policy Manual
  - Online searchable database:
    - <http://www.pharmacist.com/policy-manual>
  - Online PDF version:
    - <http://pharmacist.com/sites/default/files/files/Current%20Adopted%20Policy%2016o88.pdf>

## 2017 Policy Topics



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

Patient Access to Pharmacist-Prescribed Medications

Pharmacists' Role within Value-Based Payment Models

Pharmacy Performance Networks



## Patient Access to Pharmacist Prescribed Medications (6 statements)

1. APhA asserts that pharmacists' patient care services and related pharmacist prescribing are beneficial to improving patient access to care, patient outcomes, and community health and align with coordinated, team-based care.

[Refer to Summary of Discussion Items 2, 3.]

2. APhA supports increased patient access to care through pharmacist prescriptive authority models including, but not limited to, collaborative practice agreements and statewide protocols.

[Refer to Summary of Discussion Items 3, 4, 5, 6, 7, 8.]



## Patient Access to Pharmacist Prescribed Medications (6 statements)

3. APhA opposes arbitrary requirements and restrictions impeding patient access to pharmacist-provided patient care services and related pharmacist prescribing that do not improve quality, safety, and efficiency.

[Refer to Summary of Discussion Items 9, 10, 11, 12.]

4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.

[Refer to Summary of Discussion Items 3, 13, 14, 15, 16]



## Patient Access to Pharmacist Prescribed Medications (6 statements)

5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as other prescribers.

[Refer to Summary of Discussion Items 17, 18.]

6. APhA supports the right of patients to fill pharmacist-prescribed medications at a pharmacy of their choice.

[Refer to Summary of Discussion Items 19.]



## Related Existing Policy

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

2005, 1971 *Cigarette Sales in Pharmacies*

2013 *Revisions to the Medication Classification System*

2006 *Drug Classification System*

2003, 2000 *Emergency Contraception*

2013, 2009 *Independent Practice of Pharmacists*

2013, 1980 *Medication Selection by Pharmacists*



*Patient Access to Pharmacist Prescribed Medications*

Time for Discussion



### *Patient Access to Pharmacist Prescribed Medications*

1. APhA asserts that pharmacists' patient care services and related pharmacist prescribing are beneficial to improving patient access to care, patient outcomes, and community health and align with coordinated, team-based care.
2. APhA supports increased patient access to care through pharmacist prescriptive authority models including, but not limited to, collaborative practice agreements and statewide protocols.
3. APhA opposes arbitrary requirements and restrictions impeding patient access to pharmacist-provided patient care services and related pharmacist prescribing that do not improve quality, safety, and efficiency.
4. APhA urges prescribing pharmacists to coordinate care with patients' other health care providers through appropriate documentation, communication, and referral.
5. APhA advocates that medications and services associated with prescribing by pharmacists must be covered and compensated in the same manner as other prescribers.
6. APhA supports the right of patients to fill pharmacist-prescribed medications at a pharmacy of their choice.



### *Pharmacists' Role within Value- Based Payment Models*



## Pharmacists' Role within Value-Based Payment Models (5 statements)

1. APhA supports value-based payment models that include pharmacists as vital health care team members and that promote coordinated care, improve health outcomes, and lower costs.

[Refer to Summary of Discussion Items 3, 4.]

2. APhA advocates for the development and implementation of meaningful quality measures within value-based payment models that achieve optimal health and medication outcomes that pharmacists can impact.

[Refer to Summary of Discussion Items 5, 6.]



## Pharmacists' Role within Value-Based Payment Models (5 statements)

3. APhA advocates for mechanisms to recognize and compensate pharmacists for their contributions toward meeting quality measures and reducing total costs of care in value-based payment models.

[Refer to Summary of Discussion Items 5, 6, 7, 8, 9, 10.]



## Pharmacists' Role within Value- Based Payment Models (5 statements)

4. APhA advocates that pharmacists must have the ability to access and exchange electronic health record data within value-based payment models in order to achieve optimal health and medication outcomes.

[Refer to Summary of Discussion Items 11.]

5. APhA supports education, training, and resources that help pharmacists transform and integrate their practices with value-based payment models and programs.

[Refer to Summary of Discussion Items 12, 13.]



## Related Existing Policy

*2013 Ensuring Access to Pharmacists' Services*

*2013, 2009 Independent Practice of Pharmacists*

*2013, 2001, 1994 Pharmacist-Patient-Prescriber-Payer Responsibilities in Appropriate Drug Use*

*2011 Pharmacist's Role in Health Care Reform*

*2005, 1993 Payment System Reform*

*1994 Product and Payment Systems*



## *Pharmacists' Role within Value- Based Payment Models*

### **Time for Discussion**



### *Pharmacist Role within Value- Based Payment Models*

1. APhA supports value-based payment models that include pharmacists as vital health care team members and that promote coordinated care, improve health outcomes, and lower costs.
2. APhA advocates for the development and implementation of meaningful quality measures within value-based payment models that achieve optimal health and medication outcomes that pharmacists can impact.
3. APhA advocates for mechanisms to recognize and compensate pharmacists for their contributions toward meeting quality measures and reducing total costs of care in value-based payment models.
4. APhA advocates that pharmacists must have the ability to access and exchange electronic health record data within value-based payment models in order to achieve optimal health and medication outcomes.
5. APhA supports education, training, and resources that help pharmacists transform and integrate their practices with value-based payment models and programs.



## *Pharmacy Performance Networks*



## Pharmacy Performance Networks ( 4 statements)

1. APhA supports performance networks that improve patient care and health outcomes, reduce costs, use pharmacists as an integral part of the health care team, and include evidence-based quality measures.

[Refer to Summary of Discussion Items 2, 3, 4, 5, 6.]

2. APhA urges public and private payers to develop transparent and fair reimbursement strategies for medication products separate and apart from performance measurements associated with the provision of pharmacists' patient care services.

[Refer to Summary of Discussion Items 7, 8, 9, 10, 11, 12.]



## Pharmacy Performance Networks ( 4 statements)

3. APhA advocates for prospective notification and timely regular updates of provider and practice performance regarding appropriate and transparent application of evidence-based quality measures within performance networks.

[Refer to Summary of Discussion Items 13, 14.]

4. APhA supports a pharmacist's professional autonomy to appropriately identify and select the patient care processes and clinical interventions that improve evidence-based quality measures within performance networks.

[Refer to Summary of Discussion Items 15, 16, 17.]



## Related Existing Policy

*2011 Pharmacist's Role in Health Care Reform<sup>1</sup>.*

*2004, 1968 Manufacturers' Pricing Policies*

*2013 Ensuring Access to Pharmacists' Services*

*2012, 2005, 1969 Medicare and Patient Care Service*

*2004, 1990 Freedom to Choose*



## *Pharmacy Performance Networks*

### Time for Discussion



## *Pharmacy Performance Networks*

1. APhA supports performance networks that improve patient care and health outcomes, reduce costs, use pharmacists as an integral part of the health care team, and include evidence-based quality measures.
2. APhA urges public and private payers to develop transparent and fair reimbursement strategies for medication products separate and apart from performance measurements associated with the provision of pharmacists' patient care services.
3. APhA advocates for prospective notification and timely regular updates of provider and practice performance regarding appropriate and transparent application of evidence-based quality measures within performance networks.
4. APhA supports a pharmacist's professional autonomy to appropriately identify and select the patient care processes and clinical interventions that improve evidence-based quality measures within performance networks.



## General Discussion

*Patient Access to Pharmacist-Prescribed Medications*

*Pharmacists' Role within Value-Based Payment Models*

*Pharmacy Performance Networks*



## House Keeping

- **New Business Items are due February 22, 2017**
- House Committee reports available at [www.pharmacist.com/apha-house-delegates](http://www.pharmacist.com/apha-house-delegates)
- Contact your state association or recognized national organization to secure your Delegate seat
  - All Delegate materials will be sent electronically this year unless you request a hard copy at this link: <https://fs3.formsite.com/apha/form249/index.html>
  - A limited number of Delegate books will be available onsite
- **Policy Review Committee Webinars**
  - February 15, 12:00-1:30pm (ET)
  - February 22, 6:00 – 7:30pm (ET)
- **New Business Item Webinars**
  - March 1, 12:00 – 1:30pm (ET)
  - March 8, 6:00 – 7:30pm (ET)



## Continue the Conversation Visit APhA Engage

APhA Engage makes joining the conversation easy!

1. Visit [engage.pharmacist.com](http://engage.pharmacist.com)
2. Login using your APhA username and password
3. Click "Participate" then "Join a Community"
4. Find one of the three the "HOD Issue" communities
5. Click "Join" and follow the prompts on your screen



## 2017 House of Delegates

House of Delegates First Session

Friday, March 24, 3:00 to 5:00pm

New Business Review Committee  
Open Hearing

Saturday, March 25, 1:00 to 2:30pm

Policy Committee Open Hearing

Sunday, March 26, 1:00 to 3:00pm

House of Delegates Final Session

Monday, March 27, 1:30 to 4:30pm



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

## Ideas for Future Policy Topics

- Are there topics we should consider for the 2017 House of Delegates?
- These are topics needing more development than through the new business process
- Tell us now or send to [HOD@aphanet.org](mailto:HOD@aphanet.org)



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



## Open Forum on 2017 Proposed Policy Statements

Thank you for your time and attention!

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

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