Idaho State University

APhA Academy of Student Pharmacists

Midyear Regional Meetings

APhA-ASP
AMERICAN PHARMACISTS ASSOCIATION
ACADEMY OF STUDENT PHARMACISTS

P R O P O S E D   R E S O L U T I O N   F O R M

Region #: 7

Proposing APhA-ASP Chapter: Idaho State University College of Pharmacy

Proposed Resolution Title/Topic: *Critical Care Pharmacy (APhA-ASP Resolution 2019.1)*

Proposed wording *(desired action(s)):* *APhA-ASP promotes education on current trauma and critical care protocols to best prepare student pharmacists for clinical pharmacy practice in intensive care and emergency department settings; including but not limited to management of active stroke, acute shock, and cardiovascular emergencies*.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

No APhA-ASP resolution presently specifically addresses the critical and emergency care fields. Pharmacist response to trauma and codes in an institutional setting has shown a marked improvement in outcomes like time to analgesia and sedation as well as reducing the number of errors made in achieving those outcomes.[1] Based on such data, critical and emergency care are growing field for employment, and provides a number of shadowing opportunities for students as well as critical care residencies for newly graduated pharmacists. It is in student pharmacists' best interests to encourage thorough education on the most modern emergency protocols, such as ACLS, and advocate for pharmacist involvement in the emergency room.

1: Roman C, Edwards G, Dooley M, Mitra B. Roles of the emergency medicine pharmacist: A systematic review. *Am J Health-Syst Pharm* 2018; 75(11):796-806.

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes_X_ No___

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

(2003.5 - Emergency Treatment Training for Student Pharmacists):
This resolution focuses on CPR/First Aid training; specifically: defibrillation, CPR, and anti-choking.
Although the title associates this amendment with the proposed resolution,
this proposal is specifically with regards to inpatient medicine, which is a growing pharmacy field.

Author of Proposed Resolution: **Seth Rourk**

Author Phone Number: **(325) 829-7176**

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate two (2) weeks prior to the start of the Midyear Regional Meeting.

Author Email Address: **rourseth@isu.edu**

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate two (2) weeks prior to the start of the Midyear Regional Meeting.

Oregon State University

APhA Academy of Student Pharmacists
Midyear Regional Meetings

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PROPOSED RESOLUTION FORM

Region #: 7

Proposing APhA-ASP Chapter: Oregon State University College of Pharmacy

Proposed Resolution Title/Topic:
Pharmacist-in-Charge (PIC) Diabetes Educator Certification (2019.2)

Proposed wording *(desired action(s)):*
APhA-ASP encourages Pharmacist-in-Charge (PIC) to become certified as a diabetes educator in order to encourage PICs to take a more active control as a diabetes educator. .

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

As pharmacists are the most accessible source of clinical advice, they would be an optimal choice to lead the way in providing community courses or workshops on diabetes education, and this would be best served if the designated Pharmacist-in-Charge (PIC) for the pharmacy was able to obtain this certification. This would be best suited for the PIC because this professional would have the most consistency in coming to the pharmacy, which would help to ensure that the PIC could be there as a reliable resource for the patients.
The PIC could also be encouraged to create a pharmacist-led diabetes education class as this would be beneficial in ensuring that this service be made to a large group of patients. A community diabetes education class in an accessible location, such as a grocery store, would help to reduce many of the barriers (i.e. cost, reliable access, etc.) that patients face when they attempt to take control of their diabetes . This would also provide an opportunity for pharmacists to talk about lifestyle changes in terms of diet and exercise. In a study done to determine the viability of a pharmacist-taught class on diabetes education it was found that "the education and interventions provided by the pharmacist resulted in a mean A1C decrease of 1.3%"[1]. It was also found that Type 2 diabetes therapy management by clinical pharmacists was associated with a greater percentage of patients achieving the goal of A1c < 8.0%. Patients in the study who interacted with a clinical pharmacist were able to reach the A1c goal faster and experienced a greater A1c reduction from baseline at 3 and 6 months of follow-up, as compared with patients receiving care from their typical healthcare professionals[2].
For a newly minted PIC, setting up a diabetes educational class may be difficult in the early stages, but with repeated interventions that this pharmacist can do, it would be ideal for this class to be set up within each of the unique patient population that each pharmacy services. While implementation of this kind of clinical intervention may be difficult in the early stages, support from a local clinic or hospital, as well as grocery store management who have greater availability of staff and resources will help to ensure a successful startup. Collaboration with other healthcare professionals will be essential in the viability of this program, including sharing resources and information from diabetic specialists.

References

1. Meade, Lisa T., et al. "Evaluation of Diabetes Education and Pharmacist Interventions in a Rural, Primary Care Setting." Diabetes Spectrum, American Diabetes Association, 1 Feb. 2018, https://spectrum.diabetesjournals.org/content/31/1/90.
2. Benedict, Amanda, et al. "Evaluation of a Pharmacist-Managed Diabetes Program in a Primary Care Setting Within an Integrated Health Care System". Journal of Managed Care & Specialty Pharmacy 2018 24:2, 114-12

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate two (2) weeks prior to the start of the Midyear Regional Meeting.

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes___ No X

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

Author of Proposed Resolution: Jasan Khangura____

Author Phone Number: 206-910-3342____

Author Email Address: khangurj@oregonstate.edu ____
____

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate two (2) weeks prior to the start of the Midyear Regional Meeting.

Pacific University

APhA Academy of Student Pharmacists
Midyear Regional Meetings

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PROPOSED RESOLUTION FORM

Region #: 7

Proposing APhA-ASP Chapter: Pacific University School of Pharmacy

Proposed Resolution Title/Topic:

Community Pharmacy Practice (APhA-ASP Resolution 2019.1)

Proposed wording *(desired action(s)):*

APhA-ASP supports pharmacist ability to practice pharmacy in the community setting by requiring at least one other pharmacy technician or pharmacy clerk present to assist the pharmacist while the pharmacy is open to the public.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

Community pharmacists are relied upon to be the final wall of protection between patients and medication errors – any cracks could have potentially fatal consequences. As a result, it's vitally important that the community pharmacist is afforded the proper working conditions to fulfil this role effectively. When community pharmacies force pharmacists to work in the pharmacy alone – necessitating distractions from the pharmacist's normal functions in order to run cash registers and perform other non-pharmacist duties – the crucial role pharmacists play in keeping patients safe is impaired. It is relatively common practice, however, for pharmacists to be required to work in the pharmacy alone at times, especially in the case of unexpected staffing shortages, and the resulting sacrifice in patient safety should not be acceptable under the law. Community pharmacies would be limited in their ability to have pharmacists engage in pharmacy practice in the absence of any assisting pharmacy employees

References:

1. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SB1442

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes___ No x

Author of Proposed Resolution: Aaron Pratt

Author Phone Number: (503) 915-9360

Author Email Address: phan3733@pacificu.edu

University of Montana

APhA Academy of Student Pharmacists

Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 7

Proposing APhA-ASP Chapter: University of Montana

Proposed Resolution Title/Topic:

Prescription Label Format/ (APhA-ASP Resolution 2019.1)

Proposed wording *(desired action(s)):*

APhA-ASP supports an organized, patient-centered prescription drug label format to be implemented nationally to improve comprehension and readability to reduce medication errors.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

There are numerous studies to support change and regulate prescription drug labeling. The evidence suggests that patients request information about a medication's indication, expected benefits, duration of therapy, and a meticulous list of potential adverse effects. The evidence about label format supports the use of larger fonts, lists, headers, and white space, using simple language and logical organization.

Pros:

- Reduce medication errors
- Improve efficiency in pharmacies.
- Improve patient adherence.
- Improve readability and comprehension
- Improve transfer of medications.

Cons:

- Labeling concordance in other languages.
- Pharmacy push-back.
- Lack of technology.
- Proprietary label printers.

Resources:

- Jeetu G, Girish T. Prescription drug labeling medication errors: a big deal for pharmacists. *J Young Pharm*. 2010;2(1):107–111. doi:10.4103/0975-1483.62218
- Shrank WH, Avorn J, Rolón C, Shekelle P. The effect of the content and format of prescription drug labels on readability, understanding and medication use: A systematic review. Ann Pharmacother. 2007;41:783–801.

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes___ No_X__

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition

of this Proposed Resolution:

1982.6 - Enforcement of Labeling and Packaging Requirements

Author of Proposed Resolution: Ethan Meide, Jen Daly, Sergei Pikalov, Alisha Taylor

Author Phone Number: 701-403-3177

Author Email Address: ethan.meide@umontan.edu

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate two (2) weeks prior to the start of the Midyear Regional Meeting.

University of Utah

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P R O P O S E D   R E S O L U T I O N   F O R M

Region #: 7

Proposing APhA-ASP Chapter: University of Utah College of Pharmacy

Proposed Resolution Title/Topic:
Pharmacists Involvement in Prescribing of Oral Contraceptives (APhA-ASP Resolution 2019.1)

Proposed wording *(desired action(s)):*

1. *APhA-ASP supports legislation that allows pharmacists to prescribe oral contraceptives.*

2. *APhA-ASP supports legislation that requires pharmacists to obtain specialized training to prescribe oral contraceptives.*

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

The purpose of this proposal is to increase patient access to oral contraceptives. Around 45% of pregnancies in the US each year are unplanned, with patients living below the poverty level being disproportionately affected with unintended pregnancy rates at least two times higher.[1] After the success we've seen with the expansion of a pharmacist's role in providing vaccinations, expanding the role of pharmacists in oral contraceptives could be shown to have similar improvements in getting care to the patients that have a higher need.[2]

As with pharmacist administered vaccinations, specialized training should be provided and required for pharmacists who wish to prescribe oral contraceptives. This ensures a standard of care and competency for these new added responsibilities. This measure will protect both patients and pharmacists from inadequate training.

Pros:

1. As we've seen with vaccines, pharmacists having a role in oral contraceptive prescribing could increase access.
2. This gives pharmacists a new lane to address patient health concerns.
3. Expanding the scope of practice for pharmacists will strengthen our integral role in patient care.

Cons:

1. There is a lack of research on whether pharmacists prescribing oral contraceptives will actually improve access to low-income or low-access communities.
2. Some pharmacists might not be willing to accept the legal liability or added responsibility.
3. This new proposal may have backlash from physicians if they feel pharmacists are overstepping their license and training.

References:
1. Finer, L.B. and Zolna, M.R. Declines in unintended pregnancy in the United States, 2008-2011. New Engl J Med. 2016; 374: 843–852.
2. Tak, Casey R. et al. Pharmacist-prescribed hormonal contraception: A review of the current landscape. Journal of the American Pharmacists Association, Volume 59, Issue 5, 633 – 641.

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes X No___

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

1997.4-Collaborative Drug Therapy Protocols: APhA-ASP encourages pharmacists to participate in the establishment
and execution of collaborative drug and non-drug therapy protocols with other healthcare providers

2000.5- Collaborative, Non-Protocol, Post-Diagnostic Prescriptive Authority: APhA-ASP encourages pharmacist participation in the establishment and execution of non-protocol, post-diagnostic prescriptive authority in collaboration with other health care providers.

Reasoning: The need for this proposal is specific support for pharmacist prescribed oral contraceptives. This is specifically needed to help gain traction for these policies in the states that have not implemented this yet.

Author of Proposed Resolution: **Jordi Harris, VP of Policy**

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University of Washington

APhA Academy of Student Pharmacists
Midyear Regional Meetings

P R O P O S E D   R E S O L U T I O N   F O R M

Region #: 7
Proposing APhA-ASP Chapter: University of Washington
Proposed Resolution Title/Topic: Increasing Access to Medication-Assisted Treatment (MAT) for Opioid Use Disorder (OUD)
Proposed wording *(desired action(s)):*
1. APhA-ASP supports the addition of pharmacists to the list of providers able to obtain waivers from the DEA to prescribe buprenorphine for the treatment of Opioid Use Disorder in a variety of settings.
2. APhA-ASP endorses pharmacists as among the most capable providers to respond to the current epidemic of Opioid Use Disorder and encourages pharmacists to enter Collaborative Practice Agreements (CPAs/CDTAs) in accordance with state regulations to initiate and provide Medication-Assisted Treatment (MAT) in appropriate settings to fill a public health need in their communities.
Background Statement (list reasons for the action(s) / pros and cons / references or resources):
In the United States (US) the prevalence of opioid use disorder (OUD) and the rate of opioid overdose deaths increased sharply within the last decade. It is estimated that about 11 million people, or 4.4% of the adult and adolescent population have used opioids in their lifetime. [1] In 2017, the US recorded 47,000 opioid overdose deaths.[1] Much attention is paid to the economic, social, and healthcare costs of the opioid epidemic, but stigma and lack of access to care prevent the implementation of an adequate response. The National Institute of Health (NIH) provides comprehensive recommendations for a national response, and among the highest priorities is increasing access to effective treatments like medication-assisted treatment (MAT). MAT involves the use of US Food and Drug Administration (FDA)-approved medications, specifically methadone, naltrexone, or buprenorphine, in combination with counseling and behavioral therapies, to provide a holistic approach to the treatment of OUD. Evidence shows that MAT reduces opioid-related mortality and the utilization of inpatient detoxification services. [2] Medications are a crucial component of MAT, alleviating physical withdrawal symptoms and mitigating risk of relapse to opioid use.
When Congress passed the Drug Addiction Treatment Act (DATA) in 2000, the ability to provide MAT expanded into primary care settings by allowing physicians to prescribe C-III medications, namely buprenorphine, for this purpose. The process of obtaining a DATA-waiver includes completion of training and issuance of an X-DEA number. Despite this expansion, heroin use in the US has continued to increase, with estimates rising from 373,000 to 948,000 between 2007 and 2016. [1]. In response to the worsening epidemic of opioid use, the DATA-waiver program

expanded to include ARNPs and PAs in early 2018. One year after this change, 65% of US counties now have DATA-waived prescribers. Even with these changes, only 43% of rural counties have a DATA-waived prescriber.[3] Increasing the number of DATA-waived prescribers is necessary for a more immediate expansion of patient access because significant gaps remain. Of those with OUD, 80% still do not have access to the specialty addiction treatment that they need [1]. Ultimately the main barrier to addressing this epidemic is the lack of access to treatment.

The optimal way to address this lack of access is to encourage a regulatory change that adds pharmacists to the list of providers able to obtain DATA waivers and X-DEA numbers. Pharmacists already play an essential and extended role in MAT clinics across the country. A physician-pharmacist collaborative MAT protocol studied in a Maryland primary care setting retained 73% of its patients, demonstrated 98% buprenorphine adherence, boasted 88% opioid cessation, and saved an estimated $22,000 in a year.[4] In this collaborative model, pharmacists follow up with patients and monitor adherence to medications, substance use since last appointment, efficacy of buprenorphine, adverse effects and provide other patient-centered counseling. By allowing pharmacists that work in these expanded settings to access DATA waivers, they can increase their overall value in these clinics to reduce burden on the physician, but also use their clinical knowledge to make appropriate therapy adjustments in a patient-centered way increasing the quality of patient communication while reducing costs.

With this federal change, pharmacists will be able to enter collaborative practice agreements (CPAs/CDTAs) to initiate and provide buprenorphine-based MAT in response to public health needs. Pharmacists should assume their full potential as clinical and public health professionals through the provision of low-barrier medication-assisted treatment. Low-barrier treatment is based in harm-reduction and acknowledges that stabilizing physiology is a prerequisite to accessing mental healthcare and maintaining stable housing. Low-barrier MAT was successfully provided in Seattle to those with lack of access to stable housing, documenting through urine analysis, buprenorphine adherence of 96% while the use of other opioids decreased from 90% to 41% in 6 weeks.[5] Pharmacists in the community setting could provide low-barrier MAT, re-engaging patients as partners in healthcare decision-making and providing referrals to opioid treatment programs and other services as needed. Pharmacists possess empathy for trauma and stressors and can accept patients where they are at, serving as a crucial safety net and link back to systems of care.

In addressing the need to increase access to OUD treatment and the national opioid epidemic, pharmacists are the natural choice of drug experts to meet this public health challenge. Granting pharmacists DATA waivers and encouraging innovation within scope of local practice laws will increase patient access to MAT services.

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes___ No_X__

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

Author of Proposed Resolution: Daniel W. Chukri Author Phone Number:
206-914-6284
Author Email Address:
chukrd@uw.edu
References:
1. Elinore F. McCance-Katz. "An Update on the Opioid Crisis." *U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administration.* March 2018. https://www.samhsa.gov/sites/default/files/aatod_2018_final.pdf
2. Robert P. Schwartz et al. "Opioid agonist treatments and heroin overdose deaths in Baltimore, Maryland, 1995-2009." *American Journal of Public Health. 103(5):917-922.* May 2013. doi: 10.2105/AJPH.2012.301049.
3. 2017 National Survey on Drug Use and Health: Detailed Tables. *U.S. Department of Health and Human Services: Substance Abuse and Mental Health Services Administratio*n. 2018. https://www.samhsa.gov/data/report/2017-nsduh-detailed-tables
4. Bethany A. DiPaula and Elizabeth Menachery. "Physician-pharmacist collaborative care model for buprenorphine-maintained opioid-dependent patients." *Journal of the American Pharmacists Association. 55(2): 187-192.* March 2015. doi: 10.1331/JAPhA.2015.14177.
5. Julia E. Hood et al. "Engaging an unstably housed population with low-barrier buprenorphine treatment at a syringe service program: Lessons learned from Seattle, Washington." *Substance Abuse. Epub*

Washington State University

APhA Academy of Student Pharmacists
Midyear Regional Meetings

PROPOSED RESOLUTION FORM

Region #: 7

Proposing APhA-ASP Chapter: Washington State University College of pharmacy and Pharmaceutical Sciences

Proposed Resolution Title/Topic:
For example: Health Literacy (APhA-ASP Resolution 2008.2)
Interprofessional Precepting in outreach and community engagement.

Proposed wording *(desired action(s)):*
APhA-ASP supports state legislatures to adopt policies allowing all registered health practitioners (eg: MD, DO, RN, RPh, etc…) to precept and supervise professional students in range of their shared scope of practice. These parameters can be applied during outreach events including point-of-care services.

Background Statement (list reasons for the action(s) / pros and cons / references or resources):

This resolution is the result of a piece of legislation passed through the Washington State Legislature in early 2019. The bill allows registered Doctors, Nurses and Pharmacists to precept students within their shared scope of practice. Shared scope of practice simply means that since all Physicians, Nurses and Pharmacists must be able to perform regulation Immunization of patients and Health Screenings including blood pressure, blood glucose and cholesterol checks in order to receive their license. Therefore, those health professionals should be able to supervise and precept other students performing those same tasks.

This resolution would provide students more opportunities to perform outreach and impact communities at health fairs where vital signs are taken, and immunizations are given. Often events are put on hold, cancelled or changed because of Pharmacy faculty availability. This would help resolve this while also creating collaboration between professions and providing Pharmacy the visibility it needs in order to be integrated as an equal into the healthcare space. This resolution will have a great impact among Pharmacy schools that are integrated in shared and health science campuses.

During the creation of this legislation stakeholders were reached and meant with. All parties were satisfied with the passing of the legislation given a universal checklist could be created by the state, Ex. Student needs "An APhA Immunization Certification, Valid Intern License, Liability Insurance, Evidence of meeting competency in point of care services by school or outside organization". This universal checklist items can easily be completed by any Pharmacy school.

The pros of this resolution are that we already have documentation of this working in Washington State and a bill behind it. Implementation has been done so any help that other state's need is easy to access and easy to find. All parties in Washington State including Medical Association and Nursing Associations have been met with and it was approved. This suggests

little resistant from these parties going forward, given the examples. Lastly this bill is unique as it likely has no negative side effects that have been seen. It is up to the individual school, program or event to reach out to collegues to set up this preceptor so if schools do not want other programs precepting their students, that is their decision to make, but it is a helpful bill because it gives Pharmacy students reasons to collaboratively interact with other registered health professionals and vice versa.

The cons of this resolution are this, that each state is different. Each state has different mechanisms for licensing pharmacists so each state would be treated on a case to case basis, but that fact that we have something in the law books makes it much easier to get something done. Secondly some Pharmacy schools are isolated and don't have contact with fellow Medical and Nursing schools and therefore this bill would not positively or negatively impact anyone.

Passed HB 1726 - 2019-20: http://lawfilesext.leg.wa.gov/biennium/2019-20/Pdf/Bills/House%20Passed%20Legislature/1726.PL.pdf

https://news.wsu.edu/2019/02/05/bill-driven-health-sciences-students-boost-interprofessional-education/

Are there any adopted resolutions currently on the books related to this Proposed Resolution? Yes___ No__X_

If yes, please provide the number and title of the adopted resolution(s) as well as your rationale for the addition of this Proposed Resolution:

Author of Proposed Resolution: Zachary Coleman WSU Chapter Policy VP

Author Phone Number: 3607014903

Author Email Address: Zachary.coleman@wsu.edu

Please use only one form for each proposed resolution. Forms must be submitted by the Chapter via email to the APhA-ASP Regional Delegate two (2) weeks prior to the start of the Midyear Regional Meeting.