Closing the Gap in "Can vs. May": What Pharmacy Can Learn from Nursing Regulation

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In support of improving patient care, this activity has been planned and implemented by Idaho State Board of Pharmacy and Idaho State University. Idaho State University is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

Conflict of Interest Disclosure

- The planners and presenter of this presentation have no relevant financial relationships with a commercial interest pertaining to the content of this presentation

Learning Objectives

- Differentiate "scope of practice" from "clinical ability"
- Describe three models of regulating scope of practice:
  - Lowest common denominator, tiered licensure, standard of care
- Describe Idaho's transition to "standard of care" regulation for nursing vs. pharmacy profession

Scope of Practice	Clinical Ability
• The activities that a health professional is permitted to engage in as defined by state laws and regulations • Determined by the political process = geographical differences • One-size-fits all: applies to all professionals in class • Static (aside from law changes)	• The true competence and ability of the health professional • Determined by education, training, career experience, and practice environment • Individualistic: recognizes professional heterogeneity • Dynamic; advances with new education, technology, etc.

MAY CAN

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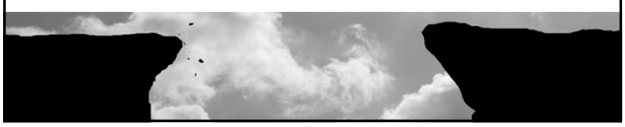

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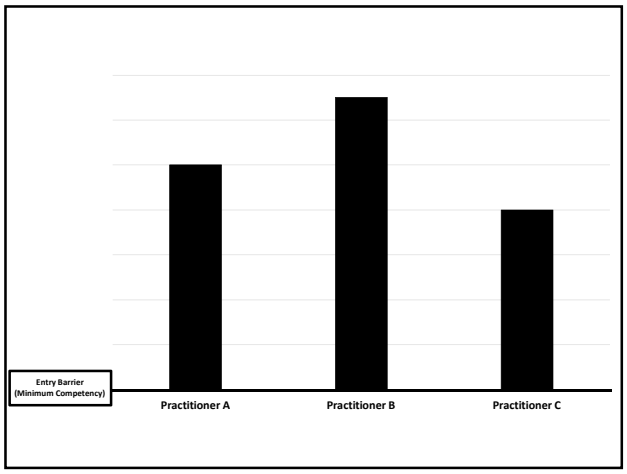

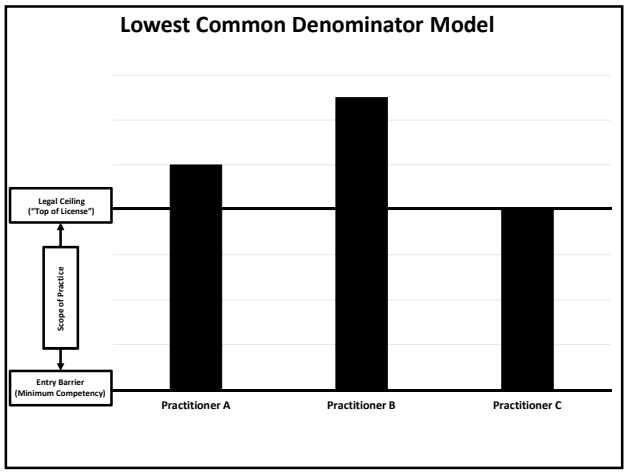

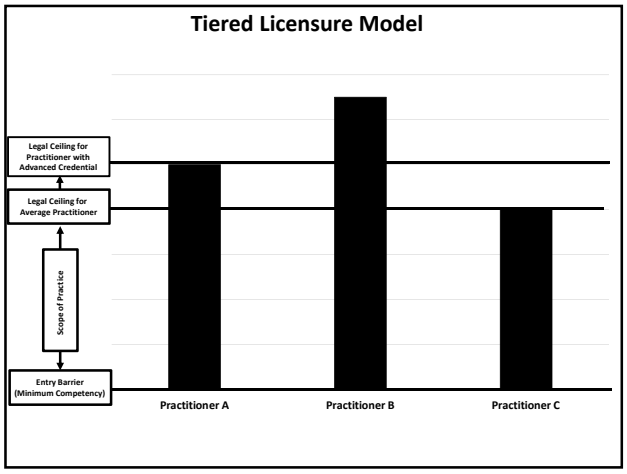

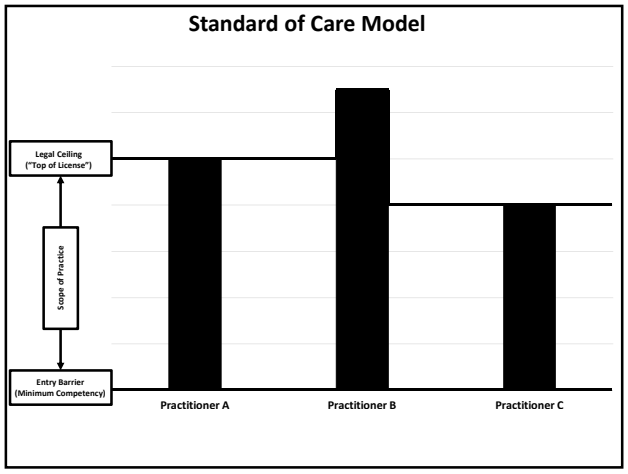

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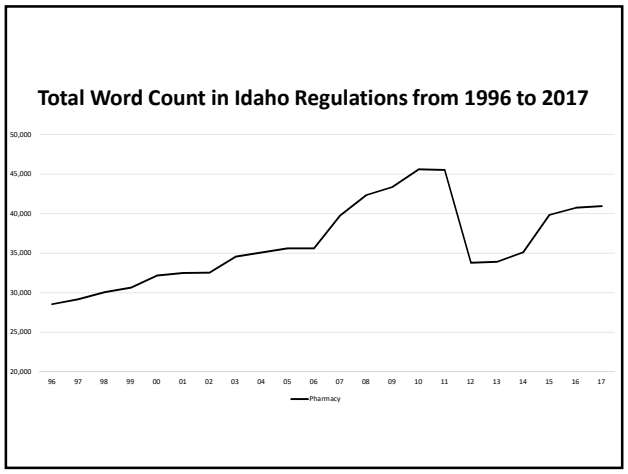
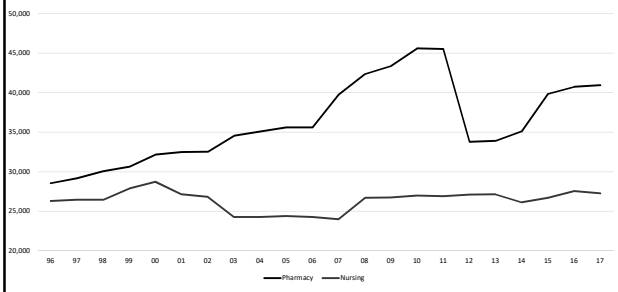


Total Word Count in Idaho Regulations from 1996 to 2017



400. Decision-Making Model (Nursing)

To evaluate whether a specific act is within the legal scope of nursing practice, a licensed nurse shall determine whether:

- The act is **expressly prohibited** by the Nursing Practice Act…
- The act was **taught** as a part of the nurse's education…
- The act is consistent with standards of practice **published** by a national specialty nursing organization or supported by recognized nursing literature or reputable published **research**…
- Performance of the act is **within the accepted standard of care** that would be provided in a similar situation by a reasonable and prudent nurse with similar education and experience…

Two Different Approaches

• Nursing	• Pharmacy
• Stopped defining every individual task that each category of nurse could perform • Transitioned to a "standard of care" approach • Provided a decision-making model to identify if an act is within a nurse's scope	Added new rules for each task: • CPAs (388 words), vaccines (725), independent practice (130) • Naloxone (312), epinephrine (896), tobacco cessation (267), TB skin testing (247) • Technician delegation (1,184) Added new rules for each facility type: • Telepharmacy (1,975 words) • Automated dispensing systems (1,715) • Centralized pharmacy services (682)
"Addition by Subtraction"	**"Compensated Addition"**

Professional Practice Standards

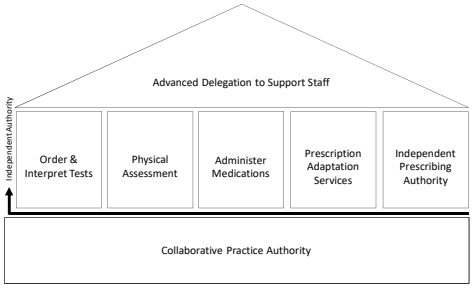
General Approach

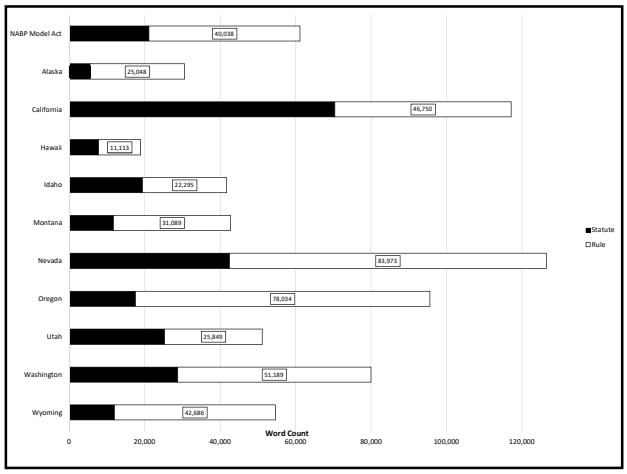
- **Express Prohibition** – is the act expressly prohibited by state or federal law?
- **Education and Training** – is the act consistent with the licensee's education, training, experience?
- **Standard of Care** – is the act within an accepted standard of care that would be provided by a reasonable and prudent licensee with ***similar*** education, training, experience.

Guidance to Pharmacists

- If someone asks why I made this decision, can I justify it as being consistent with good patient care?
- Would this decision withstand a test of reasonableness (e.g., would another prudent pharmacist make the same decision in this situation)?

Idaho Pharmacy Practice





Variable	Correlation Coefficient with Regulatory Volume (*statistically significant)
Public Safety	
Adverse Action Reports Per Capita	0.15
Medical Malpractice Payment Reports Per Capita	0.62
Adverse Action Reports Per Capita – Medication Errors Only	0.43
FDA Compounding Actions Per Capita	0.64*
Opioid Control	
Opioid Prescribing Rate	0.27
Opioid Analgesics Per Capita	0.77*
Age-Adjusted Drug Overdose Rate	0.06
Pharmacy Burglaries and Robberies	0.87*
Clinical Pharmacy Outcomes	
Adherence to Diabetes Medications	0.18
Adherence to Renin Angiotensin System Antagonists	0.30
Adherence to Statins	0.32
Statin Use in Patients with Diabetes	0.19
Completion Rate for Comprehensive Medication Reviews	0.49

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