

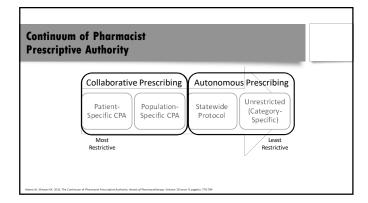
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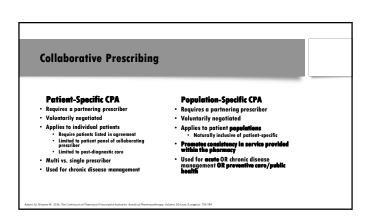
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Learning Objectives

- 1. Discuss opportunities and barriers to pharmacists independent prescribing in a community setting
- Describe the role of a college or school of pharmacy in supporting boards of pharmacy and future and current pharmacists with progressive, independent prescribing practices
- Using examples of Idaho independent prescribing laws, describe curricular strategies for training students for independent prescribing in the community setting

Definitio	ons of Prescribing Activities	
Activity	Definition	
Select	When pharmacotherapy is necessary, and after review of an individual patient's history, medical status, presenting symptoms, and current drug regimen, the clinician chooses the best drug regimen among available therapeutic options.	
Initiate	After selecting the best drug therapy for an individual patient, the clinician also determines the most appropriate initial dose and dosage schedule and writes an order or prescription.	
Monitor	Once drug therapy is initiated, the clinician evaluates response, adverse effects, therapeutic outcomes, and adherence to determine if the drug, dose, or dosage schedule can be continued or needs to be modified.	
Continue	After monitoring the current drug therapy of a patient, the clinician decides to renew or continue the same drug, dose, and dosage schedule.	
Modify	After monitoring a patient's drug therapy, the clinician decides to make an adjustment in dose and/or dosage schedule, or may add, discontinue, or change drug therapy.	
Administer	Regardless of who initiates a patient's drug therapy, the clinician gives the drug directly to the patient, including all routes of administration.	
rmichael IM, et al. Collaborative Drug The armacotherapy. 1997;17(5):1050-1061.	rrapy Management by Pharmachts.	





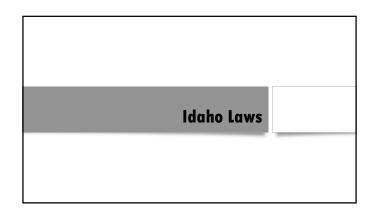
Autonomous Prescribing

Statewide Protocol

- Does not require a partnering prescriber Issued by an authorized body of the state (e.g. take it or leave it)
- Apply to patient populations
- Promotes consistency in service provided across state
- Currently used for preventive care/public health

Unrestricted (Category-Specific)

- Does not require a partnering prescriber
 No restriction on authority (except for clinical guidelines)
- No explicit restriction on patient populations
 Promotes consistency in service provided across the state
- Currently used for preventive care/public health/minor conditions/gaps in care/emergencies



Idaho Pharmacist Prescribing Laws

- Dietary fluoride supplements
- Immunizations, for patients \geq 6 years old
- Opioid antagonists
- Epinephrine auto-injectors
- Tobacco Cessation
- TB Skin Testing
- ...or under Collaborative Practice Agreements
- Chapter 4 of Idaho Board of Pharmacy Rules

Idaho Pharmacist Prescribing Laws

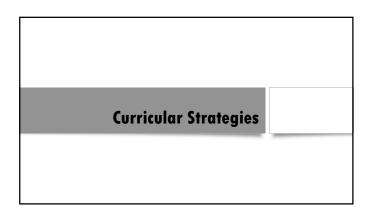
- Provisions for pharmacist prescribed products
- Drugs, drug categories, or devices that are specifically authorized in rules adopted by the board. Such drugs and devices shall be prescribed in accordance with the product's federal food and Actual of the second se

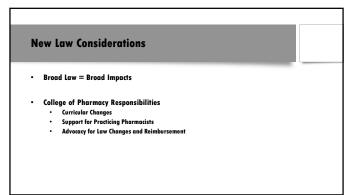
 - (iii) Have a test that is used to guide diagnosis or clinical decision-making and are waived under the
 - (iv) In the professional judgment of the pharmacist, threaten the health or safety of the patient should the prescription not be immediately dispensed. In such cases, only sofficient quantity may be provided

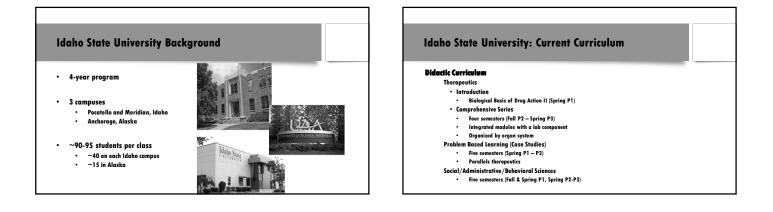
Markers of Progressive Pharmacy Practice					
Expanded Scope	Your State	Alaska	Idaho		
Renew/Extend Medications		2	\checkmark		
Change drug dosage/formulation		2	~		
Make therapeutic substitutions		2	\checkmark		
Prescribe for minor ailments			\checkmark		
Initiate prescription drug therapy		2	\checkmark		
Order and interpret lab tests		1	~		
Administer immunizations		~	>		
Administer other drugs by injection			~		

Think-Pair-Share

- What is the role of a College or School of Pharmacy in advancing pharmacist independent prescribing in your state?
 - If you already have advanced practice, where does your pharmacist prescribing fall on the
 prescribing continuum? Please share the role your college has played, and the barriers
 that you have overcome.
 - If your state isn't there yet, what are the barriers?







Idaho	State University: Current Curriculum	
Experien	tial Curriculum	
IPP	E	
•	Community (Summer after P1)	
•	Institutional (Summer after P2)	
•	Clinical (P3 year)	
API	PE (6 week rotations)	
•	Ambulatory Care (Core)	
•	General Medicine (Core)	
•	Advanced Institutional (Core)	
•	Advanced Community (Core)	
•	Patient Care	

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Electives (2 rotations)

 Introduction to Pharmacy Practice I Lab (Fall P1)
 Biological Basis of Drug Action II (Spring P1) Clinical Knowledge Therapeutics Modules (Fall P2 – Spring P3) Introduction to Pharmacy Practice I Lab (Fall P1)
 Therapeutics Module Labs (Fall P2 – Spring P3) Patient Assessment Skills Introduction to Pharmacy Practice I (Fall P1)
Problem Based Learning Series (Spring P1 – Spring P3) Patient Care Process & Problem Solving Pharmacy Administration Introduction to Pharmacy Practice I (Fall P1) Health Care II Lecture & Lab (Spring P2) (workflow, reimbursement) IPPE Community
 APPE Community Clinical Application Interprofessional Education Covered in collaboration with Idaho State health profession partners

Current Curriculum

Legislation & Rules

Pharmacist Prescribing Components:

Introduction to Pharmacy Practice I (Fall P1)
Pharmacy Law (Spring P3)

Pharmacist Prescribing Components: Curricular Change Needs					
Legislation & Rules	Faster curricular review and change process Teaching the limitations and nuances of the new scope of practice				
Clinical Knowledge	Contextual change in teaching from making recommendations to independent action				
Patient Assessment Skills	Additional practice with physical assessment Identification and assessment of core skills needed for pharmacist prescribing				
Patient Care Process & Problem Solving	Cases that represent and provide practice with the new scope Documentation to support reimbursement for services				
Pharmacy Administration (workflow, reimbursement)	Integrating pharmacy services into the workflow Creating sustainable practice models Coding and billing for pharmacits provided services				
Clinical Application	Experiential and community partners who are adopting the increased scope of practice				
Interprofessional Education	Development of interprofessional activities that integrate the new scope of practice				

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