


Pharmacists as Independent Prescribers: Initial Considerations from Idaho

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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 presenters of this presentation have no relevant financial relationships with a commercial interest pertaining to the content of this presentation.

Learning Objectives

1. Discuss opportunities and barriers to pharmacists independent prescribing in a community setting
2. 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
3. Using examples of Idaho independent prescribing laws, describe curricular strategies for training students for independent prescribing in the community setting

Definitions 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. |

Carrichol JM, et al. Collaborative Drug Therapy Management by Pharmacists. *Pharmacotherapy*. 1997;17(5):695-698.

Continuum of Pharmacist Prescriptive Authority

Adams JL, Weaver KE. 2016. The Continuum of Pharmacist Prescriptive Authority. *Annals of Pharmacotherapy*. Volume 50 Issue 9, page(s) 778-784

Collaborative Prescribing

Patient-Specific CPA

- Requires a partnering prescriber
- Voluntarily negotiated
- Applies to individual patients
 - Require patients listed in agreement
 - Limited to patient panel of collaborating prescriber
 - Limited to post-diagnostic care
- Multi vs. single prescriber
- Used for chronic disease management

Population-Specific CPA

- Requires a partnering prescriber
- Voluntarily negotiated
- Applies to patient populations
 - Naturally inclusive of patient-specific
- Promotes consistency in service provided within the pharmacy
- Used for acute OR chronic disease management OR preventive care/public health

Adams JL, Weaver KE. 2016. The Continuum of Pharmacist Prescriptive Authority. *Annals of Pharmacotherapy*. Volume 50 Issue 9, page(s) 778-784

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

Adams AJ, Weaver W. 2016. The Continuum of Pharmacist Prescribing Authority. *Annals of Pharmacotherapy*. Volume 50 Issue 5, page(s) 778-784

Idaho Laws

Idaho Pharmacist Prescribing Laws

- Dietary fluoride supplements
- Immunizations, for patients ≥ 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 drug administration-approved labeling. Drugs, drug categories or devices authorized by the board under this section shall be and that are~~ limited to conditions that:
 - (i) Do not require a new diagnosis;
 - (ii) Are minor and generally self-limiting;
 - (iii) Have a test that is used to guide diagnosis or clinical decision-making and are waived under the federal clinical laboratory improvement amendments of 1988 (CLIA-waived test); or
 - (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 sufficient quantity may be provided

Markers of Progressive Pharmacy Practice

| Expanded Scope | Your State | Alaska | Idaho |
|-------------------------------------|------------|--------|-------|
| Renew/Extend Medications | | 🌸 | ☑ |
| Change drug dosage/formulation | | 🌸 | ☑ |
| Make therapeutic substitutions | | 🌸 | ☑ |
| Prescribe for minor ailments | | 🌸 | ☑ |
| Initiate prescription drug therapy | | 🌸 | ☑ |
| Order and interpret lab tests | | 🌸 | ☑ |
| 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?


Curricular Strategies

New Law Considerations

- **Broad Law = Broad Impacts**
- **College of Pharmacy Responsibilities**
 - Curricular Changes
 - Support for Practicing Pharmacists
 - Advocacy for Law Changes and Reimbursement

Idaho State University Background

- **4-year program**
- **3 campuses**
 - Pocatello and Meridian, Idaho
 - Anchorage, Alaska
- **~90-95 students per class**
 - ~40 on each Idaho campus
 - ~15 in Alaska



Idaho State University: Current Curriculum

Didactic Curriculum

- Therapeutics**
 - Introduction
 - Biological Basis of Drug Action II (Spring P1)
 - **Comprehensive Series**
 - Four semesters (Fall P2 – Spring P3)
 - Integrated modules with a lab component
 - Organized by organ system
- Problem Based Learning (Case Studies)**
 - Five semesters (Spring P1 – P3)
 - Parallels therapeutics
- Social/Administrative/Behavioral Sciences**
 - Five semesters (Fall & Spring P1, Spring P2-P3)

Idaho State University: Current Curriculum

Experiential Curriculum

IPPE

- **Community (Summer after P1)**
- **Institutional (Summer after P2)**
- **Clinical (P3 year)**

APPE (6 week rotations)

- **Ambulatory Care (Core)**
- **General Medicine (Core)**
- **Advanced Institutional (Core)**
- **Advanced Community (Core)**
- **Patient Care**
- **Electives (2 rotations)**

Pharmacist Prescribing Components: Current Curriculum

| | |
|---|---|
| Legislation & Rules | <ul style="list-style-type: none"> • Introduction to Pharmacy Practice I (Fall P1) • Pharmacy Law (Spring P3) |
| Clinical Knowledge | <ul style="list-style-type: none"> • Introduction to Pharmacy Practice I Lab (Fall P1) • Biological Basis of Drug Action II (Spring P1) • Therapeutics Modules (Fall P2 – Spring P3) |
| Patient Assessment Skills | <ul style="list-style-type: none"> • Introduction to Pharmacy Practice I Lab (Fall P1) • Therapeutics Module Labs (Fall P2 – Spring P3) |
| Patient Care Process & Problem Solving | <ul style="list-style-type: none"> • Introduction to Pharmacy Practice I (Fall P1) • Problem Based Learning Series (Spring P1 – Spring P3) |
| Pharmacy Administration (workflow, reimbursement) | <ul style="list-style-type: none"> • Introduction to Pharmacy Practice I (Fall P1) • Health Care II Lecture & Lab (Spring P2) |
| Clinical Application | <ul style="list-style-type: none"> • IPPE Community • APPE Community |
| Interprofessional Education | <ul style="list-style-type: none"> • Covered in collaboration with Idaho State health profession partners |

| Pharmacist Prescribing Components: Curricular Change Needs | |
|--|--|
| Legislation & Rules | <ul style="list-style-type: none"> Faster curricular review and change process Teaching the limitations and nuances of the new scope of practice |
| Clinical Knowledge | <ul style="list-style-type: none"> Contextual change in teaching from making recommendations to independent action |
| Patient Assessment Skills | <ul style="list-style-type: none"> Additional practice with physical assessment Identification and assessment of core skills needed for pharmacist prescribing |
| Patient Care Process & Problem Solving | <ul style="list-style-type: none"> Cases that represent and provide practice with the new scope Documentation to support reimbursement for services |
| Pharmacy Administration (workflow, reimbursement) | <ul style="list-style-type: none"> Integrating pharmacy services into the workflow Creating sustainable practice models Coding and billing for pharmacist-provided services |
| Clinical Application | <ul style="list-style-type: none"> Experiential and community partners who are adopting the increased scope of practice |
| Interprofessional Education | <ul style="list-style-type: none"> Development of interprofessional activities that integrate the new scope of practice |

| Curricular Changes Implemented | |
|--|--|
| <ul style="list-style-type: none"> Working to update the curricular review and change process <ul style="list-style-type: none"> Goal: Annual review of the entire curriculum to allow for faster changes | |
| <ul style="list-style-type: none"> Teaching the new law <ul style="list-style-type: none"> Introduction to Pharmacy Practice I (Fall P1) Pharmacy Law (Spring P3) | |
| <ul style="list-style-type: none"> Introduction to insurance and sustainable pharmacy services <ul style="list-style-type: none"> Healthcare I Lecture (Fall P1) | |
| <ul style="list-style-type: none"> Teaching coding and billing for pharmacy services <ul style="list-style-type: none"> Healthcare II Lecture & Lab (Spring P2) | |
| <ul style="list-style-type: none"> Influenza and strep throat POCT testing lab <ul style="list-style-type: none"> Infectious Disease Therapeutics Module (Fall P3) | |

Example: POCT Lab (Fall P3: ID Module)

Review

- State Rules
- CLIA Waivers
- POCT Protocols
- Coding and Billing

Practice- Influenza & Strep Case

- Collection Techniques
- Patient Assessment
- Prescribing
- Documentation
- Coding and Billing

Strep Throat: Collect

GROUP A STREPTOCOCCAL PHARYNGITIS NOTE

Date: _____ Patient Name: _____
 New Return Date of Birth: _____

SUBJECTIVE
 Chief Complaint: _____
 History of Present Illness: _____
 Past Medical History: _____
 Allergies: _____
 Medications: _____
 Social History: _____
 Family History: _____

PHYSICIAN'S OBJECTIVE
 General Appearance: _____
 Vital Signs: _____
 HEENT: _____
 Neck: _____
 Lungs: _____
 Heart: _____
 Abdomen: _____
 Extremities: _____
 Rectal: _____
 Genital: _____
 Skin: _____

LABS Date: _____
 SDO: _____
 HCO: _____
 These are rapid CLIA-waived test results.
 Positive Negative

Strep Throat: Assess

ASSESSMENT
 Center Score:

Absence of cough (1 pt) 0=soft/tender anterior cervical lymph nodes (1 pt) Temperature >100.4°F (1 pt)
 Tonsillar exudates/swelling (1 pt) 3-14 years old (1 pt) 15-44 years old (0 pt) 345 years old (1 pt)

Score: _____

Eligibility For Treatment:

Eligible:
 6-45 years old
 Center score >2
 Positive CLIA-waived test

Not Eligible:
 <6 or >45 years old
 Pregnant/breastfeeding
 Disease states
 Tachypnea >20 breaths/min (>20 breaths/min for <18 years old)
 Temp >102°F (>102°F for <18 years old)
 History of renal dysfunction

Received antibiotics within past 30 days
 Immunocompromised by medication/condition
 Occupation >90%

CPT Codes:
 90002 (new patient, no RUCS required, level 2 code, outpatient to office visit, ~10 min visit)
 90001 (subsequent, new patient or medical hx, level 3 code, ~15 min visit, more in-depth)
 90011 (established patient, no RUCS required, level 2 code, outpatient to office visit, ~10 min visit)
 90012 (established patient, no RUCS required, level 2 code, independent office visit, ~10 min visit)
 90013 (subsequent, established patient or medical hx, level 3 code, ~15 min visit, more in-depth)
 90014 (established patient, no RUCS required, level 2 code, independent office visit, ~10 min visit)

ICD-10-CM-2020:
 J02.01 (Group A streptococcal pharyngitis)
 J02.02 (Group B streptococcal pharyngitis)
 J02.03 (Group C streptococcal pharyngitis)
 J02.04 (Group D streptococcal pharyngitis)
 J02.05 (Group E streptococcal pharyngitis)
 J02.06 (Group F streptococcal pharyngitis)
 J02.07 (Group G streptococcal pharyngitis)
 J02.08 (Group H streptococcal pharyngitis)
 J02.09 (Group I streptococcal pharyngitis)
 J02.10 (Group J streptococcal pharyngitis)
 J02.99 (Streptococcal pharyngitis, unspecified)

Pharmacotherapy: Not Indicated Penicillin VK Indicated Amoxicillin Indicated Azithromycin Indicated

Strep Throat: Plan & Implement

PLAN

Pharmacotherapy Referral Other _____

Penicillin VK
 Dose:
 Children <27 kg, 250 mg
 BID or TID x 10 days
 Adolescent/Adult:
 125 mg every 6-8 hrs x 10 days
 250 mg QID x 10 days
 500 mg BID x 10 days

Monitor:
 Diarrhea, nausea, vomiting, hypersensitivity, rash

Caution:
 Nephritis, electrolyte abnormalities, seizures (at high doses), neutropenia, thrombocytopenia, increased risk of C. difficile infection

Amoxicillin
 Dose:
 Children >3 years old-Adolescents:
 25 mg/kg QD x 10 days
 50 mg/kg QD x 10 days
 Adult:
 500 mg BID x 10 days
 1000 mg QD x 10 days

Monitor:
 Diarrhea, nausea, vomiting, hypersensitivity, rash

Caution:
 Nephritis, electrolyte abnormalities, seizures (at high doses), neutropenia, thrombocytopenia, increased risk of C. difficile infection

Azithromycin (Z-Pak)
 Dose:
 12 mg/kg (max 500 mg) QD x 5 days
 12 mg/kg (max 500 mg) on day one, then 6 mg/kg (max 250 mg) QD on days 2-5

Monitor:
 Nausea, vomiting, diarrhea, hypersensitivity

Caution:
 Abdominal cramps, increased risk of C. difficile infection, QT prolongation (leading to torsades de pointe), possible hepatitis

Strep Throat: Follow-up

Follow Up: 48 hours Date: _____ Time: _____
 Referred To: _____ Time Counseling (Minutes): _____
 Signature: _____ Date: _____
 Copy sent to PCP

Support and Advocacy

- Sustainable Education and Training Model under Pharmacist-Provider Reimbursement (SETMuPP)
- Transformation demonstration project for developing sustainable pharmacist-provided healthcare services through reimbursement
- Components
 - Curricular change
 - Billing support
 - Advocacy

Support for Practicing Pharmacists

- Community IPPE Pharmacist Survey
 - Interviews conducted by current PIs
 - Purpose
 - Identify and address needs that will inform the curriculum and training needs for practicing pharmacists
 - Assessing
 - Current pharmacist-provided services
 - Confidence in and barriers to offering pharmacist-provide services
 - Current reimbursement for pharmacist-provided services
 - Confidence in and barriers to billing for pharmacist-provided services

Support & Advocacy – Next Steps

- Universal Needs
 - Create sustainable practice models for pharmacist prescribing
 - Develop training and continuing professional development programs for practicing pharmacists
 - Knowledge and skills needed for independent prescribing
 - Seeking reimbursement for services provided
- Idaho
 - Identify Idaho-specific barriers to reimbursement
- Alaska
 - Advocacy for expanded scope of practice to align with Idaho

Collaboration

Idaho State/Board of Pharmacy Collaborative Efforts

Legislator education about PharmD education and training Committed to advancing CPE offerings for practicing pharmacists in a variety of formats

Current Efforts

Involvement of BOP members and staff on Dean's Advisory Council and in strategic planning Research on implementation of new services and assessment of curricular advances

Idaho State/Board of Pharmacy Collaborative Efforts

Continued engagement with legislature advocating for sustainable services

Enhanced training and resources for pharmacies implementing new services (involvement with ACT and CPESM)

Future Plans

Establishment of a Center for Pharmacy Practice Transformation

Expanded research following implementation of new services

Practice Exercise

Curricular Strategies

Discuss how independent pharmacist prescribing would affect the PharmD curriculum. What modifications would need to be considered?

- What course(s) are effected?
- Are there non-therapeutic content considerations?
- Opportunities for practice/longitudinal assessment in curriculum?
- Experiential education considerations?
- Resources available?

Board Collaboration

How can colleges support BOP efforts?

- Assistance with implementation of new services allowed by law?
- What are the training considerations for practicing pharmacists?
- Curricular modifications?
- Testifying to state legislators about current training practices?

How can BOPs support college efforts?

- Participation in strategic planning?
- Participation in the PharmD curriculum?

Questions

