

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.

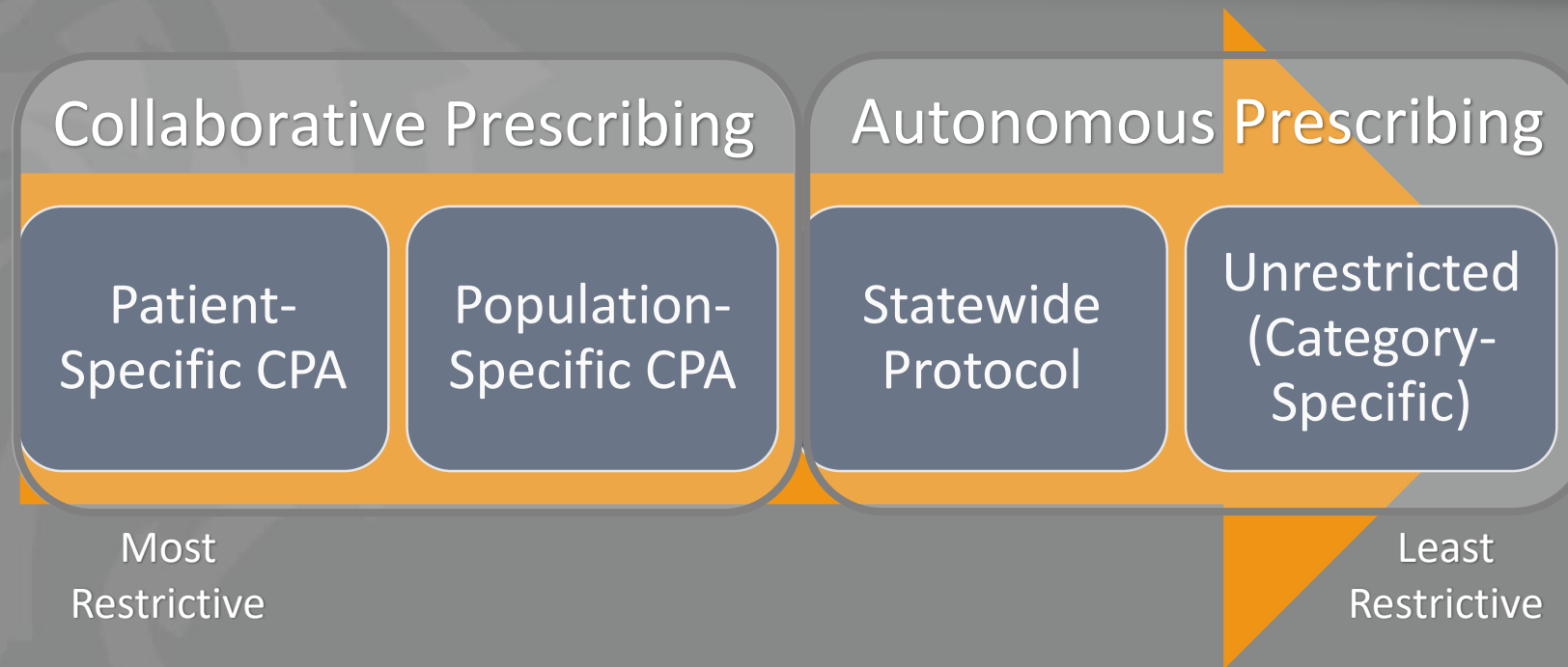
Learning Objectives

- 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.

Continuum of Pharmacist Prescriptive Authority



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

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 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

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

Clinical Knowledge

- 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

- Introduction to Pharmacy Practice I Lab (Fall P1)
- Therapeutics Module Labs (Fall P2 – Spring P3)

Patient Care Process & Problem Solving

- Introduction to Pharmacy Practice I (Fall P1)
- Problem Based Learning Series (Spring P1 – Spring P3)

Pharmacy Administration (workflow, reimbursement)

- Introduction to Pharmacy Practice I (Fall P1)
- Health Care II Lecture & Lab (Spring P2)

Clinical Application

- IPPE Community
- APPE Community

Interprofessional Education

- Covered in collaboration with Idaho State health profession partners

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 pharmacist-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

Curricular Changes Implemented

- **Working to update the curricular review and change process**
 - **Goal: Annual review of the entire curriculum to allow for faster changes**
- **Teaching the new law**
 - **Introduction to Pharmacy Practice I (Fall P1)**
 - **Pharmacy Law (Spring P3)**
- **Introduction to insurance and sustainable pharmacy services**
 - **Healthcare I Lecture (Fall P1)**
- **Teaching coding and billing for pharmacy services**
 - **Healthcare II Lecture & Lab (Spring P2)**
- **Influenza and strep throat POCT testing lab**
 - **Infectious Disease Therapeutics Module (Fall P3)**

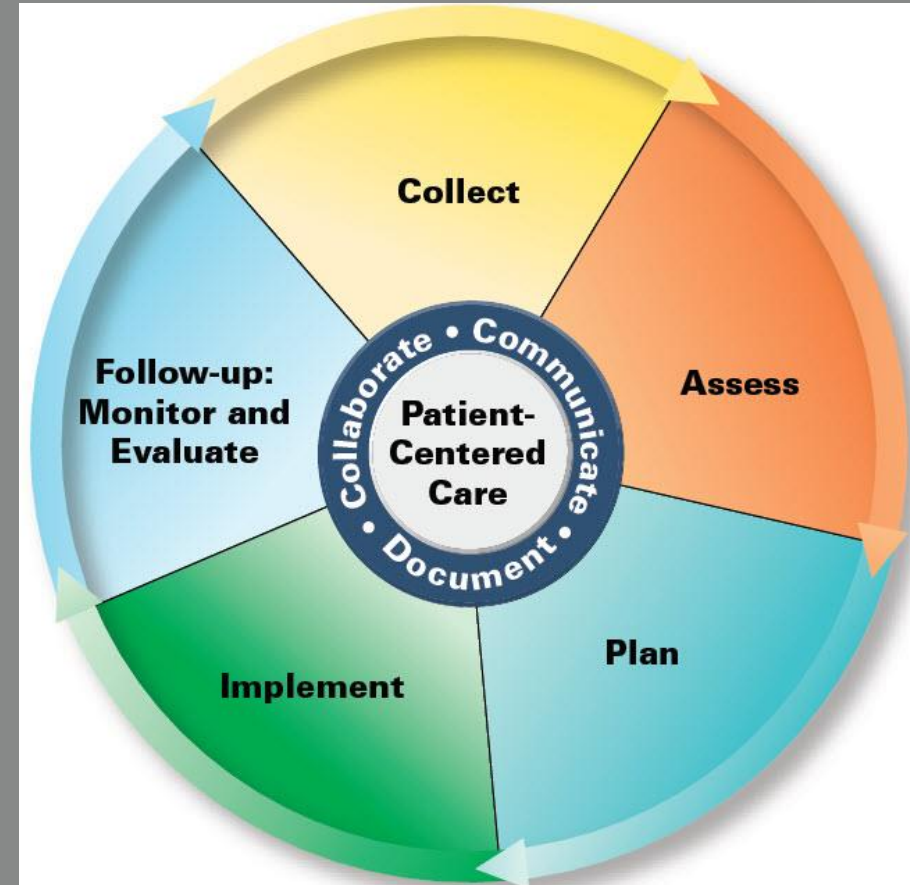
Example: POCT Lab (Fall P3: ID Module)

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

Patient Name: _____

Date: _____

Date of Birth: _____

New Return

SUBJECTIVE

HPI:

Date that symptoms began to occur _____ Onset: Sudden Gradual

Frequency: Constant Cyclic Episodic

Duration of symptoms: <1 day 1 day 2 days >2 days

Setting in which symptoms began to occur _____

Symptom improving factors _____

Symptom worsening factors _____

Headache? Yes No Severity: Mild Moderate Severe

Sore throat? Yes No Severity: Mild Moderate Severe

Viral symptoms: Conjunctivitis Coryza Diarrhea Hoarseness

Exanthema Oral Ulcer(s)

Comments: _____

Review of Systems:

Tonsillopharyngeal/ Immune/Lymph		GI/Other		CV/Pulmonary	
+	-	+	-	+	-
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Comments: _____

PMH: None

Received antibiotics

within last 30 days:

Yes No

Hx of strep pharyngitis

exposure:

Yes No

Hx of renal dysfunction:

Yes No

FH/SH:

Do you live/work around children? Yes No

Do you practice good hygiene habits (i.e. washing hands)? Yes No

Have you recently shared any items with anyone else (drinking glasses, eating utensils, etc.)? Yes No

Do you smoke or use illicit drugs? Yes No

Do you consume alcohol? Yes No

of Alcoholic Beverages Consumed Per Day: _____

Leisure time/Comments: _____

OBJECTIVE

Vital Signs:

Age: _____ Weight: _____ BMI: _____

Temperature: _____ Respirations: _____

Blood Pressure: _____ Pulse: _____

Oxygen Saturation: <90% Other: _____

Labs: _____ Date: _____

SrCr: _____ Not available

eCrCl: _____ Not available

Throat swab/CLIA-waived test results:

Positive Negative

Strep Throat: **Assess**

ASSESSMENT

Centor Score:

- Absence of cough (1 pt)
- Swollen/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)
- ≥45 years old (-1 pt)

Score: _____

Eligibility For Treatment:

Eligible

- 6-45 years old
- Centor score ≥2
- Positive CLIA-waived test

Not Eligible

- <6 or >45 years old
- Received antibiotics within past 30 days
- Pregnant/breastfeeding
- Immunocompromised by medication/condition
- Disease states:
 - Systolic hypotension <100 mmHg
 - Oxygenation <90%
 - Tachypnea >25 breaths/min (>20 breaths/min for <18 years old)
 - Tachycardia >100 bpm (>119 bpm for <18 years old)
 - Temp >103°F (>102°F for <18 years old)
 - History of renal dysfunction

CPT Codes

- 99202 (new patient, no ROS required, level 2 code, outpatient/in-office visit, ~10 min visit)
- 99203 (outpatient, new patient w/ medical hx, level 3 code, ~15 min visit, more in-depth examination/medical decision-making)
- 99212 (established patient, no ROS required, level 2 code, outpatient/in-office visit, ~10 min visit)
- 99213 (outpatient, established patient w/ medical hx, level 3 code, ~15 min visit, more in-depth examination/medical decision-making)

Billing

- CLIA waived code 87880QW (rapid A strep test throat swab)

- Eligible (Patient meets the inclusion criteria for pharmacist prescriptive authority in strep throat treatment); ICD-10-CM J02.0**
- Not Eligible (Patient does not meet the inclusion criteria for pharmacist prescriptive authority in strep throat treatment - patient referred to alternative healthcare provider)**

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 higher doses), neutropenia, thrombocytopenia, increased risk of *C. difficile* infection

Amoxicillin

Dose:

- Children ≥ 3 years old-Adolescents:
 - 25 mg/kg BID 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: _____ Date: _____

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 P1s**
 - **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 CPESN)

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

