

## Community Pharmacy Practice Transformation: Flip the Pharmacy

Brian Clark  
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## Disclosures

*Brian Clark and Erin Dalton do not have (nor does any immediate family member have) actual or potential conflict of interest, within the last twelve months; a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity; or any affiliation with an organization whose philosophy could potentially bias this presentation.*

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## Learning Objectives - Pharmacist

After completing this session, learners will be able to:

- Identify the opportunities and need for practice transformation in community pharmacy
- Describe the Flip the Pharmacy Program and its objectives
- Examine the importance of eCare plan documentation
- Illustrate successful practice transformation efforts in community pharmacies participating in the Flip the Pharmacy program

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## Value vs Volume



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## Practice Transformation

- Enhanced Services
- Immunizations
- Point-of-Care Testing
- Collaborative Practice Agreements
- Clinical Medication Synchronization/Packaging
- Behavioral Health Management
- Chronic Care Management/Annual Wellness Visits
- Medication Therapy Management
- Transitions of Care
- Medication Reconciliation

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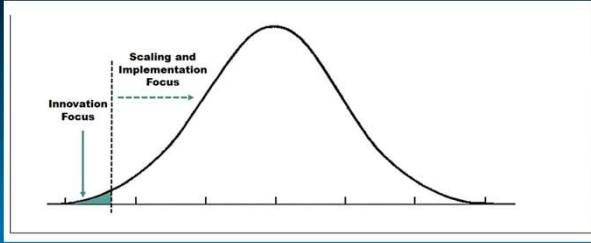
## Practice Transformation

- Asheville Project
- Better Adherence
- Better Clinical Measures
- Lower Overall Cost of Care
- Increased Worker Productivity
- Focus: Great deal of resources and effort on innovation in community-based pharmacy practice

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## Practice Transformation

- We don't have an innovation problem; we have a scalability problem...

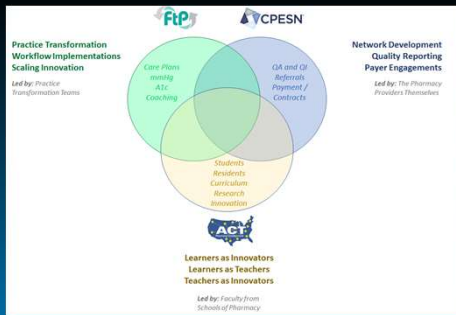


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## Alphabet Soup

- CPESN – Community Pharmacy Enhanced Services Network  
www.cpesn.com
- ACT Pharmacy Collaborative – Academia-CPESN Transformation Pharmacy Collaborative  
www.actforpharmacy.com
- FtP – Flip the Pharmacy  
www.flipthepharmacy.com
- CPF – Community Pharmacy Foundation  
www.communitypharmacyfoundation.org

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## Why Flip the Pharmacy?

Majority of prescriptions filled are used to treat chronic conditions

Healthcare system is built to treat acute conditions

Current model is unsustainable

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**Ultimate Goal:**  
Create a Model that is Sustainable and makes Pharmacist Activities Irreplaceable

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## Flip the Pharmacy

- Intensive, hands-on, prescriptive, domain-centered change
- Scalable practice transformation efforts
- Structured process with sufficient intensity and duration to stick with the pharmacy after the transformation process is complete

www.flipthepharmacy.com

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## Flip the Pharmacy

### Program Impact & Goals

**Full Program Impact:** 5,000+ Pharmacy Locations Influenced by Program Over 5 Years

**Initial Program Goals:**

- 1 Million Care Plans Submitted Using eCarePlan HL7 Standard
- 1 Million Unit Reduction in Systolic mmHg
- 50 Thousand Percentage Point Reduction in HbA1c
- More to come...

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## Flip the Pharmacy Domains

- Leveraging the Appointment-Based Model
- Improving Patient Follow-up and Monitoring
- Developing New Roles for Non-Pharmacist Support Staff
- Optimizing the Use of Technology and Electronic Care Plans
- Establishing Working Relationships with Other Care Team Members
- Developing the Business Model and Expressing Value

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## What Makes This Different?

- 5-year partnership between the Community Pharmacy Foundation and CPESN
- Anyone can participate
- Team-based approach
- Curriculum/Change packages

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## Backbone of Flip the Pharmacy

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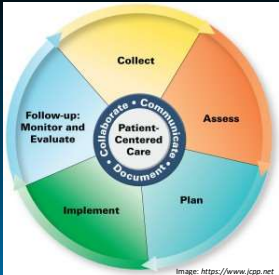
## Clinical Medication Synchronization

- What is it?
- What will it do for my pharmacy?
  - Proactive control
  - Inventory management
  - Reduce “double” work
  - Companion sales and streamlined clinical services
  - Improved patient adherence
- What will it do for my patients?
  - Improved adherence
  - Fewer trips to the pharmacy
  - Better outcomes

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## eCare Plan

- Patient care plan
- Documentation of patient
  - Demographics
  - Goals
  - Medications
  - Drug therapy problems
  - Laboratory data
  - Payer information and billing



www.ecareplaninitiative.com

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## eCare Plan

- Benefits
  - Continuity of care
  - Organization
  - Follow-up and monitor
  - Tell your story
- Why now?



Image: https://www.jppp.net

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## COVID-19 Pivot

- Clinically Integrated Network
- Federal Pharmacy Partner
- Best Practices
- Sample Documents
- Change Packages
- Resources

www.COVID19estPractices.com

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## National Data

October 2019–October 2021 (2 Cohorts)

- 37 FtP Teams
- 829 Pharmacies
- 1,354,999 eCare Plans Submitted
- 49,311 Immunization-focused eCare Plans Submitted
- 47,306 Blood Pressure Measurements Reported
- 1,285 A1c/Blood Glucose Measurements Reported

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## What Have We Learned?

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### Learning Assessment Question 1

True or False: Most resources and efforts in community-based pharmacy transformation have been centered around innovation.

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### Learning Assessment Question 2

Which of the following are Enhanced Services?

- A) Immunizations
- B) Medication Dispensing
- C) Medication Therapy Management
- D) Both A and C

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### Learning Assessment Question 3

Benefits of Medication Synchronization Programs include:

- A) Improved Patient Adherence
- B) Better Outcomes
- C) Better Inventory Management
- D) All of the above

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### What to Tell Your Mama You Learned Today

- 1) Practice transformation is necessary to continue for our practice to be sustainable
- 2) Focusing on longitudinal patient care will allow us to transform our pharmacies into a model that is better suited to keep patients healthy
- 3) Clinical Medication Synchronization and eCare plans are the backbone of practice transformation in pharmacy

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# Pharmacy Workforce Dynamics: Pandemic and Beyond

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American Association of  
Colleges of Pharmacy **AACP**

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## Financial Disclosures

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## Objectives

- Identify the factors in practice and higher education that are affecting the current state of the pharmacy applicant pool and opportunities to address them.
- Describe how pharmacists, student pharmacists, and pharmacy technicians secured significant expansion opportunities throughout the pandemic.
- Discuss how state and national pharmacy organizations are working to retain these authorities in the post-pandemic period and how individuals and organizations can assist.

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## Perfect Storm



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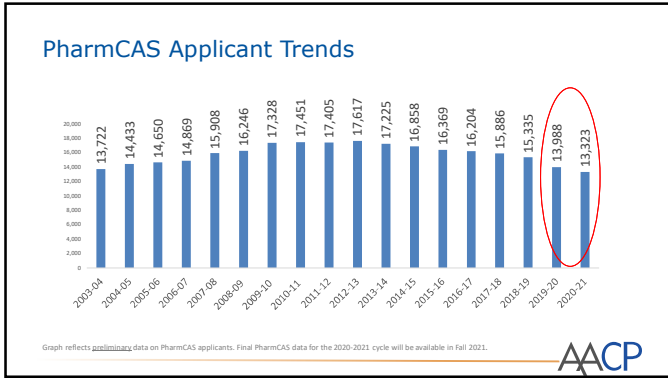
**Riding the Waves of Change –  
Opportunities for Pharmacy**

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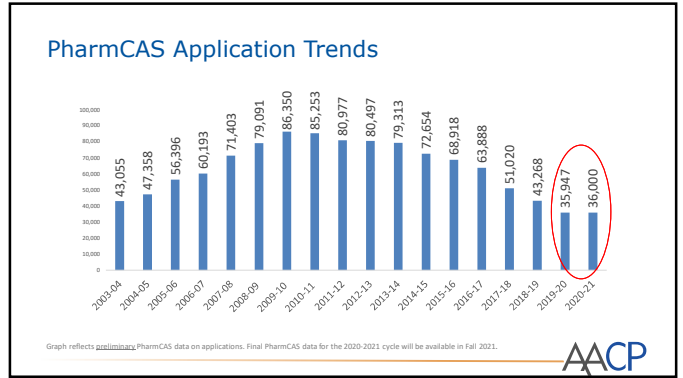
## Current State of Pharmacy Admissions

**AACP**

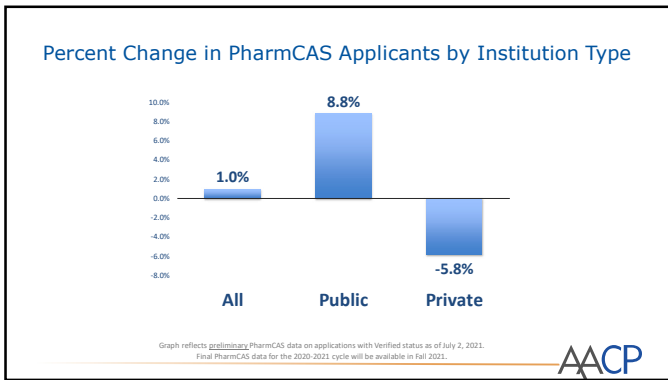
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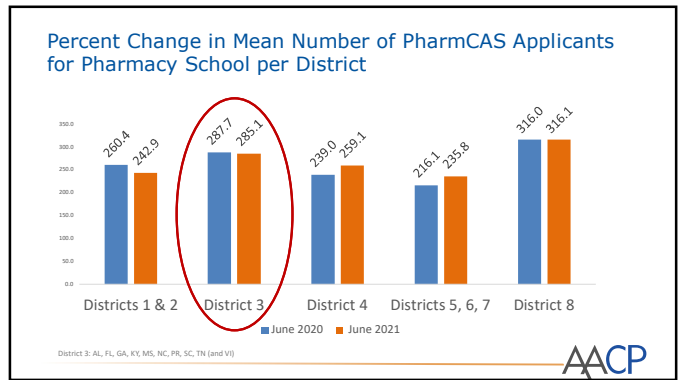
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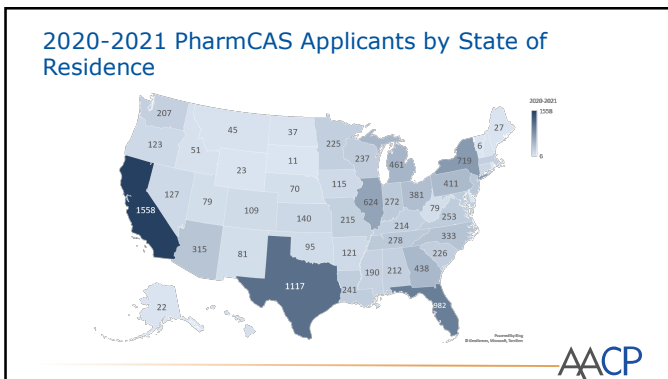
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### # of PharmCAS Applicants by State of Residence – District 3


District #3	# of PharmCAS Applicants with Permanent Residence in State by Cycle		
	2019-2020	2020-2021	% Change
Alabama	256	212	-17%
Florida	957	982	3%
Georgia	495	438	-12%
Kentucky	250	214	-14%
Mississippi	210	190	-10%
North Carolina	353	333	-6%
Puerto Rico	361	437	21%
South Carolina	251	226	-10%
Tennessee	366	278	-24%
Virgin Islands	5	1	-80%
<b>TOTAL # of PharmCAS Applicants with Permanent Residence in District #3</b>	<b>3,504</b>	<b>3,311</b>	<b>-6%</b>

Table does NOT reflect the number of applicants who applied to pharmacy schools located in District #3.

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### National Enrollment Trends

- Decline in birthrates
- Decline in undergraduate enrollment
- Greater decline in the student pipeline in the Northeast
- Growth in Hispanic/Latinx populations in West
- More first-generation college students
- Schools perceived as prestigious experience application growth
- Decline in international student enrollment
- Movement away from standardized testing for admissions



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### Pharm.D. Seats Available vs. Filled




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### P1 Pharm.D. Seats Available vs. Filled PharmCAS Institutions

2020-2021 Cycle for 2021 Entering Class	For PharmCAS Institutions					
	Target # of Seats Available	Maximum # of Seats Available	# of Seats Filled	# of PharmCAS Applicants	Ratio of Applicants to Target # of Seats	Ratio of Applicants to Max # of Seats
	13,296	15,419	N/A	13,315	1.00	0.86

\* Table reflects preliminary PharmCAS data as of July 2, 2021.  
\* Final PharmCAS data for 2020-2021 will differ from the table and be available in Fall 2021.




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### Mean # of Pharm.D. Seats per P1 Entering Class

Category	2018 Entering Class	2019 Entering Class	2020 Entering Class	2021 Entering Class
Target	112.2	108.5	101.1	99.8
Maximum	120.1	118.1	115.0	115.2
Filled	107.0	101.2	93.8	

\* Table reflects school reported seats data for each Pharm.D. P1 entering class for PharmCAS and non-PharmCAS schools.  
\* 2020 and 2021 seats data are based on school-reported numbers in the PharmCAS School Directory.  
\* 2018 and 2019 seats data are based on previous school-reported data captured in the AACCP Seat Survey results.  
\* Seats filled data is only available for the 2021 entering class.  
\* Previous seat estimates for the 2020 entering class differ due to updated data.




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### School Changes to 2021 P1 Entering Class Size

Change	Maximum Class Size	Target Class Size
INCREASED Class Size	8%	10%
NO CHANGE to Class Size	84%	70%
REDUCED Class Size	8%	20%

\* Graph reflects school-reported seats data for the 2021 Pharm.D. P1 entering class for both PharmCAS and non-PharmCAS schools, as captured in the 2021-2022 PharmCAS School Directory.  
\* Seats filled data for the 2021 entering class is not yet available.




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### Mean Science and Cumulative Undergraduate GPAs for PharmCAS Applicants as of June 22

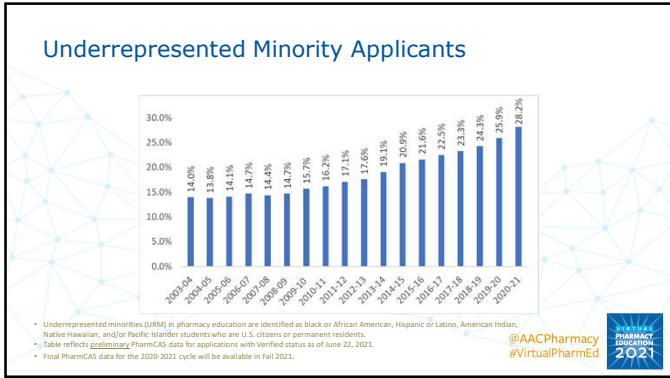
Year	Undergraduate Science GPA	Undergraduate Cumulative GPA
2003-04	3.43	3.34
2004-05	3.47	3.37
2005-06	3.48	3.39
2006-07	3.49	3.40
2007-08	3.45	3.35
2008-09	3.42	3.30
2009-10	3.41	3.29
2010-11	3.40	3.29
2011-12	3.40	3.27
2012-13	3.38	3.25
2013-14	3.36	3.23
2014-15	3.34	3.21
2015-16	3.32	3.18
2016-17	3.31	3.16
2017-18	3.30	3.15
2018-19	3.30	3.15
2019-20	3.24	3.07
2020-21	3.26	3.11

\* Table reflects preliminary PharmCAS data for applications with Verified status as of June 22, 2021.  
\* Final PharmCAS data for the 2020-2021 cycle will be available in Fall 2021.



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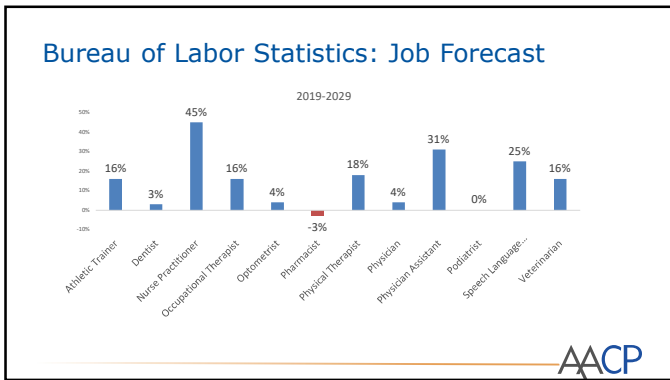




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### COVID-19 and Other Factors on Application Decline

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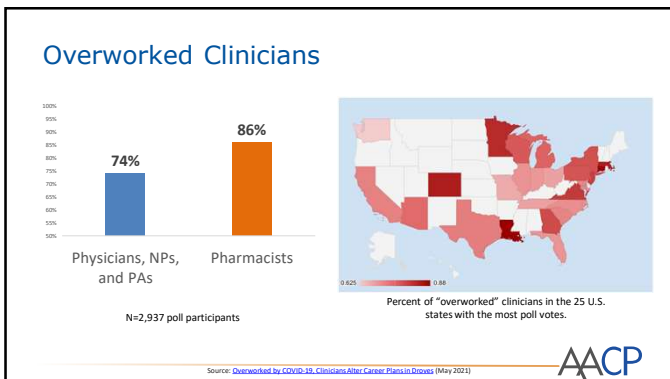
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### U.S. News and World Report

Year	Ranking of Pharmacists by U.S. News and World Report		
	100 Best Jobs	Best Healthcare Jobs (out of 29)	Best Paying Jobs
2013	#3		
2014	#5	#3	#8
2015	#26		#10
2016	#29		
2017	#36	#23	#20
2018	#45		
2019	#55	#27	#21
2020	Not in Top 100		
2021	Not in Top 100	#29	#20

Source: U.S. News and World Report

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### Influence of Pharmacists on Applicant Perceptions

Most of the pharmacists I have met don't like their jobs. So hopefully, I won't be like them.

All of the pharmacists I have worked with have stated that I should I not go into the profession and it's not worth it. They wished they hadn't wasted their time and money because it's almost impossible to find a job, and good luck to me because I'll need it.

I was told many times the profession is overly saturated.


Many pharmacists advised me that the field was saturated and stressful with pay declining.

Source: 2020-2021 PharmCAS Applicant Survey Results

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### Discussion

- What are your major concerns about the impact of current application trends on the future of the profession?



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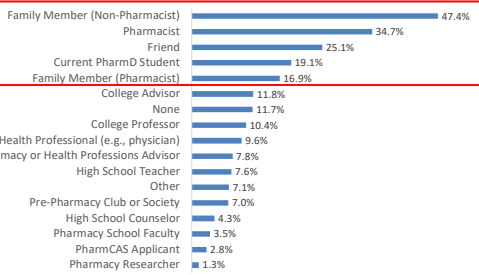
### Good News – A Possible COVID Boost

#### Remarkable Contributions of Pharmacists and Student Pharmacists





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### Influencers



Influencer	Percentage
Family Member (Non-Pharmacist)	47.4%
Pharmacist	34.7%
Friend	25.1%
Current PharmD Student	19.1%
Family Member (Pharmacist)	16.9%
College Advisor	11.8%
None	11.7%
College Professor	10.4%
Other Health Professional (e.g., physician)	9.6%
Pre-Pharmacy or Health Professions Advisor	7.8%
High School Teacher	7.6%
Other	7.1%
Pre-Pharmacy Club or Society	7.0%
High School Counselor	4.3%
Pharmacy School Faculty	3.5%
PharmCAS Applicant	2.8%
Pharmacy Researcher	1.3%

Source: 2020-2021 PharmCAS Applicant Survey Results



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### Pharmacy's Unprecedented Cohesiveness – March 2020 to Today

April 9, 2020

**Statement by Pharmacists for Healthier Lives on the U.S. Department of Health and Human Services' Decision to Authorize Licensed Pharmacists to Order and Administer COVID-19 Tests**




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### PharmCAS Applicant Survey Results

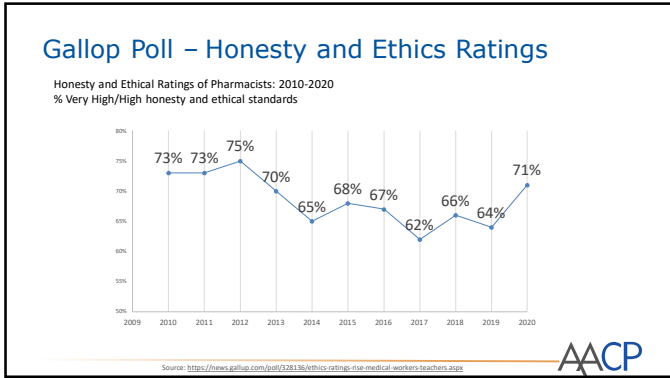
Why did you choose to pursue a career as a pharmacist? Check all that apply.

Interest in helping people	83%	Interest in pharmaceutical research	42%
Desire to work as part of the healthcare team	80%	Job flexibility	42%
Interest in knowing how medicines work in the body	79%	Job security	41%
Interest in making a difference in the world	65%	Prestige of earning a Pharm.D. degree	39%
Interest in direct patient care	59%	Opportunities for advanced and specialized practice (e.g., oncology pharmacy)	39%
Interest in STEM careers	50%	Potential for leadership on the healthcare team	36%
Job salary	50%	Positive life experience with a pharmacist	35%
Work/life balance	49%	COVID-19 and role of pharmacists in fighting the pandemic	32%
Interest in healthcare fields that are less physically or medically intrusive with patients	45%	Prestige of a pharmacist career	31%
Pharmacists are essential employees	44%		

Source: 2020-2021 PharmCAS Applicant Survey: N=13,540 item responses in 1,429 complete results. Slide reflects top survey responses only.



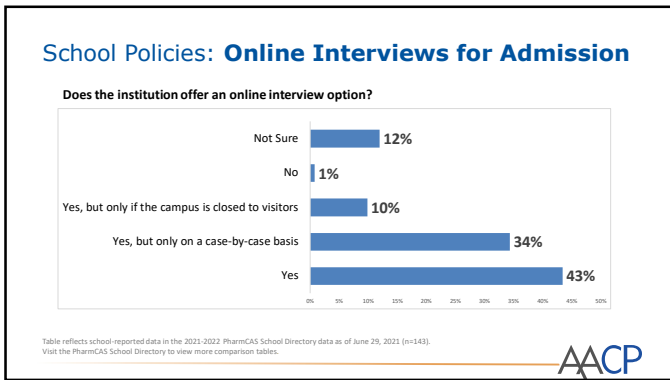
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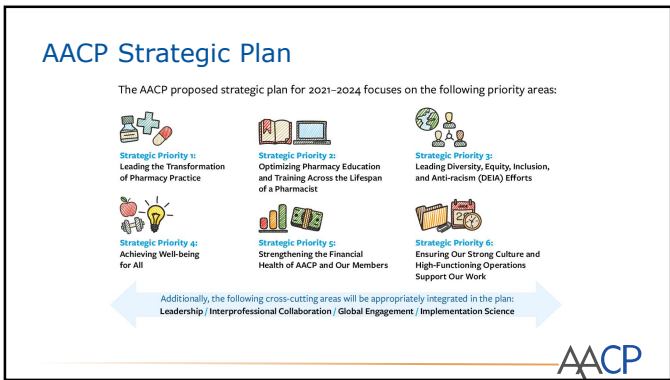
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- ### COVID-19: Disruption and Innovation
- Virtual Interviews
  - Virtual Tours
  - Standardized Test Waivers
  - Unofficial Transcripts
  - Acceptance of Pass/Fail Courses

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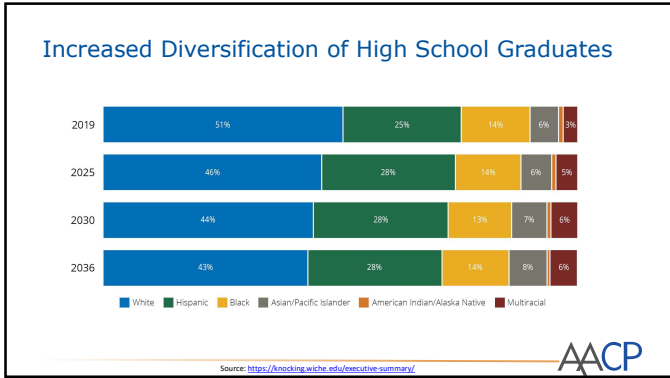
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- ### Focus on Well-being and DEIA
- Achieving Well-being for All**
- Promote Well-being for AACP
  - Promote Well-being in Colleges and Schools of Pharmacy
  - Promote Well-being in the Health Professions
  - Promote Well-being for All
- Pharmacist's Fundamental Responsibilities and Rights**  
<https://www.pharmacist.com/pharmacistsresponsibilities>

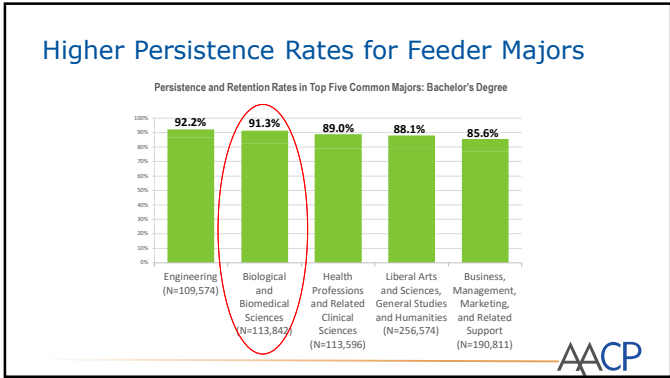
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- ### Focus on Well-being and DEIA
- Leading Diversity, Equity, Inclusion, and Anti-racism (DEIA) Efforts**
- Cultivate and Support a More Diverse Population of Learners
  - Cultivate and Support a More Diverse Faculty
  - Lead in Creating and Providing DEIA Professional Development Activities
  - Enhance Curricular and Co-curricular Activities
  - Expand Collaborations and Research

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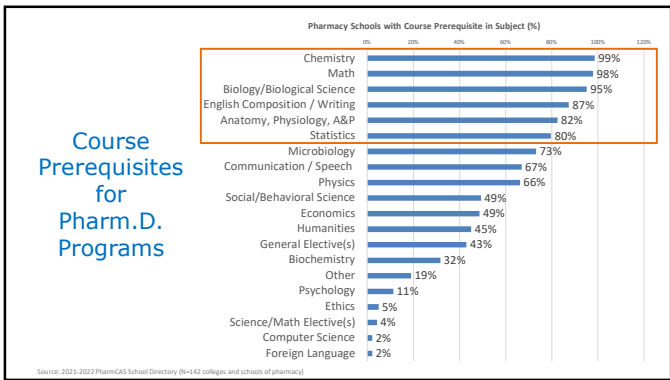
### Pharmacy Admission Barriers

2021 PharmCAS Applicant Survey

Barrier	AGREE
I had trouble taking one or more course prerequisites because classes were full before I could register.	21%
I had trouble taking one or more course prerequisites because the course is not offered at my school or had limited availability.	25%
COVID-19 impacted my ability to fulfill one or more course prerequisites.	18%
I had trouble completing one or more course prerequisites due to the other requirements for my major.	16%
I worked 20+ hours per week while I was taking college classes.	46%
I had to take classes during an "extra" term (e.g., summer) to complete all of the course prerequisites.	57%
I had significant family caretaking responsibilities while I was taking college classes.	31%
The financial hardship of funding my education may limit my ability to complete the program.	23%

Source: 2020-2021 PharmCAS Applicant Survey; N=1429; Item responses in 1429 complete results. Slide reflects "Agree" responses only.

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### Applicant Survey: Impact of Recruitment Events

How did virtual and/or on-campus events influence your decision to become a pharmacist?	A PIVOTAL experience that significantly influenced my decision to pursue pharmacy	A POSITIVE experience that influenced my decision to pursue pharmacy	A NEUTRAL experience that did not significantly influence my decision to pursue pharmacy	I did not participate in this type of event
AACP Virtual Pharmacy School Fair	5%	10%	5%	80%
Pharmacy School Event - Virtual	7%	17%	7%	69%
Pharmacy School Event - On Campus	18%	30%	6%	45%
Health Prof or Grad School Fair - Virtual	7%	13%	7%	73%
Health Prof or Grad School Fair - On Campus	12%	25%	7%	57%
College Fair	10%	19%	10%	61%

Source: PharmCAS 2019-2020 Applicant Survey (June 2020) N=2296

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- ### Student Recruitment Strategies
- Promote the **profession**, not the school
  - Move beyond short-term enrollment goals
  - Collaborate with K-12 schools and community colleges to create seamless degree pathways
  - Eliminate potential barriers to admission
  - Connect prospective students to pharmacists in various settings
  - Amplify the Pharmacy Is Right for Me (Pharm4Me) and Pharmacists for Healthier Lives campaigns.

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### Pharmacy Is Right for Me Campaign

PHARMACY Is Right For Me

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### Rising from the Storm: A Post-pandemic View of Pharmacy's Future

- SOTUS Victory for Arkansas (and beyond) – PBM Regulation
- Centene Settlement in Ohio and Beyond – Shenanigans disclosed
- Extraordinary Focus on Changing Payment for Patient Care
  - Medicare
  - Medicaid
  - Commercial
- Spotlight on Pharmacists' Accessibility for Health Equity

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### Discussion

- How can practice and education collaborate to stem the tide and reverse the recent application trends?
- What roles can state boards play in securing the Covid-19 gains?
- Do you have specific recommendations for AACP and NABP?

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We welcome your thoughts, questions, and discussions

Thank You!

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## Beating Burnout by Raising Resilience

Erika E. Tillery, PharmD, BCPP, BCGP, FASCP

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NABP/AACP District 3 Conference

October 4, 2021

12:30-2:00 pm

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## Faculty Disclosure

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## Learning Objectives

*At the conclusion of this activity, the pharmacist will be able to:*

1. Identify the **signs, symptoms**, and **risk factors** of burnout.
2. Utilize a common rating scale to **assess** one's **risk** of burnout.
3. Select strategies to **build resilience** and **overcome** burnout.

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## Self-Assessment Question #1

Which of the following is considered the distinguishing characteristic of burnout?

- A. Cynicism
- B. Exhaustion
- C. Ineffectiveness
- D. Stress

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## Self-Assessment Question #2

Select the tool recognized as the leading measurement of burnout.

- A. AWS
- B. BAT
- C. MBI
- D. PHQ

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## Self-Assessment Question #3

Which of the following strategies raises resilience?

- A. Avoid volunteer activities
- B. Become a pessimistic ruminator
- C. Complain to a colleague frequently
- D. Engage in regular exercise

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### Which statement applies to you?

- A. I have experienced burnout **multiple times** in my life.
- B. I have experienced burnout **once**.
- C. I have **NEVER** experienced burnout.
- D. I have experienced **stress** in the **past week**.

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### Stress

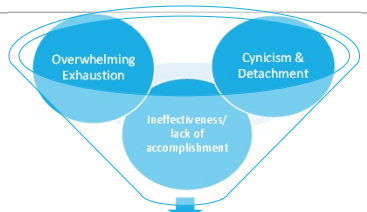
- Merriam-Webster defines stress as:
  1. "a state of **mental tension** and **worry**"
  2. "something that causes strong feelings of **worry** or **anxiety**"
  3. "physical force or pressure"
- Acute vs. chronic
- Prolonged stress may contribute to serious health consequences



<https://www.apa.org/news/press/releases/stress/2021/one-year-pandemic-stress>

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### Burnout Defined

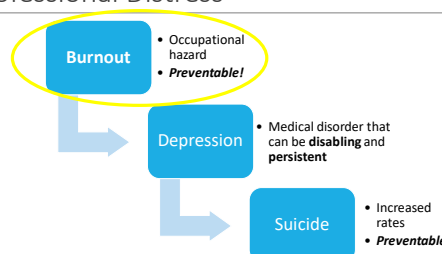


A psychological syndrome emerging as a **prolonged response to chronic stressors** on the job

1. Chopra & Sotile. JAMA. 2004;291(5):633. doi:10.1001/jama.291.5.633  
2. WHO ICD-11. <https://www.who.int/news/item/28-05-2019-burn-out-an-occupational-phenomenon-international-classification-of-diseases>

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### Professional Distress



- Burnout**
  - Occupational hazard
  - **Preventable!**
- Depression**
  - Medical disorder that can be **disabling and persistent**
- Suicide**
  - Increased rates
  - **Preventable!**

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### Assessment of Burnout

- Maslach Burnout Inventory
  - 50 items; 30 minutes
  - Gold standard**
  - \$20 individual reports/\$250 group reports
- Burnout Self-Test (15 Questions)
  - Available at: [https://www.mindtools.com/pages/article/newTCS\\_08.htm](https://www.mindtools.com/pages/article/newTCS_08.htm)

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### Pharmacy = High Risk of Burnout

- 61.2% of pharmacists** experience burnout
- High workload, constant **interruptions**, angry clients, importance of task
- Chronic staffing shortages
- Heavily **regulated** environments
- Excessive documentation**
- Inability to control requests
- Lack of **positive feedback** and/or **focus on negative outcomes**
- Incongruence between **expertise** and **job components**
- Inadequate resources**



McE et al. J Am Pharm Assoc. 2004; 44(2):11. Pharmacy Times. 2008; 14(10):14. Patient and OR Graduate. US Pharm. 2020;45(9):14-19

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### Burnout in Pharmacy Warning Signs

10 Signs of Burnout with Examples		
1	Negative reactions to routine patient requests or to patients themselves	"How many times do I have to tell this idiot to take it with food?"
2	Sense of detachment from organizational requirements	"It's only a job. If they want me to waste time filling out stupid paperwork, fine."
3	Sense of feeling trapped in a job or cannot leave work at the office	"I would job search, but all community pharmacies have the same problems."
4	Sense of being overwhelmed with no control over work demands	Staff orders are not the exception; mandatory overtime is assigned.
5	Engaging in work that violates your sense of obligation or values	"I should be counseling patients, but I don't have time."
6	Withdrawal and isolation from co-workers and/or increased irritability with others	"Do these turkeys really think I want to have lunch with them?"
7	Extreme boredom going through motions at the pharmacy	Delivering monotonous, well-rehearsed patient counseling
8	Chronic emotional or physical exhaustion	"If I could, I would retire tomorrow."
9	Dreading work or constantly looking for reasons to escape work	"Another day with the job from hell." "I can't wait for my next day off."
10	Minimizing one's effectiveness or feeling unappreciated	"Peel and stick; push pills; that's all we do around here."

Matt et al. / Am Pharm Assoc. 2004;42(2):20. Pharmacy Times. 2008. Available at: <http://www.pharmacytimes.com/publications/issue/2008/08/08-03-04-04>

13

### Time Allocation: Goal vs Reality

Balanced Time=IDEAL

Actual Time Allocation

Health Work Partner Family Friends Exercise Spiritual Household Personal

14

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**Robert Half**

https://i.pinimg.com/originals/93/0d/16/930d16321c56e64e28e7c52688f933.jpg & https://i.pinimg.com/736x/01/02/3b/0102023b10f009f081342c3689c211-office-humor-work-humor.jpg

15

### Strategies to Overcome Burnout

- Realistic recognition (overcoming denial)
- Exercise, sleep, nutrition
- Take breaks/vacations
- "Okay" is "good enough"
- Find a way to unshackle yourself from technology
- Supportive professional relationships
- Get a dog

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### Strategies to Overcome Burnout

- Mentor someone
- Talking things out with others
- Group activities and rewards/recognitions
- Hobbies outside work
- Personal relationships
- Boundaries – learn to say "no thank you"
- Humor

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### Resilience

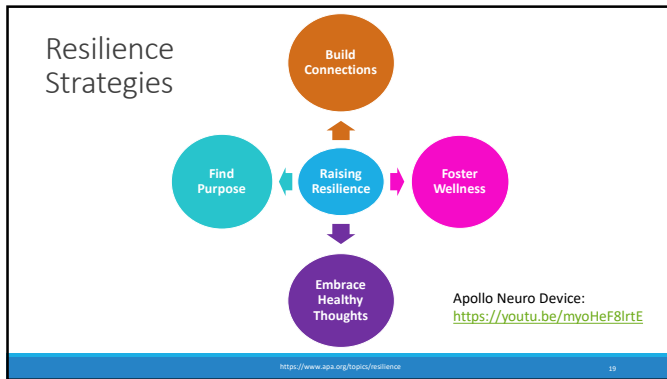
- Defined as "an ability to recover from or adjust easily to misfortune or change" ~ Merriam-Webster
- "The process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress" ~ American Psychological Association

https://www.apa.org/topics/resilience

https://www.merriam-webster.com/dictionary/resilience & https://www.apa.org/topics/resilience

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19



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## Mindfulness Exercises

1. Focus on what you are **doing**, **thinking**, and **sensing** at this moment.
2. Focus attention on your breath for 1 minute.
3. Expand your focus outward → from body to environment

CE Ackerman, Positive Psychology.com "22 Mindfulness Exercises, Techniques & Activities for Adults & Kids" <https://12.ap.com/www.thepathwaysuccess.com/wp-content/uploads/2020/06/2020-11-11.pdf?resize=600x400&ssl=1>

21

## Group Activity

1. Work in teams of 2 or 3
2. **One person per team speaks** while the other listens for understanding
3. Listener: if you have a thought while listening, **let it go and immerse yourself** back into listening

M. Wiseman, *Build Resilience: Evidence-Based Strategies and Practices*, Mar 2018.

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## Burnout Prevention & Resilience Resources

- American Pharmacists Association (APhA) web page dedicated to promoting Well-Being & Resiliency – <https://pharmacist.com/wellbeing>
- National Academy of Medicine Action Collaborative on Clinician Well-being and Resilience – <https://nam.edu/initiatives/clinician-resilience-and-well-being>
- 10 TED Talks for when you feel burnt out – [https://www.ted.com/playlists/245/talks\\_for\\_when\\_you\\_feel\\_total](https://www.ted.com/playlists/245/talks_for_when_you_feel_total)
- Burnout Response for Leaders – <https://www.workplacestrategiesformentalhealth.com/resources/burnout-response-for-leaders>
- American Psychiatric Association – <https://www.psychiatry.org/psychiatrists/practice/well-being-and-burnout/well-being-resources>

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## Self-Assessment Question #1

Which of the following is considered the distinguishing characteristic of burnout?

- A. Cynicism
- B. Exhaustion
- C. Ineffectiveness
- D. Stress

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### Self-Assessment Question #1

Which of the following is considered the distinguishing characteristic of burnout?

- A. Cynicism
- B. Exhaustion
- C. Ineffectiveness
- D. Stress

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### Self-Assessment Question #2

Select the tool recognized as the leading measurement of burnout.

- A. AWS
- B. BAT
- C. MBI
- D. PHQ

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### Self-Assessment Question #2

Select the tool recognized as the leading measurement of burnout.

- A. AWS
- B. BAT
- C. MBI
- D. PHQ

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### Self-Assessment Question #3

Which of the following strategies raises resilience?

- A. Avoid volunteer activities
- B. Become a pessimistic ruminator
- C. Complain to a colleague frequently
- D. Engage in regular exercise

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### Self-Assessment Question #3

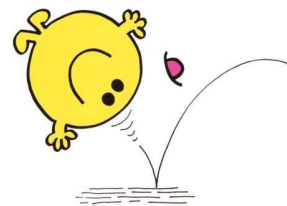
Which of the following strategies raises resilience?

- A. Avoid volunteer activities
- B. Become a pessimistic ruminator
- C. Complain to a colleague frequently
- D. Engage in regular exercise

29

## MR. BOUNCE

by Roger Hargreaves




Thank you for your  
**time & attention.**

Questions?

Please contact Erika  
via e-mail at:  
[etillery@presby.edu](mailto:etillery@presby.edu)

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John N. Rocchio, PharmD., RPh.  
Sr. Director, Pharmacy Regulatory Affairs

October 5, 2021

COVID SHIFT, AND THE EXPANSION OF PHARMACIST  
SCOPE OF PRACTICE IN THE WAKE OF A PANDEMIC;  
REGULATORY, TECHNOLOGICAL, AND ACADEMIC ENABLERS

1

## INTRODUCTION

John N. Rocchio, PharmD., RPh.

- Career Overview:
  - MA-registered pharmacist since 2003
  - Community pharmacist (2003-2009)
  - Pharmacy Field Management (2009-2012)
  - Pharmacy Operations, Patient Safety Manager of Quality Process Improvement (2012-2014)
  - Senior Director, Pharmacy Regulatory Affairs, overseeing the regulatory relationship for CVS Health with an area stretching from Texas to Maine (2014-2021)
  - Senior Director, Government Affairs Policy (Current)

2

## OBJECTIVES

At the conclusion of this activity, the pharmacist will be able to:


- Describe and detail regulatory allowances that have been granted in response to the crisis
- Explain how these regulatory allowances enable pharmacist expanded scope of practice
- Discuss how the acceptance and incorporation of technology can aid pharmacists in delivering patient care
- Reference ongoing actions states are taking aimed at expanding pharmacist scope of practice
- Recognize how schools of pharmacy are preparing for the continued growth of pharmacists' role in increasing access to care

3

## CONFLICT OF INTEREST DISCLOSURE

John Rocchio has no relevant financial relationships with a commercial interest pertaining to the content of this presentation.

4



## WHAT IS IT WE DO HERE?

5

(INTERACTIVE SLIDE) PLEASE LEVERAGE THE TEXT-TO-VOTE PATHWAY TO INDICATE YOUR PRIMARY AREA OF PRACTICE

- a) Community Chain
- b) Community Independent
- c) Institutional
- d) Academia
- e) Other

6

**(INTERACTIVE SLIDE) YOU ARE A PHARMACIST**

- a) True
- b) False

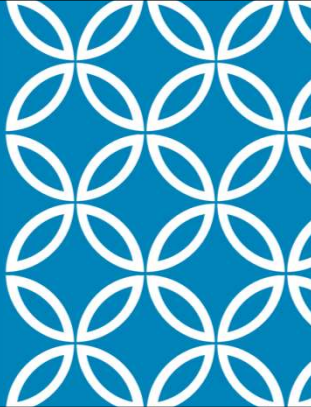
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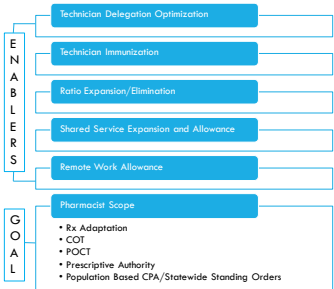
**PROFESSIONAL UNITY FACILITATES A PROSPEROUS FUTURE OF PHARMACY**

8

**FEBRUARY 2020; WHAT WERE WE WORKING ON?**



9



**MY TEAM'S REGULATORY STRATEGY KEY INITIATIVES PRIOR TO FEBRUARY 2020**

10

**ENABLERS OF SCOPE**

- Tech Delegation Optimization
- Ratio Expansion (Elimination)
- Technology-Assisted Pharmacy Access Systems

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**TECH DELEGATION OPTIMIZATION**

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### TECH DELEGATION OPTIMIZATION

<b>Prescription Fulfillment based</b> Order Entry Counting and Labeling Order Entry Verification (PV1) Product Verification (PV2) Prospective DUR Patient Counseling Point of Sale completion Immunization administration OTC recommendations Reconstitution Compounding	<b>General Operations</b> Verbal order receipt Prescription transfer Third-party Resolution Adherence program enrollment Pseudoephedrine sales Prescriber outreach Technician supervision Intern supervision	<b>Pharmacy Maintenance</b> Inventory management Biennial inventory Controlled Substance management Cleaning PHI and Trash removal
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“THE LACK OF THE USE OF TECHNICIANS FOR PREPARING AND DISPENSING DRUGS IS ONE OF THE PRIME IMPEDIMENTS OF THE EXPEDITIOUS DEVELOPMENT AND GROWTH OF THE CLINICAL PHARMACIST.”

— HARVEY WHITNEY, 1977

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### DEMONSTRATED SAFETY; EVIDENCE TO DRIVE CHANGE

<b>Universally Delegable</b> Order Entry Counting and Labeling Point of Sale completion Reconstitution Third Party Resolution Inventory management	<b>Varying Delegation to Techs (Percentage of States)</b> Verbal order receipt (32%) Prescription transfer (34%) Prescriber clarification outreach (30%) Renewal Request/refill authorization Order Entry Verification (PV1)(2%) Product Verification (PV2) (16%) Offer to counsel <b>Immunization administration (18%)</b> PDMP check Administer CLIA-waived tests Vital check Medication reconciliation Compounding	<b>Non-delegable tasks</b> Prospective DUR Patient Counseling Supervision OTC recommendations Controlled substance inventory sign-off
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### RATIO EXPANSION/ELIMINATION

16

### IS IT COMMON FOR PHARMACIES TO HAVE TOO MUCH HELP?



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### RATIO BREAKDOWN

Pitfalls of believing ratio is an imperative

- Limits ability to provide increased presence during patient surges
- Pharmacists must perform delegable tasks
  - Distraction from pharmacist-specific tasks
  - Impediment to top of license practice
- Every minute a pharmacist spends performing a delegable task is a minute not spent on direct, clinical patient care

<b>46%</b> <small>States with an unlimited ratio</small>	<b>78%</b> <small>States 4:1 or greater</small>
<b>0%</b> <small>States with an unlimited ratio that have reverted back to a ratio</small>	
<b>18%</b> <small>States at 3:1</small>	<b>4%</b> <small>States below 3:1</small>

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# TECHNOLOGY-ASSISTED PHARMACY ACCESS SYSTEMS

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## T.A.P.A.S.

Leveraging technology to facilitate increased pharmacist clinical time is not new

- Telephone interactions with pharmacists have been occurring for decades
- Safe counseling services provided
- Patient direct access to pharmacy personnel
- Data processing and prescription record keeping systems have been around since the inception of the home PC
- Replaced the typewriter
- Mitigated the time spent managing paper records
- Secured network connections
- Enables pharmacists and technicians to assist in the prescription filling process from a location outside of the dispensing pharmacy
- Closed Circuit Audio and Video
- Enables pharmacist supervision of technician-based remote dispensing



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## FLORIDA STATUTE § 465.0266 COMMON DATABASE; EFFECTIVE 7/1/2006

Nothing contained in this chapter shall be construed to prohibit the dispensing by a pharmacist licensed in this state or another state of a prescription contained in a common database, and such dispensing shall not constitute a transfer as defined in s. 465.026(1)-(6), provided that the following conditions are met:

- (1) All pharmacies involved in the transactions pursuant to which the prescription is dispensed are under common ownership and utilize a common database.
- (2) All pharmacies involved in the transactions pursuant to which the prescription is dispensed and all pharmacists engaging in dispensing functions are properly licensed, permitted, or registered in this state or another state...

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21

## TAPAS ALLOWANCES EXIST ON A CONTINUUM

100% Embrace telephonic pharmacist and patient interaction	100% Embrace computer-based data retention
86% Embrace pharmacy-to-pharmacy shared services	
60% Embrace pharmacist remote work	36% Embrace technician remote work

Technology that aids in compliance with counselling and record keeping has been **universally embraced**

- Prescription filling systems
- DUR engines
- Telephonic counseling
- Web-based drug information access

Technology that facilitates prescription filling with off-site assistance from pharmacists and techs has been met with **significant resistance**

- Pharmacist remote work
- Technician remote work
- Kiosk based dispensing
- Tele-dispensing

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## TELE-DISPENSING IS ON THE TAPAS CONTINUUM

Apprehension exists

- Fear that historic pharmacist roles are the only way to preserve the profession
- Counterpoints raised often point to non-clinical concerns
  - Drug security
  - On-site physical supervision

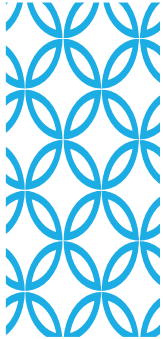
Significant portion of states that entertain tele-dispensing have accompanying requirements that impede utilization

- Mileage restrictions
- Prescription number limitations
- Supervisory ratios specific to tele-dispensing
- Onerous record keeping

42% Comprehend some form of tele-dispensing	66% States that permit but limit to institutional practice or set oversight levels
26% Viable pathway for community pharmacy participation	
33% Set prescription quotas	71% Set mileage restrictions to nearest pharmacy

23

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## COVID-19 SCRAMBLE; RAPID SHIFT IN ALLOWANCES

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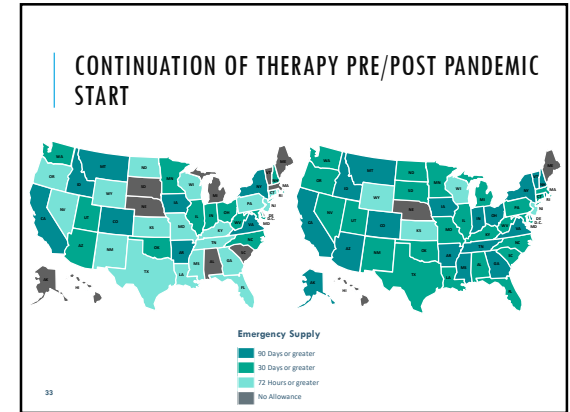
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### CONTINUATION OF THERAPY

**Enabling a pharmacist to make a professional judgement on extending therapy when a prescriber is unable to be reached**

- North Carolina recognizes a patient emergency is not necessarily a public emergency
- Emergency allowances created with variation in day supply
  - Universal change to a minimum of 30 days in District 3 states
- Permanent allowance examples
  - Louisiana, Rhode Island

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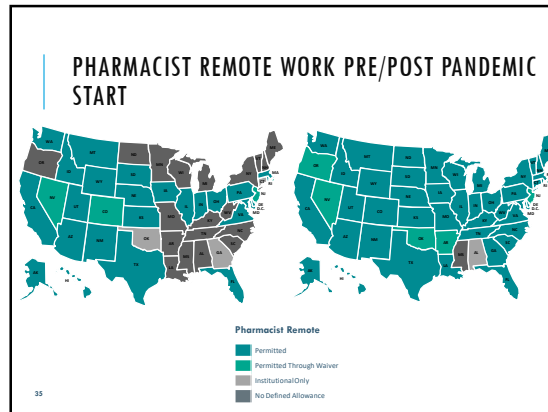
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### REMOTE ACCESSIBILITY

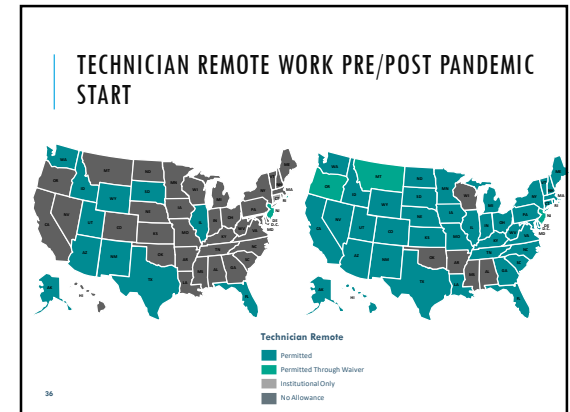
**Enabling a pharmacist or pharmacy technician to perform duties outside of a brick-and-mortar pharmacy**

- Enabled pharmacies to operate without physical presence at the pharmacy
  - Compromised pharmacists and technicians able to support from a safe location
- Enables a pharmacist or technician to focus in a controlled environment
- Enables support of multiple locations without travel
- Tennessee leveraged board interpretation to make this allowance permanent, as did Rhode Island via rule change and Massachusetts via policy update

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## RATIO INCREASE

**Enabling a pharmacy practice location to utilize support staff to meet the needs of their patients**

- Provided pathway to staff during the crisis
  - Pharmacist presence reduced
  - Technician duties broadened requiring more assistance
- Tennessee waived ratio during the emergency, with Georgia increasing through legislative session

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## TECH RATIO COVID SHIFT; PRE/POST PANDEMIC START

**Maximum Ratio**

- Unlimited
- 2:1 or Greater
- 3:1
- Lower Than 3:1

Note: North Carolina is 2:1 baseline in statute. Board has granted staff ability to approve expansion to 4:1 if pharmacy demonstrates acceptable certified tech availability.

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## ADDITIONAL ALLOWANCES ISSUED IN RESPONSE TO THE PANDEMIC

<p><b>Personnel Based:</b></p> <ul style="list-style-type: none"> <li>Interstate/temp Licensure Allowances</li> <li>Pharmacist</li> <li>Tech</li> <li>LTC Consultant Virtual Access</li> <li>Drug destruction</li> <li>eKit replenishment</li> <li>Expanded Tech Duties (Texas)</li> <li>Licensure/CPR renewal extensions</li> <li>Fingerprint submission leniency</li> <li>Therapeutic Interchange</li> </ul>	<p><b>Permit Based:</b></p> <ul style="list-style-type: none"> <li>Signature Requirements</li> <li>POS</li> <li>Delivery</li> <li>Notary</li> <li>Interstate licensure allowance/application easement</li> <li>Licensure extensions</li> <li>Hand sanitizer compounding</li> </ul>
--	--

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## TECH ADMINISTRATION IS STARTING TO MOVE UNDER THE SAILS OF THE PREP ACT

**Regions**

- Tech Delegation Enabled
- No Delegation Allowance
- Statute Passed/Awaiting rule

40

## LESSONS FROM THE BAYOU

**Tech Administration proposed via Emergency Rule In June of 2020**

- Passes Rules committee
- Stalls at full board
- Board members reacted to calls from pharmacists in opposition
- Industry provides insight from pharmacists and provided statistical evidence for the safety of tech administration

**PREP Act**

- Preemption enables tech administration
- Board members attest to receiving zero calls in opposition after guidance issued
- Board approves of rule promulgation enabling tech administration in August 2021

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## SCOPE EXPANSION OVERVIEW

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## THE PANDEMIC REVEALED GAPS IN HEALTH CARE DELIVERY THAT COULD BE FILLED BY PHARMACIST

Patient Current Therapy	Diagnostic Testing	Medication Administration
<p>Prescribers' offices closed</p> <p>No refill receipt</p> <ul style="list-style-type: none"> <li>Follow-up visits postponed                             <ul style="list-style-type: none"> <li>No assessment of therapy</li> </ul> </li> <li>Unprepared states leave pharmacists to make patient-level decisions without the support of law</li> </ul>	<p>Sporadic allowance for pharmacist ordering and administering tests</p> <ul style="list-style-type: none"> <li>Limited states authorize ordering labs, even for at-home diagnostics!</li> <li>States never addressed pharmacist administration of CLIA-waived testing</li> </ul>	<p>Patients could not receive vaccinations and practitioner-administered medications</p> <ul style="list-style-type: none"> <li>Pharmacists limited by what states allow</li> <li>Restrictions built into law                             <ul style="list-style-type: none"> <li>Example: Pharmacist can only administer certain vaccines</li> </ul> </li> </ul>

43

## SCOPE OPTIMIZATION IMPROVES PATIENT ACCESS TO CARE IN MANY AREAS

Rx Management	Acute Care	Chronic Care	Preventative Care
<p>Continuation of Therapy (COT)</p> <p>Prescription adaption</p> <p>Therapeutic substitution</p> <p>Dosage adjustments</p> <p>Adherence fill conversion</p>	<p>Influenza test and treat</p> <p>Strep test and treat</p> <p>Conjunctivitis treatment</p> <p>Uncomplicated UTI treatment</p> <p>Yeast infection treatment</p> <p>Opioid antagonist</p> <p>Emergency meds (Epinephrine)</p>	<p>Blood pressure management</p> <p>Drug administration</p> <p>Lipid test</p> <p>Glucose test</p> <p>Ordering labs, interpretation</p> <p>DME</p> <p>Cholesterol therapy drug initiation</p> <p>Anticoagulant management</p>	<p>Hormonal contraceptives</p> <p>ED</p> <p>Emergency contraceptives</p> <p>Hair loss</p> <p>HIV PEP and PrEP</p> <p>Travel medications</p> <p>TB testing</p> <p>Lactation services</p> <p>Smoking cessation</p> <p>Immunization</p>

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## BEAR WITH ME

Scope of Practice (May)	Clinical Ability (Can)
<p>The activities that a pharmacy professional is permitted to engage in as defined by state laws and regulations</p> <p>One-size-fits all approach to everyone in the state</p> <p>Decided by the political process, which leads to geographical differences between states</p> <p>Static, unless changes in law are made</p>	<p>The true competence and ability of the pharmacy professional</p> <p>Determined by education, training, career experience, and practice environment</p> <p>Individualistic and diverse depending on the practitioner</p> <p>Dynamic, advances with new education and technology</p>

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## AVENUES TO CHANGE

Collaborative Practice Agreement (CPA)	Statewide Protocol	Independent Authority
<p>Descriptive care plan based on patient assessment and prescriber recommended therapy</p> <ul style="list-style-type: none"> <li>Patient-specific CPA                             <ul style="list-style-type: none"> <li>Limited to existing patients of a prescriber</li> </ul> </li> <li>Population-specific CPA                             <ul style="list-style-type: none"> <li>Enables all patients who meet the parameters within the CPA to be assessed and treated by the pharmacist</li> </ul> </li> </ul>	<p>Blanketed allowance provided by state authority in coordination with health care professionals</p> <ul style="list-style-type: none"> <li>Population based</li> <li>Commonly used for immunization and opioid antagonist allowances</li> <li>Often leveraged in states with influential medical society presence</li> </ul>	<p>Laws and rules grant a pharmacist the ability to provide medication therapy, order and administer testing, etc.</p> <ul style="list-style-type: none"> <li>Empowers pharmacists</li> <li>Provides extensive access for patients due to pharmacist accessibility</li> <li>Enables pharmacy boards to regulate pharmacy practice</li> </ul>

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## OPTIMIZING COLLABORATIVE PRACTICE AGREEMENT LAW



- Any practitioner with prescriptive authority may collaborate with pharmacists using a CPA.
- CPAs may be between a single or **multiple pharmacists** and a single or **multiple prescribers**.
- CPAs may apply to a single patient, multiple patients, or **patient populations** as specified in the agreement.
- The **initiation and modification of drug therapy** may be authorized under a CPA with a prescriber
- All prescription drugs, including controlled substances, may be included within pharmacists' collaborative practice agreement authority
- CPAs should be maintained by the pharmacist(s) and collaborating prescriber(s) and be available upon request or inspection

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## POST MARCH 2020 LEGISLATIVE AND REGULATORY ACTION TO EXPAND SCOPE

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## PATHWAYS LEVERAGED

- Collaborative Practice: Louisiana, Florida (Patient Specific)
- Prescriptive Authority: Oklahoma (vaccines), Arkansas, New Mexico
- Standing Orders or Statewide Protocols: Louisiana, Virginia, North Carolina, Tennessee, Arkansas, Oregon

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## SCOPE EXPANSION SINCE THE PANDEMIC START

Scope Category	State
Administration of other medications	NC <sup>**</sup> , ME <sup>*</sup>
Tech administration	NH <sup>*</sup> , NC <sup>*</sup> , AR <sup>*</sup> , MO, CO
Continuation of Therapy	MI <sup>*</sup> , TX <sup>Δ</sup> , ME <sup>Δ</sup> , ND, LA, RI
Vaccine age/therapy	SC, WV, NC <sup>*</sup> , FL, GA, AR, VA, ND, WY
HIV PEP and/or Prep	CO <sup>*</sup> , NC <sup>*</sup> , OR, NV <sup>*</sup> , VA, UT <sup>*</sup> , CA, NM
Hormonal contraceptive	VA, NC <sup>*</sup> , AZ <sup>*</sup> , NV <sup>*</sup> , AR <sup>*</sup> , UT <sup>*</sup>
Smoking cessation	NH <sup>*</sup> , NC <sup>*</sup> , AZ, ND <sup>*</sup> , UT <sup>*</sup>
POCT	FL, OR <sup>***</sup> , GA, AR <sup>*</sup> , NM
Therapeutic interchange	AR

\*Requires rule writing or additional legislative action  
<sup>Δ</sup> limited only <sup>\*\*</sup> self-administered <sup>\*\*\*</sup> HIV Testing

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## PATIENT FIRST ACT (MASSACHUSETTS; JUNE, 2020)

**Massachusetts Patients First Act, Statement on Pharmacist:**

“Finally, the COVID-19 pandemic has made clear the integral role that pharmacists play in health care teams. This bill recognizes pharmacists as health care providers, enabling them to integrate more fully into coordinated care teams and **work with patients to review medications to identify areas for care improvement.**”

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## WHAT COULD HAVE BEEN INCLUDED?

MA Statute 112:24B1/2 Pharmacist collaborative practice agreements; collaborative drug therapy management

...  
 “Patient”, a person who is referred to a pharmacist by his supervising physician for the purpose of receiving collaborative drug therapy management services from the pharmacist. The supervising physician shall assess the patient and include a diagnosis when referring the patient to the collaborating pharmacist. The patient shall be notified of, and shall consent to, the collaborative drug therapy management services in the retail drug business setting. Individual referral and consent shall be recorded by the pharmacist and the supervising physician in the patient’s record. For the purposes of preventative care, the collaborative practice agreement serves to constitute the referral by the supervising physician executing the agreement.

“Preventative Care”, actions that maintain patient health or delay the onset or progression of preventable diseases, pursuant to collaborative pharmacy practice agreement with a prescriber for conditions that do not require a prescriber diagnosis.

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## WHAT COULD HAVE BEEN INCLUDED? CONT.

(f) Preventative care collaborative practice agreements may be executed by a registered pharmacist, or a group of registered pharmacists, regardless of pharmacy designation, in coordination with a physician or a group of physicians.

(i) Drugs, drug categories, or devices limited to conditions that:

- Do not require a physician diagnosis;
- Are minor and generally self-limiting; or
- Have a test that is used to initiate therapy and are waived under the federal clinical laboratory improvement amendments of 1988 including, but not limited to:
  - a rapid strep test or rapid antigen detection test used in the identification of group A streptococcus (GAS); and
  - a rapid influenza diagnostic test used in the identification of influenza types A and B;

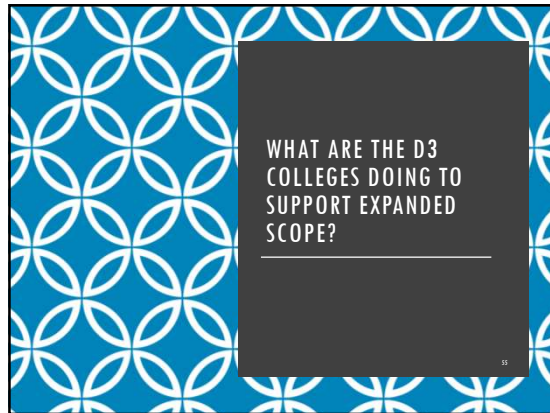
(ii) Supervising physicians entering into preventative care collaborative practice agreements are responsible for the outlined directives within the agreement meeting safe and ethical standards of care. Pharmacists entering into the agreement are responsible for adherence to the outlined directives within the agreement.

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## PREPARING PHARMACISTS FOR EXPANDED SCOPE

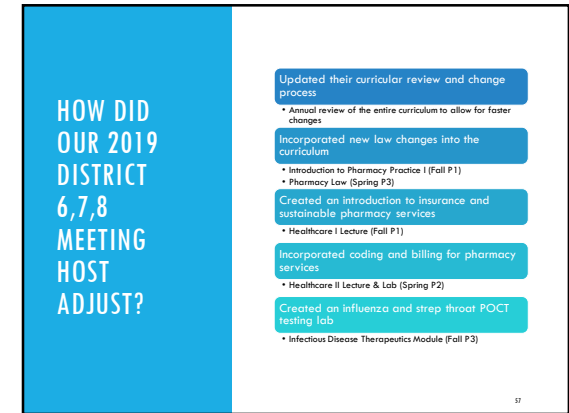
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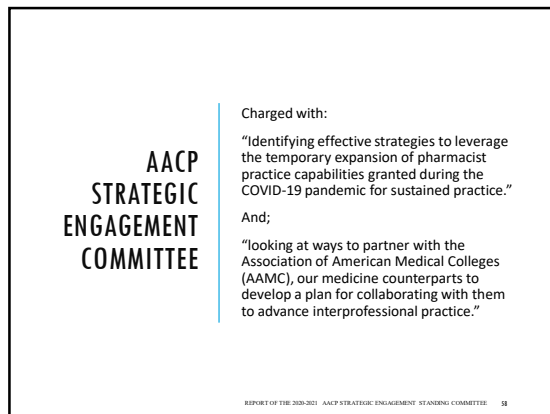
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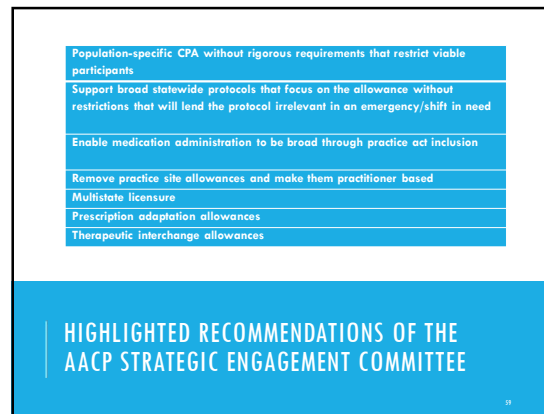
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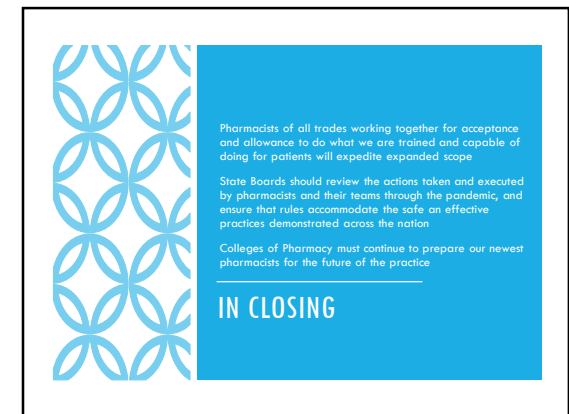
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### KNOWLEDGE CHECK 1

In which pharmacy-based state could prescription orders be processed by a pharmacist licensed only in Mississippi while hovering above earth on the International Space Station?

- a. Alabama
- b. Mississippi
- c. North Carolina
- d. Florida

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### KNOWLEDGE CHECK 2

What percentage of states have reestablished a ratio for prescription processing after eliminating their ratio laws?

- a. 10
- b. 5
- c. 20
- d. 0

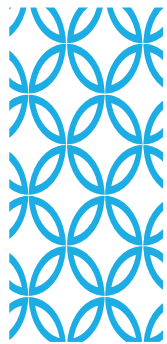
62

### KNOWLEDGE CHECK 3

Which of the following is not a form of TAPAS

- a. Counselling over the telephone
- b. Storing digital images of hard copies
- c. Setting mileage restrictions on telepharmacy
- d. Validating order entry from outside of a pharmacy

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THANK YOU

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# MAT, Naloxone, & Me

Megan Pruitt, PharmD  
Talisha Ratliff, PharmD  
October 6, 2021



1

## Financial Disclosures

Our speakers declare that neither they nor any immediate family members have a current affiliation or financial arrangement with any potential sponsor and/or organization that may have a direct interest in the subject matter of this continuing pharmacy education program within the past 12 months.

2

## Objectives

- 01 Recall possible pharmacotherapy options used in Medication Assisted Treatment
- 02 Recognize the role of a pharmacist in Medication Assisted Treatment
- 03 Review pharmacist requirements in the South Carolina Overdose Prevention Act for the dispensing of naloxone without a prescription or standing order
- 04 Educate patients and caregivers on how to prevent and respond to an accidental opioid overdose, including proper use of naloxone
- 05 Recognize the value of utilizing academic detailing principles in student-led interventions to engage pharmacists in practice behavior changes that address the opioid epidemic

3

## OUD and MAT

Opioid Use Disorder and Medication Assisted Treatment

4

## Opioid Use Disorder

- Previously called "Opioid Addiction"
- **Chronic manageable disease, just like hypertension and diabetes**
- Characterized by behaviors that may include:
  - Loss of control over drug use
  - Craving
  - Compulsive use
  - Continued use despite harm to health or relationships
- **Can be managed with ongoing medication treatment and counseling**

**In 2019, 1.6 million Americans were estimated to have OUD**

Medications for opioid use disorder. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-008. Substance Abuse and Mental Health Services Administration, 2020  
<https://www.hhs.gov/opioids/about-the-epidemic/index.html>

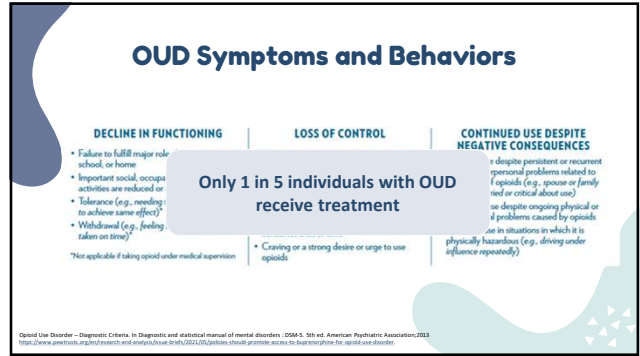
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[https://www.polleverywhere.com/free\\_text\\_polls/TiBIETeL5HLnDFcVrfHph](https://www.polleverywhere.com/free_text_polls/TiBIETeL5HLnDFcVrfHph)

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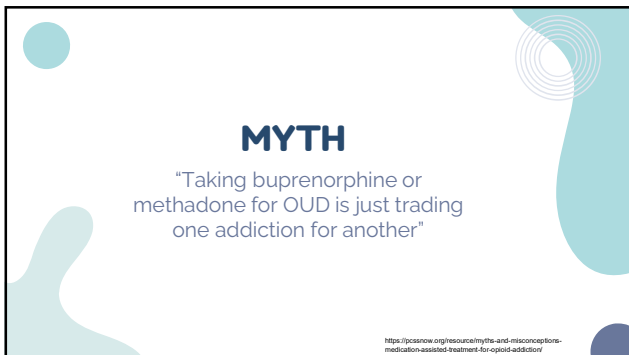
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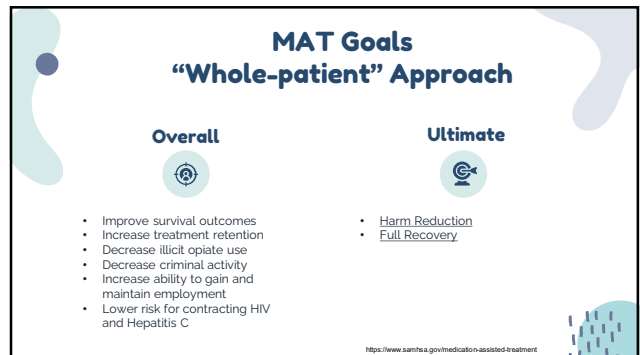
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### Medications for Opioid Use Disorder

	Naltrexone <sup>1</sup>		Buprenorphine/Naloxone	Metadone
Action	Opioid Antagonist		Partial Opioid Agonist	Full Opioid Agonist
Route (Usual Dosing)	Oral <sup>2</sup> (50 mg tablet daily)	IM Injection <sup>3</sup> (380 mg monthly)	Oral transmucosal <sup>4,5</sup> (varies)	Oral <sup>4</sup> (varies)
Initiation	Must be opioid free for a minimum of 7 days		Must wait until opioid withdrawal symptoms appear	Immediate initiation to avoid withdrawal
In Office Use	Yes		Yes	No
Prescribing Restrictions	None <i>(IM injection requires special acquisition and administration procedures)</i>		<del>DATA-DRIVEN Waiver Required</del>	Must obtain from opioid treatment program (OTP)

Medications for opioid use disorder. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-008. Substance Abuse and Mental Health Services Administration, 2020.

13

### Qualified providers can now prescribe buprenorphine to ≤ 30 patients without the X-waiver training

Practice Guidelines for the Administration of Buprenorphine for Treating Opioid Use Disorder. Fed Regist. 2021;96(8):22439–22450.

14

### Buprenorphine

**Partial Opioid Agonist**

- Mono-product
  - Sublingual tablet, Subcutaneous injection (Sublocade®)
- Combo-product with Naloxone
  - Sublingual tablet (Zubsolv®, generic), Sublingual film (Suboxone®, generic)
- **Combo-product often selected as a first choice**
- Consider for patients who:
  - Responded well to buprenorphine in the past
  - Patients that prefer office-based treatment
  - **Are pregnant**
- Buprenorphine should not be ruled out if patient reports prior use of non-prescribed buprenorphine
- Unsuccessful past treatment with buprenorphine does not necessarily indicate it will be ineffective again

Medications for opioid use disorder. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-008. Substance Abuse and Mental Health Services Administration, 2020.

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### Naltrexone

**Non-Opioid Option**

- Extended-release intramuscular injection (Vivitrol®)
- Immediate-release tablet\*\*
- **Must be opioid free at least 7-10 days**
- Potential patient candidates:
  - Highly motivated
  - Desire a non-opioid option
  - Short-term opioid misuse
  - Poor response to other OUD treatment options
  - In a mandated monitoring program
  - Comorbid OUD and alcohol use disorder

Medications for opioid use disorder. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-008. Substance Abuse and Mental Health Services Administration, 2020.

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### Methadone

**Full Opioid Agonist**

- **MUST be prescribed, dispensed, and administered at a federally-certified opioid treatment program (OTP), including take-home doses**
- Average daily maintenance dose: 80 mg – 120 mg
- Adverse effects: Dizziness, drowsiness, sedation, hyperhidrosis, constipation, cardiac changes, nausea/vomiting, sexual dysfunction
  - BBW: QTc interval >500 msec
  - BBW: Concomitant use with benzodiazepines may cause respiratory depression
- Variable half-life: 8-56 hours
- Consider for the following patients:
  - Need structured care
  - History of selling/diverting
  - Pregnant
  - Dependence on several substances
  - Previously failed buprenorphine

Medications for opioid use disorder. Treatment Improvement Protocol (TIP) Series 63. Publication No. PEP20-02-01-008. Substance Abuse and Mental Health Services Administration, 2020.

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### OTPs

Opioid Treatment Programs


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## Maintenance Treatment of OUD

**OPIOID TREATMENT PROGRAM (OTP)**

- Governed by the Certification of Opioid Treatment Programs, 42 Code of Federal Regulations (CFR) 8
- OTP Compliance Officers provide regular guidance and support and periodically evaluate performance via inspections.
- Patients who receive MAT medications must also receive counseling as well as other behavioral therapies
- Patients present to clinic daily
  - Exception requests may be submitted for special circumstances
  - May earn take-home dose privileges



<https://www.samhsa.gov/medication-assisted-treatment/otp-resources/submit-exception-request>

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## Maintenance Treatment of OUD

**Table: Schedule of Maximal Take-Home Medications per 42 CFR 8.12**

Patient Time in Treatment	Maximum Take-Home Medication Permissible (not automatic)
< 1 to 90 days	1 dose in treatment take-home a week, and 1 program closure-holiday take-home if the program is closed for business (business days, including state and federal holidays).
91 to 180 days	2 doses in treatment take-home a week, and 1 program closure-holiday take-home if the program is closed for business (business days, including state and federal holidays).
181 to 270 days	3 doses in treatment take-home a week, and 1 program closure-holiday take-home if the program is closed for business (business days, including state and federal holidays).
271 to 365 days	4 doses in treatment take-home a week (including once a week).
After 1 year	Up to 14 days' take in treatment take-home (reporting up to twice a month).
After 2 years	Up to 31 days' take in treatment take-home (reporting up to three a month).

Practitioners must consider the **8 take-home criteria**:

- Exhibit no recent drug use
- Attend clinic regularly
- Exhibit no serious behavioral problems
- Engage in no criminal activity
- Demonstrate a stable home environment and good social relationships
- Meet length of time in treatment requirements (as outlined in the table)
- Provide assurance that take-home medication will be safely stored
- Show that the rehabilitative benefit outweighs the risk of diversion

<https://www.samhsa.gov/medication-assisted-treatment/otp-resources/submit-exception-request>

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## Safety

Safe and effective treatment can last for:

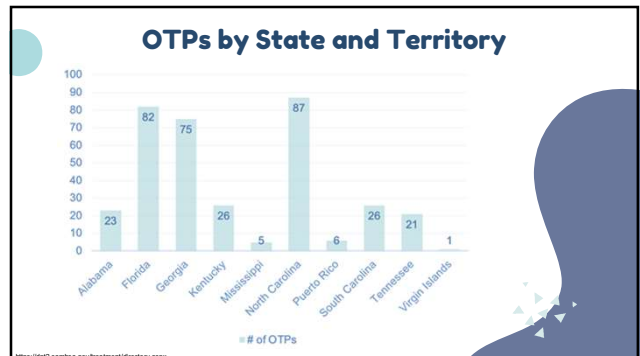
- Months
- Years
- Lifetime

Treatment discontinuation increases the risk of overdose and death upon of the reinitiation of illicit opioid use

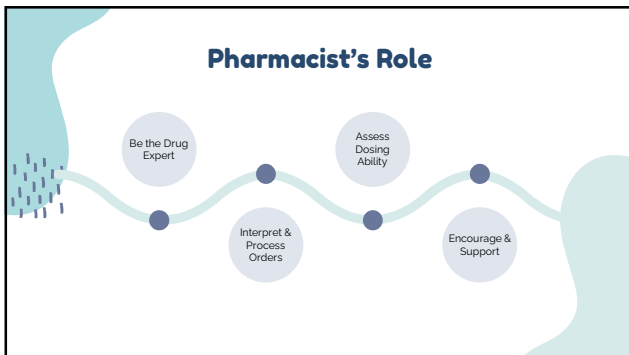
- Discuss barriers to treatment and reasons for discontinuation
- Provide adequate overdose prevention information and resources
- Naloxone prescription

Oliva E M, Bove T, Manthara A, Kortess S, Hah J M, Henderson P et al. Associations between stopping prescriptions for opioids, length of opioid treatment, and overdose or suicide deaths in US veterans: observational evaluation. BMJ 2020; 368:m283. doi:10.1136/bmj.m283


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22



23



**H. 3365**

### Opioid Treatment Bill

- Removal of pharmacists from dispensing in Opioid Treatment Programs
- Surfaced at sub-committee level in February 2021 and is still ongoing

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## Audience Response

25

## Pharmacist's Role

- Remember, we are the most accessible healthcare professionals!
- Unique knowledge, skills, and responsibilities to assist in the prevention, maintenance, and education of substance abuse
- Evaluate the appropriateness of pharmacotherapy, counseling, and monitoring outcomes
  - Prescription Drug Monitoring Programs (SCRIPTS)
- Advocate for fair, dignified treatment of patients with substance use disorder
  - Non-pharmacological and Pharmacological Treatment

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## Pharmacist's Role

SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA)

- US Dept of Health and Human Services
- Leader in public health efforts that reduce substance abuse and mental health's impact on American communities
- Disseminators of evidence-based practices by providing training to healthcare practitioners on the best implementation strategies

<https://www.samhsa.gov>

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## Pharmacist and Student Pharmacist Education

Academic Detailing Service and Colleges of Pharmacy Collaboration

28

## Naloxone Saves Lives!

June 2016  
**South Carolina Overdose Prevention Act:**  
Allows pharmacists to dispense naloxone to patients AND caregivers without a prescription

<http://www.scstatehouse.gov/look/744131.php>

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## Stand up if...

1. Pharmacists can dispense naloxone WITHOUT a prescription or standing order in your state/territory
2. Prescribers are REQUIRED to co-prescribe naloxone to all patients in higher risk circumstances

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## What Is Academic Detailing (AD)?

**Academic Detailing:  
Social Marketing for Better Clinical Practice**

Evidence       $\longrightarrow$       Practice

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## Naloxone

- Opioid antagonist that effectively reverses respiratory depression in opioid overdose
- Has a higher affinity to the opioid receptors than opioids
  - Knocks other opioids off the receptors for 30 – 90 minutes
  - Allows person to breathe
- Only reverses the effects of opioids

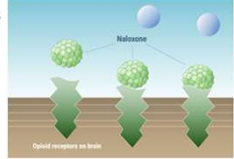
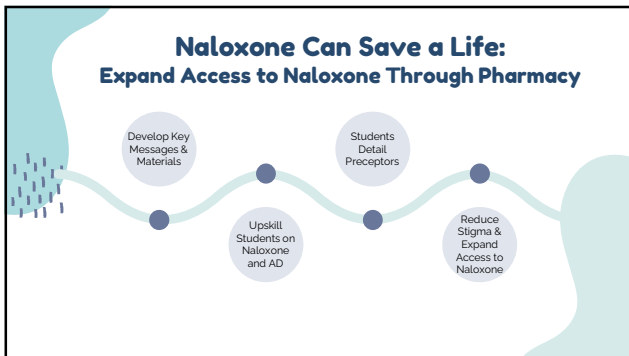


Photo from: [prescribeto prevent.org](http://prescribeto prevent.org)

32

## Naloxone Can Save a Life: Expand Access to Naloxone Through Pharmacy



33


## Virtual Student AD Sessions

**Session One – Didactic**

- Beliefs Experi...
- Review of ...
- Stud...
- AD...
- In...
- R...

**Session Two - Interactive**

- ...
- ...
- ...
- ...
- ...
- ...



Learning Together

34


## Key Messages

- 1 Educate patients and caregivers on how to prevent and respond to an opioid overdose, including proper naloxone use
- 2 Understand pharmacist requirements in the South Carolina Overdose Prevention Act
- 3 Select destigmatizing language to build trust and engage patients taking medications for opioid use disorder

35

## Naloxone Patient Education

*Your conversation about naloxone is **JUST AS IMPORTANT** as the co-prescribed or pharmacist-initiated prescription*



Coffin. Ann Internal Med. 2016;165:245-52  
<http://www.prescribeto prevent.org>

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## Contact Information

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## Medical Marijuana: An Update for Pharmacists

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1

## Disclosure

The author declares no conflicts of interest or financial interests in any product or service mentioned in this activity, including employment, gifts, stock holdings, and honoraria.

The author does declare receiving over \$20 million from the National Institutes of Health to study Cannabis.



2

## Learning Objectives

- Describe the pharmacological properties of natural products from Cannabis
- Evaluate clinical studies of therapeutically approved compounds from Cannabis
- Identify the potential drug interactions of metabolites from Cannabis
- Discuss strategies for counseling patients who use Cannabis products



3

## Pre-Presentation Assessment

The natural endocannabinoid in the human body, is:

- 2-Arachidonoylglycerol
- Anandamide
- Cannabidiol
- Delta-9 THC



4

## Pre-Presentation Assessment

A potential drug interaction with cannabidiol is:

- Clarithromycin
- Ketoconazole
- Valproic Acid
- Omeprazole
- All of the above are correct



5

## Pre-Presentation Assessment

Delta-8 THC lacks psychotropic effects:

- True
- False



6

## Learning Objectives

- Describe the pharmacological properties of natural products from Cannabis
- Evaluate clinical studies of therapeutically approved compounds from Cannabis
- Identify the potential drug interactions of metabolites from Cannabis
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7

## National Institutes of Health

They are currently supporting research to study brain cannabinoid differences in individuals with post-traumatic stress disorder.

They are supporting basic research on marijuana metabolites to elucidate the mechanisms of potential therapeutic action within the CNS.

They are interested in scientists developing novel animal models of epilepsy in order to better understand the mechanism of action of marijuana secondary metabolites.

They recognize the need for additional research on the therapeutic utility of secondary metabolites from



8

## University of Mississippi Marijuana Project



9



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11

## Endocannabinoid System (ECS)

- A group of neuro-modulatory lipids, their receptors, and the enzymes that synthesize and degrade the endocannabinoids.
- Found throughout the human body including the Central and Peripheral Nervous Systems.
- They are involved in a variety of physiological processes: appetite, pain-sensation, mood, memory, and the immune system. Potentially other processes are involved.
- They mediate the psychotropic effects of *Cannabis sativa* (marijuana).
- Two most recognized receptors are Cannabinoid Receptor-1 (CB1) and Cannabinoid Receptor-2 (CB2).



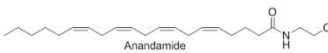
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## Endocannabinoid System

- Exert their actions by binding to specific receptors:
  - CB1 -lipid receptor**  
**found primary in the brain**
  - CB2 -lipid receptor**  
**mainly in the peripheral and include the immune system**

**Anandamide and 2-Arachionylglycerol (2-AG) are natural substrates for these receptors.**



Anandamide



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### The Human Endocannabinoid System

CB1, CB2 and THC fit like a lock and key into existing human receptors. These receptors are part of the endocannabinoid system which impact physiological processes affecting pain modulation, memory, and appetite and anti-inflammatory effects and other immune system responses. The endocannabinoid system comprises two types of receptors, CB1 and CB2, which serve distinct functions in human health and well-being.

**THC**  
Tetrahydrocannabinol

**CBD**  
Cannabidiol

**CBN**  
Cannabinol

**CB1**


CB1 receptors are primarily found in the brain and central nervous system, and to a lesser extent in other tissues.


**CB2**

CB2 does not directly "fit" CB1 or CB2 receptors but has powerful indirect effects still being studied.

CB2 receptors are mostly in the peripheral organs especially cells associated with the immune system.

**Receptors are found on cell surfaces**





www.the-human-solution.org

15

## Cannabinoid Receptors – Medicinal Uses


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**CB-1 Agonists**

- Nausea/Vomiting
- Wasting Syndrome
- Glaucoma
- Multiple Sclerosis
- Spinal Cord Injury

**CB-1 Antagonists**

- Schizophrenia
- Anti-obesity
- Drug abuse



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## Cannabinoid Receptors – Medicinal Uses


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**CB-2 Agonists**

- Pain
- Inflammation
- Cancer

**CB-2 Antagonists**


- Arthritis
- Autoimmune disorders (encephalomyelitis)



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## Learning Objectives

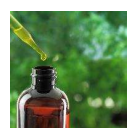
- Describe the pharmacological properties of natural products from Cannabis
- Evaluate clinical studies of therapeutically approved compounds from Cannabis
- Identify the potential drug interactions of metabolites from Cannabis
- Discuss strategies for counseling patients who use Cannabis products




18

## Cannabidiol (CBD) Cannabidiol Oil (CBO)

- Epilepsy afflicts ~65 million people worldwide.
- Estimated that 30% of patients are pharmacoresistant epilepsy.
- Dravet syndrome is a prominent drug-resistant form of epilepsy seen in early childhood.








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## Cannabidiol (CBD) Cannabidiol Oil (CBO)

- CBD and CBO show anecdotal efficacy in reducing seizure frequency.
- Charlotte Figi is considered patient zero. Charlotte's Web.







20

## Cannabidiol - Antiepileptic

- Dravet Syndrome
  - Epileptic Disorder
  - Named after Charlotte Dravet, pediatric psychiatrist that first described the disorder
  - Genetic mutation in voltage-gated sodium channel 1 A gene (SCN1A)
- Lennox-Gastaut
  - Epileptic Disorder
  - Progressive Epilepsy Syndrome
  - Named for two neurologists, William Lennox and Henri Gastaut
  - Many possible causes including brain malformation and brain injury




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## Cannabidiol – Dravet Syndrome

- Randomized, double-blind, placebo-controlled trial of 120 children and young adults
- Cannabidiol oral solution 20 mg/kg/day or placebo in addition to standard antiepileptic treatment
- Primary end point: convulsion-seizure frequency over 14 weeks compared with 4-week baseline

ClinicalTrials.gov NCT02091375  
Devinsky, O., Cross, H.J., Laux, L., Marsh, E., Miller, I., Nabbout, R., Scheffer, I.E., Thiele, E.A., Wright, S. *N. Engl. J. Med* 376:2011-2020, 2017



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## Cannabidiol – Dravet Syndrome

Primary Efficacy End Point of Percentage Change in Convulsive-Seizure Frequency

Variable	Cannabidiol	Placebo	Adjusted Median Difference (95% CI)*	P Value**
No. convulsive seizures per mo – median (range)				
Baseline	12.4 (3.9 – 1717)	14.9 (3.7 – 718)		
Treatment Period	5.9 (0.0 – 2159)	14.1 (0.9 – 709)		
Percentage change in Seizure frequency – median (range)	-38.9 (-100 – 337)	-13.3 (-91.5 – 230)	-22.8 (-41.1 – -5.4)	0.01

\* CI denotes confidence interval.  
\*\* The P value was calculated with the use of a Wilcoxon rank-sum test with the Hodges-Lehmann approach

Devinsky, O., Cross, H.J., Laux, L., Marsh, E., Miller, I., Nabbout, R., Scheffer, I.E., Thiele, E.A., Wright, S. *N. Engl. J. Med* 376:2011-2020, 2017




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## Cannabidiol – Dravet Syndrome

Adverse effects: Reported in 93% of CBD and 75% of Placebo Groups

- CBD (mild or moderate)
  - Somnolence
  - Fatigue
  - Vomiting
  - Decrease appetite
  - Diarrhea
- Placebo (mild or moderate)
  - Fatigue
  - Diarrhea



ClinicalTrials.gov NCT02091375  
Devinsky, O., Cross, H.J., Laux, L., Marsh, E., Miller, I., Nabbout, R., Scheffer, I.E., Thiele, E.A., Wright, S. *N. Engl. J. Med* 376:2011-2020, 2017




24

## Cannabidiol – Lennox-Gastaut

- Randomized, double-blind, placebo-controlled trial of 171 children and young adults
- Cannabidiol oral solution 20 mg/kg/day or placebo in addition to standard antiepileptic treatment
- Primary end point: convulsion-seizure frequency over 14 weeks compared with 4-week baseline

ClinicalTrials.gov NCT0224690  
Thiele, E.A., Marsh, E.D., French, J.A., Mazurkiewicz-Beldzinska, M., Bendadis, S.R., Joshi, C., Lyons, P.D., Taylor, A., Roberts, C., and Sommerville, K. *Lancet* 391:17-23, 2018




25

### Cannabidiol – Lennox-Gastaut

Primary Efficacy End Point of Percentage Change in Convulsive-Seizure Frequency

Variable	Cannabidiol	Placebo	Adjusted Median Difference (95% CI*)	P Value**
No. convulsive seizures per mo – median (range)				
Baseline	71.4 (27.0 – 156.0)	74.7 (47.3 – 144.0)		
Treatment Period	31.4 (-30.3 - -4.1)	56.3 (-33.1 - -4.7)		
Percentage change in Seizure frequency – median (range)	-43.9 (-69.6 -- -1.9)	-21.8 (-45.7 -- -1.7)	-17.2 (-30.3 -- -4.1)	0.013


  
 ClinicalTrials.gov NCT02224690  
 Thiele, E.A., Marsh, E.D., French, J.A., Mazurkiewicz-Beldzinska, M., Bendadis, S.R., Joshi, C., Lyons, P.D., Taylor, A., Roberts, C., and Somerville, K. *Lancet* 391:17-23, 2018

26

### Cannabidiol – Lennox-Gastaut

Adverse effects: Reported in 93% of CBD and 75% of Placebo Groups


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 ClinicalTrials.gov NCT02224690  
 Thiele, E.A., Marsh, E.D., French, J.A., Mazurkiewicz-Beldzinska, M., Bendadis, S.R., Joshi, C., Lyons, P.D., Taylor, A., Roberts, C., and Somerville, K. *Lancet* 391:17-23, 2018

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### National Academies – Health Effects of Cannabis


- **Conclusive or substantial evidence** that cannabis or cannabinoids are effective:
  - Chronic Pain Tx (cannabis)
  - Multiple Sclerosis (MS) spasticity improvements (oral cannabinoids)
  - Antiemetics in the treatment of chemotherapy induced nausea and vomiting (oral cannabinoids)

  
 National Academies of Sciences, Engineering, and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. The National Academies Press doi: 10.17226/24625

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### National Academies – Health Effects of Cannabis

- **Moderate evidence** that cannabinoids are effective:
  - Sleep outcomes in patients with sleep disturbances associated with
    - Obstructive sleep apnea
    - Fibromyalgia
    - Chronic Pain
    - MS


  
 National Academies of Sciences, Engineering, and Medicine. 2017. The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research. The National Academies Press doi: 10.17226/24625

29

### Clinical Trial Limitations

- Challenges with DEA scheduling
- Small number of studies and participants
- Estimation of cannabis bioavailability
- Adverse effects
  - Impaired short-term memory
  - Impaired motor coordination
  - Altered judgement


Cannabidiol and Cannabis are used for many different medical conditions. While benefits may be obtained, adverse effects can occur and should be monitored.

  
 ClinicalTrials.gov NCT02224690

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### Learning Objectives

- Describe the pharmacological properties of natural products from Cannabis
- Evaluate clinical studies of therapeutically approved compounds from Cannabis
- Identify the potential drug interactions of metabolites from Cannabis
- Discuss strategies for counseling patients who use Cannabis products



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## Cannabinoid – Potential Drug Interactions

Cannabinoid	CYP-450 2C9	CYP-450 2C19	CYP-450 3A4
Delta 9 -THC	☀		☀
Delta 8 -THC	☀		☀
CBD		☀	☀
CBN	☀		☀

Stout, S.M., Cimino, N.M., *Drug Metab Rev* 46: 86-95, 2014



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## Cannabidiol – Drug Interactions

- Moderate or strong inhibitors of CYP2C19 or CYP3A4 – consider a dose **reduction**
  - *Clarithromycin, ketoconazole, valproic acid, omeprazole*
- Strong inducer of CYP2C19 or CYP3A4 – consider a dose **increase**
  - *Carbamazepine, phenytoin, rifampin*

Stout, S.M., Cimino, N.M., *Drug Metab Rev* 46: 86-95, 2014



33

## Cannabidiol – Drug Interactions

- Pharmacists should perform drug-drug interaction screenings for patients using cannabinoids or cannabidiol



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## Learning Objectives

- Describe the pharmacological properties of natural products from Cannabis
- Evaluate clinical studies of therapeutically approved compounds from Cannabis
- Identify the potential drug interactions of metabolites from Cannabis
- Discuss strategies for counseling patients who use Cannabis products



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## Counseling

- Reason for cannabis use:
  - For what Condition(s) are you using cannabis?
- Form of cannabis used:
  - What method, strain, frequency?
- Concurrent medication use:
  - What other medications are you taking? Review for potential drug interactions



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## Counseling


- Expectations for cannabis use:
  - What are the benefits you're looking for (who counseled them)?
- Adverse effects:
  - Psychotropic effects, fatigue, vomiting, etc.
- Follow up when needed:
  - Contact pharmacist if adverse effects become too severe or if they have questions.



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### Counseling Summary

- Strategies should vary based on individual situations
- Efforts should be made to determine history of medical diseases, medication use, social interactions
- Efforts should be made to determine if cannabis is used and reasons for its use




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### Post Presentation Assessment

The natural endocannabinoid in the human body, is:

- A) 2-Arachidonoylglycerol
- B) Anandamide
- C) Cannabidiol
- D) Delta-9 THC




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### Post Presentation Assessment

A potential drug interaction with cannabidiol is:

- A) Clarithromycin
- B) Ketoconazole
- C) Valproic Acid
- D) Omeprazole
- E) All of the above are correct





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### Post Presentation Assessment

Delta-8 THC lacks psychotropic effects:


- A) True
- B) False

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### Conclusions

- The endocannabinoid system (ECS) offers a number of therapeutic targets.
- Natural products, other than those isolated from marijuana, can interact with the ECS.
- The development of natural products from marijuana as potential therapeutic agents, is an area that will continue to grow.




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### Questions


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## ROUNDTABLE DISCUSSION: PHARMACY WORKPLACE ISSUES AND WELLNESS


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- › I HAVE NO FINANCIAL RELATIONSHIPS TO DISCLOSE
- › I WILL NOT DISCUSS OFF-LABEL USE AND/OR INVESTIGATIONAL USE IN THIS PRESENTATION

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### OBJECTIVES

AT THE CONCLUSION OF THIS PRESENTATION, THE PARTICIPANT SHOULD BE ABLE TO:

1. Identify trends in the workplace that may affect pharmacy practice and patient safety.
2. Describe relevant regulations and potential impacts on pharmacy practice that have developed due to COVID-19.
3. Outline potential solutions to address patient safety concerns in the pharmacy workplace.

3




### PURPOSE OF THE BOARD OF PHARMACY PHARMACY PRACTICE

T.C.A. 63-10-203. Statement of purpose


(a) The purpose of parts 2-5 of this chapter is to define and regulate the practice of pharmacy **to protect the health, safety and welfare of the people of Tennessee.**

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- › TENNESSEE PHARMACY LAWS
- › PROFESSIONAL CONDUCT AND RESPONSIBILITY
- › RULE 1140-02-.01 (7): A pharmacist shall not agree to practice under terms or conditions which tend to interfere with or impair the proper exercise of professional judgement and skill, which tend to cause a deterioration of the quality of professional service and patient care, or which require the pharmacist to consent to unethical conduct.


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### PHARMACIST WELLNESS AND WORKPLACE ISSUES

- › Survey issued by staff members of Tennessee Board of Pharmacy for anonymous polling in 2019
- › Received 1,389 responses across multiple practice settings
- › Results showed a clear and marked divide between pharmacists in the chain environment and the other practice settings
- › The answers showed a sharp contrast in feelings of safety in chain practice due to concerns in staffing, external factors, and workload stress
- › However, there were signs of increasing stress and concerns in other practice areas as well


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## SURVEY QUESTIONS

- › I feel I have adequate time to complete my job in a safe and effective manner
- › I feel there is adequate technician staffing at my practice site to provide a safe environment for patient care
- › I feel there is adequate pharmacist staffing at my practice site to provide a safe environment for patient care
- › I feel the workload-to-staff ratio allows me to provide for patients in a safe manner
- › I feel pressured or intimidated to meet standards or metrics that may interfere with safe patient care at my practice site


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## SURVEY QUESTIONS

- › I feel my employer has provided a work environment that allows safe patient care
- › I am given the opportunity to take lunch breaks or time away from the pharmacy in my practice
- › I am happy with my current practice site and working environment
- › All questions answered on a 5-point scale of: Strongly Agree to Strongly Disagree

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## PHARMACIST WELLNESS AND WORKPLACE ISSUES

- › ILLINOIS: Formed a task force to examine specific areas that recognize the needs of the healthcare system, patients, pharmacies, pharmacists, and technicians
- › SOUTH CAROLINA: Adopted a Position Statement on Working Conditions in Pharmacies
- › OHIO: Disseminated a workload survey to all pharmacists working in Ohio and published in April 2021. They received 4,159 responses (26.41%) with answers to survey questions and freeform responses. 49% responded that they did not have adequate time to complete their job in a safe and effective manner. 57% reported they felt pressure by their employer or supervisor to meet standards or metrics that may interfere with safe patient care. Board established a *Pharmacist Workload Advisory Committee* to address these issues

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## PHARMACIST WELLNESS AND WORKPLACE ISSUES


Multiple states and Canadian provinces have also surveyed the profession and expressed concerns about patient safety due to working conditions and stress

NABP has established a Task Force on Workplace Safety and Well-Being in response to an introduced resolution at the annual meeting.

Other national organizations, such as APhA and NACDS, have held conferences to attempt to address this concern.

<https://www.idfpr.com/PROFS/Meetings/Reports/Collaborative%20Pharmaceutical%20Task%20Force%20Report%2010%2011%2019.pdf>

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## PHARMACIST WELLNESS AND WORKPLACE ISSUES

Discussion points that were brought up and considered:

- › Whistle blower protections
- › Requiring pharmacies to employ at least one pharmacy tech
- › Limits on number of prescriptions filled and mandated pharmacy tech hours
- › Prohibitions on distractions
- › Mandatory breaks and lunch periods
- › Required 8-hour workdays
- › General pharmacy work conditions


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## WHAT'S CHANGED?

- › Prescription reimbursements continue to diminish
- › Pharmacists asked to incorporate clinical skills into current model
- › Pharmacists not being paid for clinical skills
- › Staffing shortages
- › Pandemics and executive orders at state level
- › HHS PREP Act


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**POSSIBLE ANSWERS**

- › Technology
- › Rule revision to lessen restrictions
- › Increased training for technicians and ancillary staff
- › Increased technician ratios
- › Increased staffing (How do we pay for it?)

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**LESSONS LEARNED FROM NATURAL DISASTERS AND THE PANDEMIC**


- › Patients want their pharmacy to be a one-stop shop for vaccinations and testing
- › Pharmacists and technicians are capable of taking on these tasks
- › When regulations were relaxed patients were not harmed
- › Telemedicine is real and here to stay

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**QUESTIONS FOR DISCUSSION**


- › Is the current pharmacy model broken?
- › Can we sustain a model based upon product reimbursement alone?
- › How do we fix it?
- › Are new/current pharmacists prepared for change?

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**TO BE CONTINUED.....**

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