

Addressing Ethics in Pharmacy Education

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12 August 2012

Discussion Points...

- What are some of the problems that Schools of Pharmacy and licensing bodies face today?
- Are ethical problems/violations occurring more often than in the past?
- What steps are undertaken to address?
- What are the ramifications on the profession of Pharmacy?

Attributes of a Healthcare Practitioner

- Foundation of a profession
 - Attitudes
 - Values
 - Habits
- Code of Ethics
- Traits of professionalism
- Three categories of professionalism

Professional Parameters

- Legal and *ethical* issues
- “Refusal to dispense”
- Misbranding/adulteration of drugs
 - Chemotherapy dilution
- Drug company/wholesaler violations
 - Promotion of drugs – known problems, off-label, etc
 - Recent news: Cardinal in Florida

Am J Pharm Educ 2006; 70 (4)

Professional Behaviors

- Discipline-related knowledge and skills
 - Cheating, plagiarism, etc
- Appropriate relationships with clients and colleagues
- Acceptable appearance and attitudes

Am J Pharm Educ 2006; 70(4)

Professional Responsibilities

- Responsibility to
 - Oneself
 - Client/employers
 - Community
 - Profession

Am J Pharm Educ 2006; 70(4)

Defying the Professionalism Traits

- Problems that arise
 - Cheating
 - Stealing
 - “cutting corners”
 - Lack of respect
 - Problems with employer
 - Problems with licensing authorities

Solutions

- Professionalism expectations addressed
 - Recruitment
 - Assess traits
 - Admissions stage must define
 - Student responsibility also to understand
 - Educational program (both in classroom and experiential and professional development)
 - Professional outcomes stated and evaluated

Am J Pharm Educ 2009; 73(8)

References

- Brehm B, Breen P, Brown B. An Interdisciplinary Approach to Introducing Professionalism. *Am J Pharm Educ.* 2006; 70 (4) Article 81.
- Poirier TI and Gupchup GV. Assessment of Pharmacy Student Professionalism Across a Curriculum. *Am J Pharm Educ.* 2010; 74 (4) Article 62.
- Popovich NG, Hammer DP, Hansen DJ. Report of the AACP Professionalism Task Force, May 2011. *Am J Pharm Educ.* 2011; 75 (10) Article S4.
- American Pharmaceutical Association Academy of Students of Pharmacy – American Association of Colleges of Pharmacy Council of Deans Task Force on Professionalism. White paper on pharmacy student professionalism. *J Am Pharm Assoc.* 2000; 40: 96-102.
- Roth MT and Zlatic TD. AACP white paper on development of student professionalism. *Pharmacotherapy.* 2009; 29(6): 749-756.
- Chaytor AT, Spence J, Armstrong A. Do Students Learn to Be More Conscientious at Medical School? *BMC Medical Educ.* 2012; 12: 54.

Assessment of Substance Abuse and Chemical Dependency Policies in Schools of Pharmacy

Laura R. Kennedy, Pharm.D., BCPS

Disclosure Statement

- Resident: Laura Kennedy (nothing to disclose)
- Co-Investigators: Andrea McKeever, Aaron Atkins, and Curtis Jones II (nothing to disclose)

Background

- Many pharmacists who abuse addictive substances begin before or during their college education
- Younger healthcare professionals are at higher risk for substance abuse
- Schools of pharmacy and boards of pharmacy serve at the “gatekeepers” of the profession

Dabney DA. *J Am Pharm Assoc.* 2001;41(3):392-400.

Jungnickel PW. American Association of Colleges of Pharmacy.

http://www.aacp.org/governance/committees/sape/documents/sapereport_june_2010.pdf.

Background

- American Association of Colleges of Pharmacy (AACP) Special Committee on Substance Abuse and Pharmacy Education
- Recommendations
 - Implement policies to assist pharmacy students, faculty, and staff with addiction disorders

Jungnickel PW. American Association of Colleges of Pharmacy.

http://www.aacp.org/governance/committees/sape/documents/sapereport_june_2010.pdf.

Background

Goals for programs assisting individuals with addiction related disorders

- Protect society from harm
- Provide compassionate assistance
- Protect the rights of the individual
- Afford recovering students the opportunity to continue pharmacy education
- Provide leadership in promoting healthy lifestyles

Jungnickel PW. American Association of Colleges of Pharmacy.

http://www.aacp.org/governance/committees/sape/documents/sapereport_june_2010.pdf.

Purpose

Assess the content of current chemical dependency policies within schools of pharmacy in comparison to AACP recommendations.

Study Objectives

- Complete a systematic review of policies regarding addiction related disorders or chemical dependency of all institutional members of AACP
- Rate each policy on its adherence to recommendations.
- Conduct a survey of administration/faculty members regarding their school of pharmacy's current practices.
- Identify areas in which policies can be improved.

Methodology—Part I

- Chemical dependency policies were identified by a systematic search of AACP member pharmacy school websites.
- Each policy was reviewed to identify key aspects of the AACP recommendations for assisting students with addiction related disorders.

Methodology—Part I

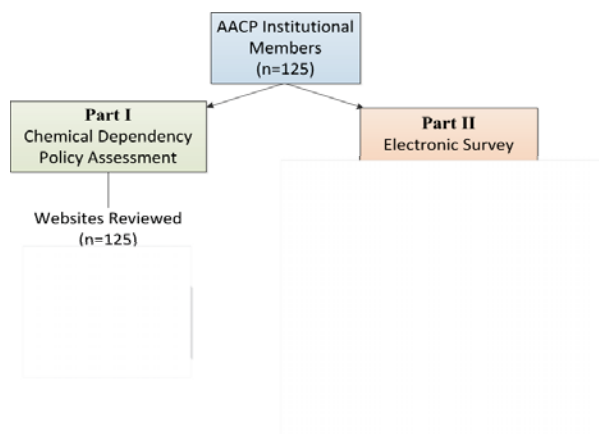
Policy Assessment

- Identification and referral of student with suspected addiction disorder
- Point of contact
- Confidentiality
- Student participation in practice experiences
- Signed agreement of treatment plan
- Re-entry into the pharmacy program
- Payment

Methodology—Part II

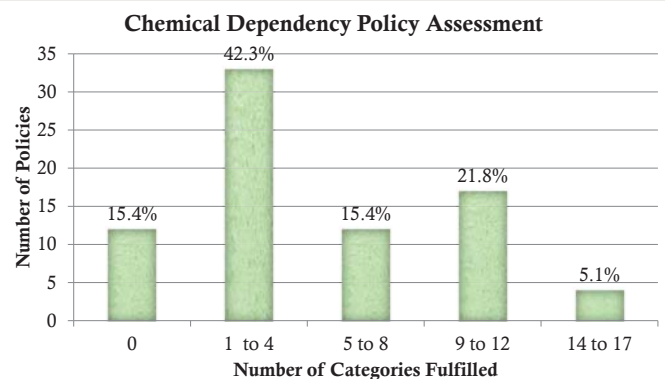
- An anonymous survey was sent electronically via SurveyMonkey® to one faculty member or administrator identified at each school of pharmacy
- Survey questions focus on chemical dependency policies, frequency of use, and the functionality of the policies.

Results – Part I



Results—Part I

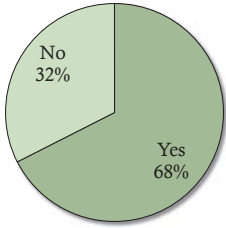
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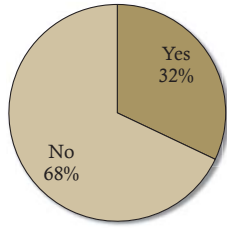
Results—Part I

n=78

**Contact Person
Clearly Identified**



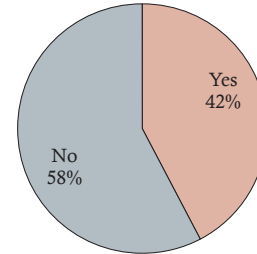
**Policy Addressing
Participation in
Practice Experiences**



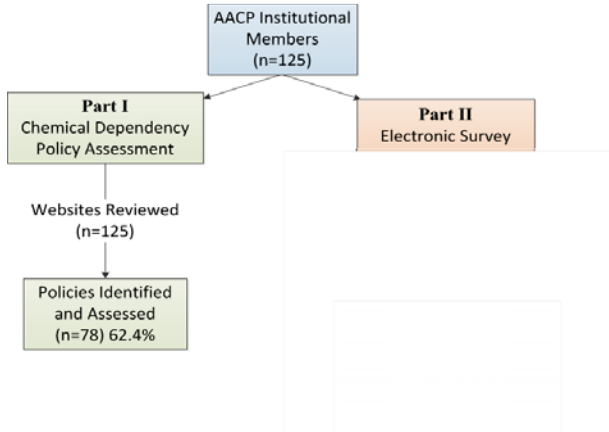
Results—Part I

n=78

Student referred to state pharmacist recovery program and/or the Board of Pharmacy is notified



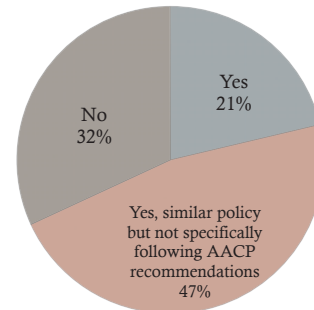
Results



Results—Part II

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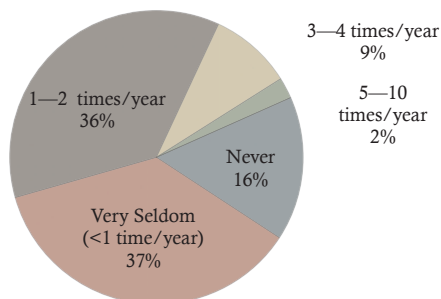
Does your school of pharmacy have a chemical dependency policy modeled after AACP recommendations?



Results

n=48

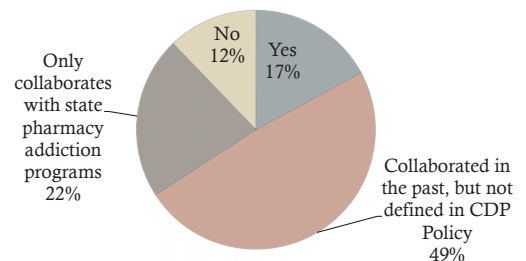
On average, how often per year is a treatment plan developed for students, faculty, or staff members with chemical dependency?



Results

n=48

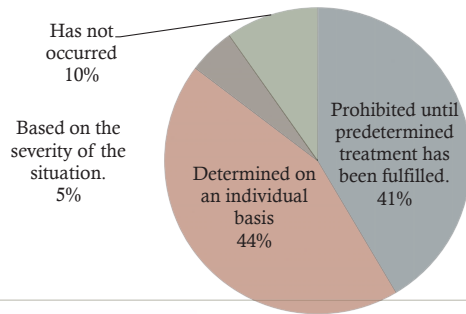
Does your CDP define collaborative efforts between the school of pharmacy and the state Board of Pharmacy (BOP) in regards to chemical dependence of pharmacy students and faculty?



Results

n=48

Are pharmacy students with chemical dependencies allowed to participate in Introductory Pharmacy Practice Experiences (IPPE) or Advanced Pharmacy Practice Experiences (APPE)?



Limitations

- Assessment of policies limited to publically accessible documents
- Policies are very school specific. Therefore, some AACP recommendations may not be applicable in all situations.
- All pharmacy schools not represented in survey results
- Survey respondents may have specific interest in the topic

Conclusions

- A majority of schools do not have chemical dependency policies modeled after AACP recommendations
- On average, policies are enforced approximately 1—2 times per year
- Opportunities for improvement:
 - Collaborative efforts with state boards of pharmacy
 - Ensuring patient safety during practice experiences
- Strengths of current policies
 - Most have a contact person identified for referral

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Drug Diversion and Impaired Healthcare Professionals

Rick Allen, R.Ph.

Director

Georgia Drugs & Narcotics Agency

**District III Meeting
August 12, 2012**

Impairment Issues

- ▶ Each state is different – some with PRN type programs with no board involvement, some with direct board involvement and some inbetween
- ▶ Schools now facing increased impairment issues and none handle the situation in the same manner
- ▶ There needs to be coordination between schools and their state's impairment and treatment guidelines

Prescription Drug Abuse:

- 35 Years ago:

Valium

Quaalude

Dilaudid

Today:

**Xanax
(Alprazolam)**

**Soma
(Carisoprodol)**

**Oxycontin
(Oxycodone)**

Prescription Drug Abuse:

35 Years ago:

Tylenol w/ Codeine

**Biphetamine
Preludin
Cocaine**

Today:

**Lortab
(Tylenol w/
Hydrocodone)**

**Adderall
Ritalin
(Dextro-
Amphetamine
type drugs)**

Diversion Investigations Past vs. Present:

PAST: 1970's into the early 80's: Diverters were always arrested (pharmacists, nurses, physicians, etc) and went to jail

Diversion Investigations Past vs. Present:

- ▶ Beginning of the PRESENT and Treatment: since mid 1980's to date:

Board adapting to treatment

- ▶ No PRN treatment program in GA
- ▶ Board created Interim Consent Orders for pharmacists and interns/students
- ▶ At first send out by Board attorney, later sent out by GDNA
- ▶ Blank forms carried by GDNA Agents Used as part of intervention process
- ▶ Temporarily suspends license until the person can complete treatment and aftercare
- ▶ Requires a pharmacy advocate to sign off on their request for a reinstatement appointment with the board

Interventions:

- Extremely Intense!!!!
- Agents are trained on how to properly conduct (hand on knee)
- Properly done, takes a lot of preparation and planning for an already identified problem and source of drugs
- GDNA involvement is viewed as 'The Hammer' by the treatment community to when dealing with a hard core case
- Reverts to the 'Either... Or' scenario or whatever it takes to get a person into treatment

Impairment – Private Order

- 1st Time to get into treatment
- Detox if necessary
- Private Interim Consent Order w/ Board (temporary private suspension of license)
- Board terms for treatment and aftercare are laid out in the order – always includes 90/90 AA

Impairment – Private Order

- 1st Time Impairment - Private
- Treatment – about 9-12 months
- Meet Board w/ Advocate – bare your soul
- Reinstate w/ Private Order – 5 yrs probation and other terms depending on the pharmacist

Meeting with Pharmacy Board

- Work with your advocate and your group – they control when or even if you meet with the Board

*Prior to each Board meeting, GDNA conducts a thorough background check on each appointment, and this check includes:

- All Previous complaints, previous impairments;
- Driver's History, Criminal History, etc.

Meeting with Pharmacy Board

- Prior to meeting with the Board, GDNA conducts a thorough background check on each person
- Immediately before their Board appointment GDNA briefs the Board members on the background to familiarize them with each person's case
- They have to be HONEST w/ Board – never assume they don't about things you've done, because they probably do...SC Cocaine conviction, weapons charge in S. Dakota
- If you've been given a nickname and the board knows exactly who you are - that's a bad thing

Nicknames: Drug Burnout?

- ▶ Pharmacist on probation for first impairment working in a chain grocery pharmacy



Young graduate

- ▶ Just graduated – had been named ‘Sleepy’ by his classmates for sleeping in class or oversleeping and not making it to class



Young graduate

- 35yro addicted to internet sex and online gambling – denied accusations of drug use after acting impaired on duty



Young Graduate

- Impaired in Rx school – not known to Board, was arrested for theft of drugs within 3 months of getting his license. It took 2 years to get his RPh license back, b/c he resisted treatment.



Young Graduate– ‘my baby’s mama’

- ▶ ‘Forgot’ to complete his intern hours



Young graduate

- ▶ Never passed the NAPLEX or MPJE



Graduate – Pharmacist Applicant

- ▶ GDNA background found a cocaine arrest during school

Impaired Enrollee – school unaware

- ▶ Working as tech, caught diverting drugs, then fired

1st year Dean's List Student

- 2 weeks after finishing his first year on the Dean's List, he started his IPPE intern rotation in a retail pharmacy

1st Year

- While working his IPPEs was made to submit to a drug screen before he could work at one national chain

1st year student

- Drank and used marijuana in high school, accepted to college- kept on smoking pot, then started using cocaine and sold pot to be able to afford his cocaine

Alcohol Abuse by 1st year Student

- Had personal issues and decided to use her 22yro cousin's ID – go out with the girls bar hopping and then to a concert in downtown Athens – had 8-9 drinks

4th year student

- ▶ Caught stealing hydrocodone while on his 4th year rotations – pharmacist noticed him pocketing hydrocodone

4th Year Student

- With only 3 months to go on his rotations, He created a fully automatic shotgun (street sweeper) with an illegal kit, scratched off the serial numbers, and sold it to an informant for the ATF.

4th Year student

- Student with only 2 months to go on rotations, he had only been in this pharmacy for a little more than a week;

Any Questions?

- ▶ Thank you

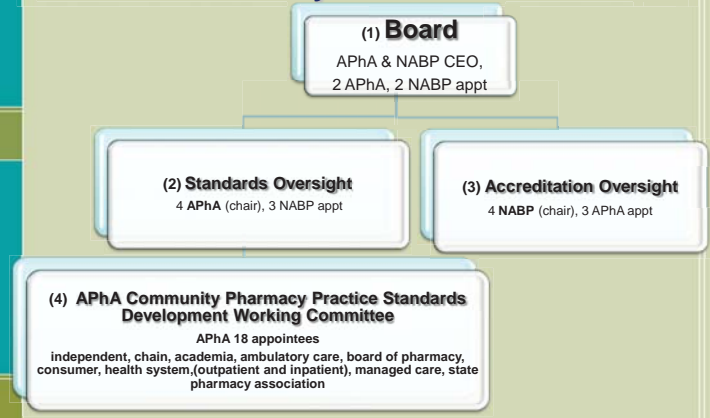
COMMUNITY PHARMACY PRACTICE ACCREDITATION

CARMEN CATIZONE
NABP Executive Director/Secretary
Member of CPPA Board of Directors

NABP/AACP District 3 Meeting



Center for Pharmacy Practice Accreditation



VISION FOR PHARMACY PRACTICE ACCREDITATION

Pharmacy practice accreditation standards should facilitate a pharmacy practice that provides quality, safe and effective dispensing and/or pharmacist-provided health-related services to both patients and consumers in general. The accreditation process facilitates innovation, recognition and viable operations for participating pharmacy practices.



GUIDING PRINCIPLES

Pharmacy practice accreditation standards should facilitate:

- Patient safety through CQI processes that focus on safe dispensing of medications, internal operations and quality in pharmacy practice. Data should be non-discoverable and non-punitive.
- The use of patient care data to advance patient care, enhance medication safety, and improve care delivery.
- Harmonization with existing accreditation programs to enhance quality, support efficiencies, and decrease administrative burden.



GUIDING PRINCIPLES

Pharmacy practice accreditation standards should facilitate:

- Differentiation from statutory requirements pharmacy practice licensure requirements.
- Accreditation of the pharmacy practice, not the individual practitioner.

Accreditation should accomplish all preceding elements as well as support and sustain a viable business model for the practice.



CPPA STANDARDS OVERSIGHT COMMITTEE

- Key reflections:
 - Foundation standard that is above the basic license
 - Has core processes among the practices
 - Expectations for performance
 - Expand scope of practice while still being attainable
 - Scalable
 - Patient-centered
- Potential now or in the future for
 - Tiers / Modules
 - Aspiration goals



STANDARDS FOCUS AREAS

- a. Practice Management
- b. Patient Counseling
- c. Patient-care Services
- d. Technology
- e. Quality Improvement

PRACTICE MANAGEMENT

- Infrastructure for efficient, safe and effective delivery of services
- Policies and procedures
- Appropriate staff
- Appropriate facilities

Patient Counseling

- Collection of appropriate data
- Counseling upon every first fill, change of therapy, upon need determined by pharmacist or request of patient
- Effective drug utilization review
- Pharmacist addresses communication needs of the patient when providing counseling
- Patient counseling is documented
- Quality - counseling activities are evaluated for effectiveness

Patient Care Services

- Services based on patient population needs and evidence-based guidelines
- Required service elements:
 - Medication therapy management services (consensus def.)
 - Two services from a list of 6
- Seek collaboration with physicians
- Patient education and training
- Documentation and communication
- Competency of staff including facilitation of continuous professional development
- Quality – patient care services are evaluated for effectiveness

Technology

- Supports safe Rx processing and dispensing
 - DUR
- Supports the delivery of patient-care services
- Strategies to facilitate bidirectional flow of information
- Access to evidence-based references
- Policies and procedures for privacy & security
- Quality-assurance mechanisms to monitor performance of information systems and technology

QUALITY

- Continuous quality improvement (CQI) program in place - focused on patient safety
- Quality-related events (QREs)
 - Documentation
 - Communication
 - Learning/education/training
 - Reporting
- Staff development and patient input
- Patient satisfaction/consumer surveys

STANDARDS DEVELOPMENT TIMELINE

- July 1- Aug 15: public comment period
- Early Sept: APhA Standards Development Committee meets to consider comments
- Sept/Oct: Standard to CPPA Board for final approval

Public Comment Period

- Comments to be submitted electronically at <http://cppa.pharmacist.com>
- Outreach/forums/webinars to stakeholders to discuss feedback
 - Schedule calls with interested organizations

Important to Know

- Standards will be accompanied by a companion “Guidance Document”
 - Interpretive guidance
 - Glossary of terms
- Across all Standards: patient care and dispensing services must demonstrate compliance with any applicable state and national regulatory requirements
- Accreditation process under development

FAQ'S, COMMITTEE & BOARD ROSTERS ON LINE AT:

<http://cppa.pharmacist.com>

Questions?

Thank You!



Continuing Professional Development (CPD)

Mike Rouse

Asst. Exec. Director, Professional Affairs and
Director, International Services, ACPE

District 3 Meeting
August 11, 2012
Savannah, GA

Learning Objectives

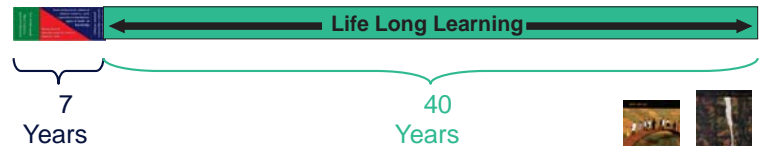
- Explain the concepts and components of CPD
- Summarize strategies for effective lifelong learning
- Explain the limitations of a mandatory CE model
- Describe obstacles and challenges to self-directed learning



Why are we having this discussion?

The Continuum of Education for Professionals

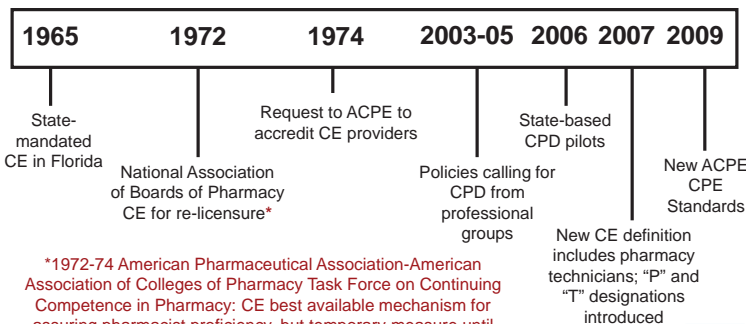
What competencies are required for pharmacy practice?



Institute of Medicine: HCPs not adequately prepared or supported in practice



History of CE and CPD in the United States



*1972-74 American Pharmaceutical Association-American Association of Colleges of Pharmacy Task Force on Continuing Competence in Pharmacy: CE best available mechanism for assuring pharmacist proficiency, but temporary measure until effective system developed to assess competence.



Two Firsts for District 3

- Florida
 - First state to require CE for re-licensure (1965)
- North Carolina
 - First state to accept CPD for re-licensure (2010)



What's Changed in 35 Years?

- Complexity of care provision
 - patient demographics, patterns of disease/morbidity, health care system, range and sophistication of pharmaco-therapeutic agents, new technologies, payment systems, managed care, new prescribers
- Expanded scope of practice for pharmacists and pharmacy technicians; pharmaceutical care/MTM; new career opportunities
- All PharmD, advanced training and credentials, certification and specialization
- Regulatory environment, especially regulation of pharmacy technicians
- Business models; chains; IT and clinical support systems
- Patient access to information
- Team-based care, CDTM

Acknowledgments: Lowell Anderson, Pete Vlasses, Ed Webb



If it's not broken, why fix it?

“The current system of continuing education for health professionals is not working. Continuing education for the professional health workforce needs to be reconsidered if the workforce is to provide high quality health care. A more comprehensive system of CE is needed, and CPD provides a promising approach to improve the quality of learning.”

<http://iom.edu/Reports/2009/Redesigning-Continuing-Education-in-the-Health-Professions/Report-Brief-Redesigning-Continuing-Education-in-the-Health-Professions.aspx?page=3>



IOM Report 2009: Redesigning Continuing Education in the Health Professions

- Absence of comprehensive and well-integrated system of CE is an important contributing factor to knowledge and performance deficiencies
- There are major flaws in the way CE is conducted, financed, regulated, and evaluated
- The science underpinning CE for health professionals is fragmented and underdeveloped
- CE efforts should bring health professionals from various disciplines together in carefully tailored learning environments
- A new comprehensive vision of professional development is needed; CPD provides a promising approach to improve the quality of learning

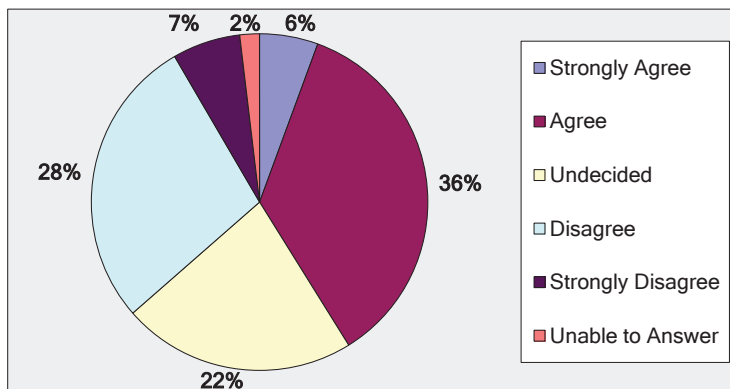


2011/2 Survey of Members and Staff of State Boards of Pharmacy by ACPE

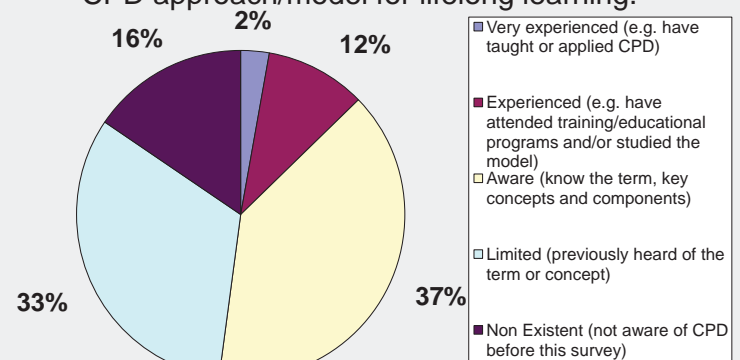
- Administered August 2011 to March 2012
- Gather input to help inform future ACPE initiatives and direction for models that support lifelong learning of pharmacists and pharmacy technicians
- Responses from individuals from 32/53 states and territories (60%)



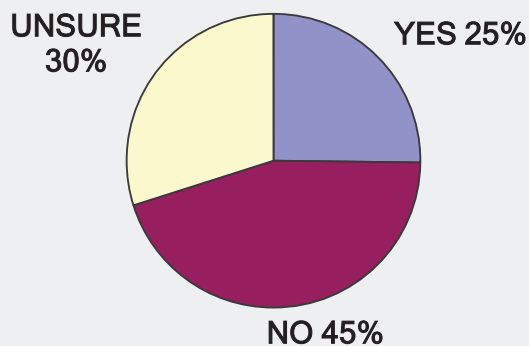
The current mandatory, hours-based CE system effectively meets the lifelong learning needs of pharmacists?



Select the statement below that the best describes your level of knowledge about the CPD approach/model for lifelong learning.



Has the CPD approach/model for lifelong learning been discussed by your Board?



CPD in PharmD Program Accreditation Standards

- Professional Competencies and Outcome Expectations (Std 12): Include the development of the skills necessary to become self-directed lifelong learners (students assuming a greater responsibility for their own learning outcomes)
- Evaluation of Student Learning (Std 15): Demonstrate and document in student portfolios that graduates have attained the desired competencies.
- Faculty and Staff Continuing Professional Development and Performance Review (Std 26): The school must have an effective continuing professional development program for faculty and staff consistent with their responsibilities; use of portfolios encouraged.



CPD in CPE Provider Standards

Compared with previous standards, Standards 2009 place greater emphasis on:

- Learning outcomes vs. learning process
- Application of learning
- Skills development



Defining Some Terms

- **Continuing Education:** a structured educational activity designed or intended to **support the continuing development** of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing education promotes problem-solving and critical thinking and is applicable to the practice of pharmacy. (ACPE)
- **Continuing Professional Development:** the lifelong process of active participation in learning activities that assists individuals in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals. (ACPE)



From the State-Based CPD Pilots:

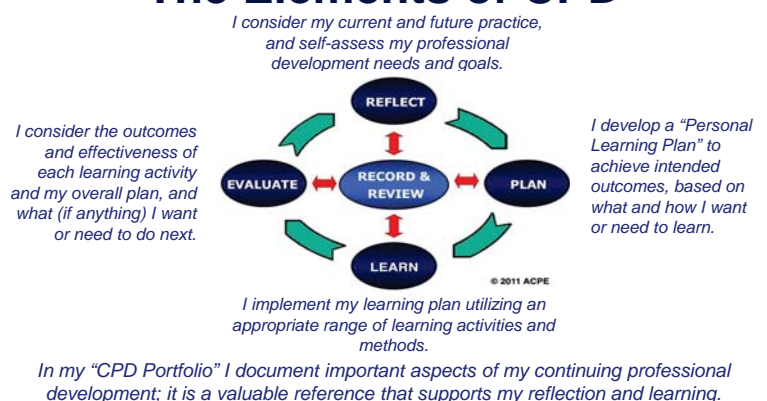
Continuing Professional Development: a self-directed, ongoing, systematic and outcomes-focused **approach** to learning and professional development.

CPD Value Statement:

“Pharmacists who adopt a CPD approach accept the responsibility to **fully engage** in and document their learning through reflecting on their practice, assessing and identifying professional learning needs and opportunities, developing and implementing a personal learning plan, and evaluating their learning outcomes with the goal of **enhancing the knowledge, skills, attitudes and values** required for their pharmacy practice.”



The Elements of CPD



Some Key Messages

- CPD must be seen more as an approach than a process
- Learners must be fully engaged in their learning to maximize the outcomes
- Self-directed learning is a competency, requiring *knowledge, skills, attitudes* and *values*



Pharmacists and pharmacy technicians want to learn, but ...



“...you go, you sit, you listen,...you forget”*

* Pharmacist's quote from article by Austin et al; AJPE 2005; 69 (1) Article 4



Conclusions from the Literature

- CE can be effective in both **learning** and **practice change**, but ...
- More successful (learning, practice change) if:
 - Area of interest or preference
 - Related to daily practice
 - Programs selected in response to identified need
 - Interactive, hands-on
 - Use more than one intervention; continuing not opportunistic
 - Use reflection
 - Self-directed (content and context)
 - Focus on specific outcomes/objectives
 - Commitment to change

C
P
D



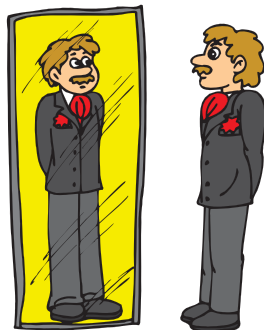
The Concepts and Components of CPD



REFLECT



- Reflect on
 - Yourself as a person
 - Yourself as a professional
 - Your professional practice
 - Your knowledge and skills
 - Your learning preferences
- Identify learning needs and opportunities
 - Must address several competency areas
- Frame learning objectives
 - Broad / high-level



Reflection: the Starting Point for Self-Directed Learning



Psychoanalytic approaches to learning stress making the

UNCONSCIOUS



CONSCIOUS



REFLECT



IMPORTANT!

- It's “*self-assessment*” ... not “*self-assassination*”
- The purpose is primarily to identify learning needs and opportunities, not to assess level of competence



PLAN



- Develop an action plan to accomplish your learning needs identified during the REFLECT stage
- Develop individual learning objectives
- Identify and set priorities
- Address *all* competency areas
- Develop a timeline with your action plan; be realistic



PLAN



- Long-term: three to five year plan
- Short-term: one year plan
- Identify activities to help you meet your learning objectives (structured/unstructured)
- Take into account your “learning style”
- Identify resources needed to accomplish your learning objectives
- Review at least annually



Developing SMART Objectives

- **Specific**
Be precise about desired achievement
- **Measurable**
Quantify objectives
- **Achievable**
Ensure realistic expectations
- **Relevant**
Align with practice and/or organizational goals
- **Timed**
State when objective will be achieved



LEARN



- Implementation of personal learning plan
- Activities chosen should be **outcomes-driven** to meet stated learning objectives
- Use a variety of learning methodologies and activities
 - ✓ Formal/structured/accredited activities
 - ✓ Informal/unstructured activities
 - ✓ Work-based learning



EVALUATE



- Reflection on your learning; **outcomes** and **impact** versus “satisfaction” with educational programs
- Review your personal learning plan at least annually
 - Evaluate progress toward achieving your objectives
 - Evaluate the educational activities to ensure adequate content and learning
 - Ensure you are following action plan and timeline
 - Consider changes that have occurred professionally that may require adjustments in your objectives and plan



EVALUATE



- Leads to reflection, completing the *continuum*
 - New plans are designed based on updated learning and development needs and goals



RECORD & REVIEW (Portfolio)



- Documentation is integral to each component of the learning cycle
- Dynamic, comprehensive tool to record and retrieve information, reflection, action plans, etc.
- Facilitates achievement of learning objectives and personal learning plan
- Needs to be readily accessible, simple to use
- Ideally standardized format (electronic/paper)



RECORD & REVIEW (Portfolio)



Use of a CPD Portfolio must not become:

- “busy work”
- a burden
- a barrier to learning

EDUCATION ACTION PLAN

Broad Goal	What do you want to learn?	What resources will you use?	How will you evaluate your learning?
	Learning Activities (checklist)	Check Learning Activity (checklist)	Check Learning Activity (checklist)
		<ul style="list-style-type: none"> 1. Read articles, books, etc. 2. Attend seminars, conferences, etc. 3. Participate in continuing education programs, etc. 4. Attend workshops, etc. 5. Attend webinars, etc. 6. Attend conferences, etc. 7. Attend symposia, etc. 8. Attend round tables, etc. 9. Attend panel discussions, etc. 10. Attend other activities, etc. 	<ul style="list-style-type: none"> 1. Self-assessment 2. Peer review 3. Supervisor review 4. Other activities, etc.

Note: This form is for educational purposes only and is not intended to be used as a CPD record. It is intended to be used as a guide for developing a learning plan. The user should consult the CPD manual for more information.

North Carolina Board of Pharmacy Portfolio. Used with Permission.



Making the Right Connections



What's the Connection?



CE



Licensure Renewal



Learning



Practice



What's the Connection?

HOURS-BASED LEARNING



CE



Licensure Renewal



Learning



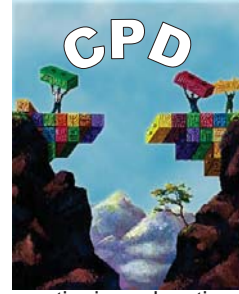
Practice



Traditional CE versus CE + CPD

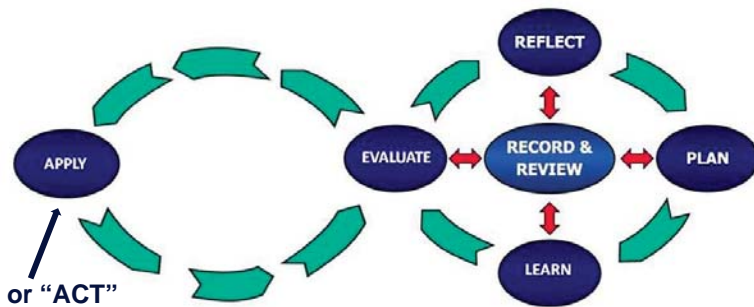
	CE	CE+CPD
Area of interest or preference	★★	★★★★
Related to daily practice	★	★★★★
Programs selected in response to identified need	★	★★★★
Interactive, hands-on	★★	★★
Use more than one intervention; continuing not opportunistic	★	★★★★
Use reflection		★★★★
Self-directed (content and context)	★	★★★★
Focus on specific outcomes/ objectives	★★	★★★★
Commitment to change	★	★★★★

CPD: Bridging the Classroom and the Workplace



“The new vision for continuing education will be based on an approach called continuing professional development (CPD), in which learning takes place over a lifetime and stretches beyond the classroom to the point of care.” *IOM December 2009*

CPD: Bridging the Classroom and the Workplace



The Challenges of Self-Directed Learning/CPD

- Self-directed learning is a skill
- “Overcoming” the predominant learning style/preference for pharmacists
- Resistance to change
- How best to support diverse learners (providers, professional associations, etc.)
- Evaluation and validation (expertise and resources for regulator)
- Initially more time, effort and self-motivation required by the learner (approach vs. process)
- Expense?
- Keeping it simple (KISS); avoid “busy work”



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***Thank you for your
attention!***



PAIN CLINICS OR PILL MILLS? WHAT'S A PHARMACIST TO DO?

William T. Winsley, M.S., R.Ph.
bbw Consulting, LLC
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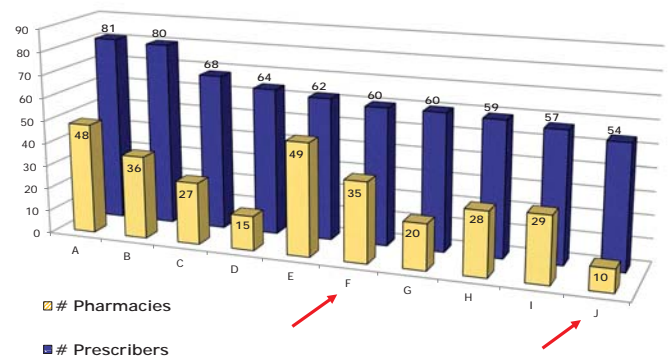
WHAT'S COMING?

- 1) Is there a problem?
- 2) Why should pharmacists be concerned?
- 3) We'll cover as many case studies as we have time for.
- 4) We'll close with ways to differentiate a pill mill from a pain management clinic.

IS THERE A PROBLEM?

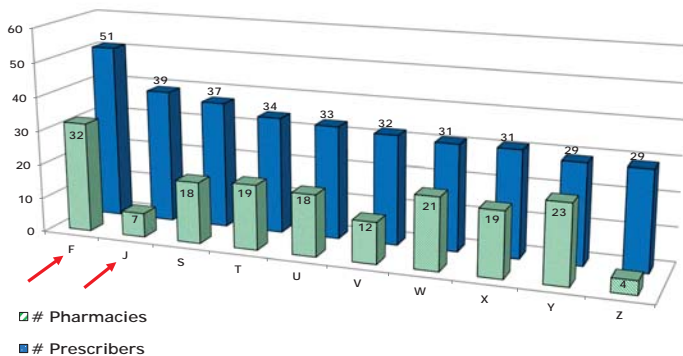
MORE TO THE POINT – IS
THERE ANY DOUBT?

Top Ten Doctor Shoppers 2011



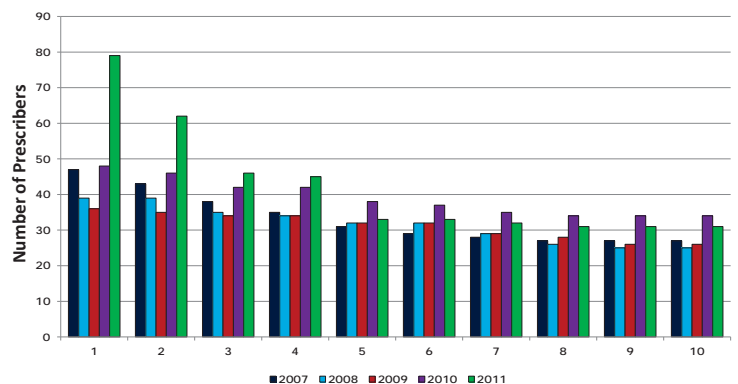
Source: Ohio Automated Rx Reporting System

Top Ten Doctor Shoppers 2011 – CII ONLY



Source: Ohio Automated Rx Reporting System

Top Ten Patients with Multiple Prescribers for Tramadol: 2007 – 2011



Source: Ohio Automated Rx Reporting System

WHY SHOULD PHARMACISTS BE CONCERNED?

OR – DID YOU NOT PASS YOUR JURISPRUDENCE EXAM?

4729-5-21 OAC & 1306.04 CFR

(A) A prescription, to be valid, must be issued for a legitimate medical purpose by an individual prescriber acting in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

IN OTHER WORDS-

- **THE PHARMACIST IS RESPONSIBLE FOR WHAT HE/SHE KNEW OR SHOULD HAVE KNOWN ON EVERY RX FILLED.**
- **“CORRESPONDING” MEANS “EQUAL”**

DUR REQUIREMENT

- (1) Over-utilization or under-utilization;
- (2) Therapeutic duplication;
- (3) Drug-disease state contraindications;
- (4) Drug-drug interactions;
- (5) Incorrect drug dosage;
- (6) Drug-allergy interactions;
- (7) Abuse/misuse;
- (8) Inappropriate duration of drug treatment;
- (9) Food-nutritional supplements-drug interactions.

SOCIETAL DUTY

- **Pharmacists have a covenant with society.**
- **Society allows us to practice, but we have a return duty to protect them from harm.**
- **Does contributing to abuse of drugs cause harm????? Even if “only” due to neglect?**

CASE STUDIES

**THOSE WE HAVE TIME FOR,
ANYWAY.**

Duties of the Ohio Board of Pharmacy

- **Licensing/Administrative Agency**
- **Law Enforcement Agency**

Enforcement Responsibility – ORC

Chapters

- 2925. – Criminal Drug Laws**
- 3715. – Food & Drug Laws**
- 3719. – Controlled Substance Laws**
- 4729. – Pharmacy/Dangerous Drug Laws**

PILL MILLS –

Case study about an Ohio doctor:

PILL MILLS – FLORIDA, GEORGIA, & OHIO

Case study about an Ohio drug ring and their trips to Florida

E-MAIL TO ALL OHIO LICENSED PHARMACISTS

On March 24, 2009, the Ohio State Board of Pharmacy sent out the following e-mail to every pharmacist licensed by the Board:

3/24/2009 E-MAIL

The Ohio Board of Pharmacy has noticed a significant volume of prescriptions from physicians in Florida and is seeking more information. The physicians are primarily located in Ft. Lauderdale, Boca Raton, or Hollywood, Florida, but they are prescribing for patients from Ohio and Kentucky. Several, but not all, of the physicians are associated with the “American Pain Clinic LLC.”

3/24/2009 E-MAIL

The prescriptions are written for oxycodone 15 or 30 mg, Roxicodone 15 or 30 mg, Xanax 2 mg, Soma 350 mg, and Percocet 10/325 mg. These patients are generally 20-55 years old and usually pay cash.

3/24/2009 E-MAIL

If you see any of these prescriptions for individuals other than those few “snowbirds” who are part of your regular patient base, please contact Agent Bill Padgett at (###-###) as soon as possible.

3/24/2009 E-MAIL

Remember, before filling any prescription, the pharmacist must take into consideration 4729-5-30, OAC, Manner of issuance of a prescription; and 4729-5-21, OAC, Manner of processing of a prescription. These rules state, in part:

3/24/2009 E-MAIL

A prescription to be valid must be issued for a legitimate medical purpose by an individual prescriber in the usual course of his/her professional practice. The responsibility for the proper prescribing is upon the prescriber, but a corresponding responsibility rests with the pharmacist who dispenses the prescription. An order purporting to be a prescription issued not in the usual course of bona fide treatment of a patient is not a prescription and the person knowingly dispensing such a purported prescription, as well as the person issuing it, shall be subject to the penalties of law.

3/24/2009 E-MAIL

In many of these cases, we are wondering how the term “legitimate medical purpose” applies when a patient who is supposedly in severe pain can ride to Florida and back to receive treatment when we have excellent facilities in Ohio.

3/24/2009 E-MAIL

If you decide in your professional judgment not to fill the prescription and are comfortable keeping the original prescription, please do so if you can. Advise the individuals that they must contact Agent Padgett regarding their prescriptions and provide them with his telephone number. If you are not comfortable keeping the prescription, then at a minimum, please copy the prescription, return it to the individual, and contact Agent Padgett ASAP.

3/24/2009 E-MAIL

If you have already filled such prescriptions, please contact Agent Padgett at (e-mail) or (###-###). Based on some of the cases we have already found, this may be a coordinated effort to obtain drugs and we are trying to develop a list of the people involved.

RESULTS?

Overwhelming!

In the first three days after the e-mail, over 300 calls, faxes, and e-mails

BURIED the one agent noted on the Board's e-mail.

AND THEY CONTINUED TO COME IN!

RESULTS?

One day, he got a call from a pharmacy in his hometown, telling him that a Florida RX had just been presented.

He immediately went to the pharmacy, interviewed the "patient" who ended up telling the whole story.

HAPPY ENDING?

- **6 people (including a police officer) ended up pleading guilty to multiple felonies, including drug trafficking.**
- **They all went to prison for varying lengths of time.**
- **The group CLEARED around \$50,000 per month by selling their drugs.**

HAPPY ENDING?

44 yo wm – leader

43 yo wf

38 yo wf

46 yo wf

47 yo wf

46 yo wm (brother of "leader")

It started in Florida. Now they're coming to Georgia – and elsewhere.

IS IT ALL JUST PILL MILLS?

HOW ABOUT THE INTERNET?

Case study on one Ohio pharmacy-

➤ **CORRESPONDING RESPONSIBILITY**

➤ **DUR**

➤ **SOCIETAL DUTY**

PHARMACISTS CAN AND MUST DO THEIR PART.

**BUT HOW CAN I TELL
IT'S A PILL MILL?**

**LET ME COUNT THE
WAYS!!!!**

**DO LEGITIMATE PAIN
MANAGEMENT CLINICS
ADVERTISE LIKE THIS?**

FINALLY-

**What are some pill
mill
characteristics?**

**THANK YOU FOR
ALLOWING ME TO BE
HERE.**

Current Patient Care Pharmacy Services & How Pharmacy Schools

Meet the Need



A Focus on MTM

Objectives

- Why MTM, Why Now?
- Define MTM
- Review Goals of MTM
- Components of MTM
- Additional Academic Considerations
- Review Models of Integrating MTM into Pharmacy Education
- Q & A

The Idea – Balance Shifts

- “Pharmacists have unique medication expertise and should function at the highest level of their training, allowing them to help patients reach optimal outcomes and to save health-care dollars.” University of Southern California, Dean, Pete Vanderveen
- “There is a wealth of data showing that this model of care is successful clinically, and it is cost effective. Across decades of collected data cost savings and return on investment averages roughly 1:4, meaning that for every dollar spent, a return on investment of \$4 is realized.” US Public Health Service Rear Admiral Scott F. Giberson, RPh, PhC, MPH, US Assistant Surgeon General and chief professional officer of pharmacy

MTM

- “distinct service or group of services that optimize therapeutic outcomes for individual patients. MTM services are independent of, but can occur in conjunction with the provision of a medication product.”

• **APhA & NACDS** – Core Elements of an MTM Service Model, March 2008, Version 2.0

MTM Goals

- Patients
 - More medication-related problems identified and resolved
 - Empowered to take an active role in their medication management
- Health Care Professionals
 - Improved transitions and continuity of care
 - Improved medication use outcomes
- Payers
 - Reduction in adverse drug events
 - Potential to lower health care cost

History & Future of MTM

- MMA – Medicare Modernization Act (2003)
- Climate of Wellness – Cost Reduction & Therapy Effectiveness
- Outcomes – Pharmacists Improve Outcomes
- Baby Boomers – Next Slide(s) Please

Baby Boomers

- Baby boomers, individuals born between 1946 and 1964, achieve age 65 in 2011.
- In 2006, Baby Boomers age 42 to 60 totaled an estimated 78.0 million and comprised 26.1 percent of the total U.S. population.

7

Source: U.S. Census Bureau, Population Estimates as of July 1, 2006

MTM Core Elements

- ☞ Authorization For Medication/Lab/History Review (HIPAA)
- ☞ MTR – Medication Therapy Review
- ☞ PMR – Personal Medication Record
- ☞ MAP – Medication-related Action Plan
- ☞ Intervention and/or referral
- ☞ Documentation & follow-up

Computer Platforms for MTM Services

- ☞ Documentation and Billing are Primary Advantages
- ☞ Can Identify Patients for MTM Service
- ☞ Standardizes Process
- ☞ Track Provider Efforts via SOAP Note
- ☞ Examples – Mirixa, Outcomes, Medication Management Systems, Clinical Support Services (CSS)

Where to Begin

- ☞ Patient Counseling Techniques & Communication
- ☞ S O A P Notes
- ☞ Therapeutics
- ☞ Recitation or Clinical Application Active Learning

MTM vs. Counseling

Topic	Counseling	MTM
Discuss Side Effects of Medicine(s)	x	x
Identify Medication Related Problems (MRP)	x	x
Prioritize Problems		x
Develop Interventions		x
Document Patient Encounter		x
Follow Up Post Encounter		x
Discuss Generic Substitutions	x	x
Discuss Storage of Medications	x	x

Additional Lessons

- ☞ Billing/Regulation
- ☞ Business Considerations
- ☞ Motivational Counseling
- ☞ Inter-professional Collaboration
- ☞ Web-based Platform

School of Pharmacy Models

- ↻ IPPE Integration
- ↻ APPE Integration
- ↻ Laboratory Integration
- ↻ MTM Elective Course
- ↻ Others

IPPE Integration

- ↻ **An Introductory Pharmacy Practice Experience Based on a Medication Therapy Management Service Model**
Chanel F. Agness, PharmD, Donna Huynh, PharmD, and Nicole Brandt, PharmD
University of Maryland, Baltimore, MD
American Journal of Pharmaceutical Education 2011; 75 (5) Article 82.

APPE Integration

- ↻ **Medication Therapy Management Services Provided by Student Pharmacists**
Micah Hata, PharmD,^a Roger Klotz, BSPHarm,^a Rick Sylvies, PharmD,^b Karl Hess, PharmD,^a Emmanuelle Schwartzman, PharmD,^a James Scott, PharmD, MEd,^a and Anandi V. Law, PhD^a
^aCollege of Pharmacy, Western University of Health Sciences, Pomona, California
^bPharmacy Applications Architect, MemorialCare Health System, Fountain Valley, California
American Journal of Pharmaceutical Education 2012; 76 (3) Article 51.

Laboratory Integration

- ↻ **Simulated Medication Therapy Management Activities in a Pharmacotherapy Laboratory Course**
Casey E. Gallimore, PharmD,^a Joshua M. Thorpe, MPH, PhD,^a and Kari Trapskin, PharmDa,^b
^aUniversity of Wisconsin-Madison School of Pharmacy
^bPharmacy Society of Wisconsin, Madison
American Journal of Pharmaceutical Education 2011; 75 (5) Article 95.
- ↻ **Medication Therapy Management Training Using Case Studies and the MirixaPro Platform**
Kimberley J. Begley, PharmD, Kelli L. Coover, PharmD, Jennifer A. Tilleman, PharmD,
Ann M. Ryan Haddad, PharmD, and Samuel C. Augustine, PharmD
School of Pharmacy, Creighton University
American Journal of Pharmaceutical Education 2011; 75 (3) Article 49.

MTM Elective

- ↻ **Elective Course on Medication Therapy Management Services**
Catherine Kuhn, PharmD,^{a*} Patricia H. Powell, PharmD,^b and James J. Sterrett, PharmDa
^aSouth Carolina College of Pharmacy, Charleston Campus
^bSouth Carolina College of Pharmacy, Columbia Campus
American Journal of Pharmaceutical Education 2010; 74 (3) Article 40.

Conclusions

- ↻ South University MTM Process
- ↻ Preferred Method?
- ↻ Practice to Height of Training

Questions?

