House of Delegates

Policies Approved by the ASHP House of Delegates March 2024

2401
Role of the Pharmacy Workforce in Improving Mental Health
Source: Council on Pharmacy Practice
To advocate for equitable and destigmatized access to mental healthcare services for all patients across their lifespan, including members of the healthcare workforce; further,

To affirm the essential role of pharmacists, as members of the interprofessional care team, in increasing patient access to mental healthcare services; further,

To urge all members of the pharmacy workforce to raise awareness of, screen for, triage, and provide education on mental health conditions; further,

To advocate for expansion of mental health-related comprehensive medication management services provided by pharmacists; further,

To advocate for adequate funding of mental health awareness programs and for funding that promotes equitable access to mental healthcare services.

Rationale
Mental health is a public and population health issue that requires support of mental healthcare needs for patients and members of the healthcare workforce. Mental health is recognized as a global public health issue, worsened by the COVID-19 pandemic. In addition, support for mental health and access to mental health services are important for the healthcare workforce. Despite the high prevalence of patients with mental health issues, access to services is significantly strained. Data prior to the pandemic demonstrated that nearly 6 of 10 people in the U.S. desired access to mental health services for themselves or a loved one. Barriers to access include a limited and constrained healthcare workforce, high cost, insufficient insurance coverage, long wait times, lack of awareness, and stigma.

The pharmacy workforce plays a critical role in improving medication-use outcomes for populations of patients across the continuum of care. This role creates an opportunity for pharmacists with expertise in mental health to increase patient access to mental health services

and improve mental health outcomes. Using a comprehensive medication management approach to care, pharmacists can assess mental healthcare needs, manage medication therapy regimens, educate patients and caregivers, monitor patients, and assess outcomes of mental healthcare services. It also creates an opportunity for the pharmacy workforce to engage as members of the interprofessional care team in population health strategies that increase awareness of, screening for, and treatment of mental health issues. The American Psychological Association outlines the following as principles to guide a population health framework for mental health:

- Use data and the best available science to inform policies, programs, and resources.
- Prevent when possible and otherwise intervene at the earliest moment.
- Strategize, analyze, and intervene at the community/population level (in addition to the individual).
- Reach broad and diverse audiences through partnerships and alliances.
- Utilize a developmental approach (e.g., change over time, age-appropriate interventions).
- Consider the “whole person” and the structural/systemic factors impacting individual behavior.
- Be culturally sensitive while also thinking transculturally.
- Recognize that inherent in every community is the wisdom to solve its own problems.
- Champion equity by addressing systemic issues (e.g., social determinants of health, access to treatment).

To ensure that the opportunity to leverage the pharmacy workforce in improving access to and quality of mental health services is realized, there needs to be greater awareness, advocacy and collaboration with other stakeholders, training efforts for building competency and expertise, and reimbursement that supports sustainable services.

2402
Suicide Awareness, Prevention, and Response
Source: Council on Pharmacy Practice
To support the goal of zero suicides; further,

To collaborate with key stakeholders in support of suicide awareness, prevention, and response; further,

To acknowledge that optimal suicide awareness, prevention, and response efforts focus both on patients and on the healthcare workforce; further,

To recognize that pharmacists, as key members of the interprofessional care team, are integral to suicide awareness, prevention, and response efforts, and to acknowledge the vital role of other members of the pharmacy workforce in those efforts; further,

To foster the use and development of clinically validated tools to aid the pharmacy workforce in assessing the influence of medications and other factors on suicidality; further,

To advocate for adequate government and healthcare organization funding for suicide awareness, prevention, and response; further,

To enhance awareness of local, state, national, and global suicide awareness, prevention, and response resources.

This policy supersedes ASHP policy 1901.

Rationale

The high and increasing number of suicides in the U.S. has created a call for national action. In 2021, the Centers for Disease Control and Prevention reported that suicide was the eleventh leading cause of death for Americans. Further, a *JAPhA* study showed that pharmacists are at an increased risk of death by suicide when compared to the general public. According to that study, the suicide rate among pharmacists in the United States is 20 per 100,000, which is higher than the general population rate of 12 per 100,000. The U.S. Surgeon General and the National Action Alliance for Suicide Prevention, in the 2012 National Strategy for Suicide Prevention and the 2021 Surgeon General's Call to Action on Suicide Prevention, provided general guidance for various societal approaches, including public awareness and development of effective clinical practices targeting suicide prevention. The National Strategy set an aspirational zero suicides goal for healthcare services, which will require a systemwide effort to improve healthcare's approach to suicide prevention, including clinician training and implementation of better referral systems.

In addition to calls for raising awareness and preventing death by suicide, there also needs an appropriate response in the event of suicide. Postvention, defined as activities that reduce risk and promote healing after a suicide death, is an important term for healthcare workers and communities to factor in response to death by suicide. ASHP partnered with the American Foundation for Suicide Prevention to customize two postvention toolkits for pharmacy residents and student pharmacists. Information in the toolkits is generalizable to the entire pharmacy workforce and aim to ensure a careful and appropriate response to death by suicide.

The responsibility for healthcare professionals to become involved in suicide prevention and response extends beyond those specializing in mental health services, as suicide may be viewed as a response to multiple biological, psychological, interpersonal, environmental, and societal influences that interact with one another and may change over time. Suicide prevention and response, when viewed as the collective efforts of government, public and private organizations, and care providers to reduce the incidence of suicide across the lifespan of a person, requires a correspondingly broad response by healthcare professionals. In 2016, the Joint Commission published a Sentinel Event Alert urging healthcare organizations to develop policies, staff education, and comprehensive care plans to utilize suicide risk assessment tools and support patients with suicide risk factors. The Joint Commission urged all healthcare organizations to develop clinical environment readiness by identifying, developing, and integrating comprehensive behavioral health, primary care, and community resources to assure continuity of care for individuals at risk for suicide.

In addition, concern over drug-associated suicidal ideation and behavior has been increasing over the last decade. In 2012, the Food and Drug Administration (FDA) issued draft guidance on assessing the occurrence of suicidal ideation and behavior in clinical drug trials. Over 800 drugs have been linked to an increased risk of suicidal thoughts and depression, from central nervous system agents to antimicrobials. The ASHP Medications and Suicidality Web Resource Center contains guidelines and publications concerning drug-associated suicidality and maintains links to information on individual drugs associated with depression and suicidality. ASHP encourages continued research on suicidal ideation and behavior in clinical trials and supports safety measures by manufacturers and FDA (e.g., risk evaluation and mitigation strategies, boxed warnings) when appropriate.

Given the leading role of pharmacists in overseeing safe medication use, the dangers of medications relating to suicide risk, and the high degree of pharmacist interaction with patients, pharmacists are well positioned to play a key role in suicide awareness, prevention, and response efforts. The pharmacist's role could include, for example, ensuring appropriate use of medications in management of mental health and other medical conditions; identifying patients at risk for suicide, and evaluating that suicide risk; and recommending care, making referrals, and following up on referrals with patients and providers. Strategies could range from evaluating patients' prescribed medications and identifying those that increase risk for suicidality; to counseling patients, caregivers, and other healthcare providers about those risks; to educating the public about the dangers of unused medications and the need for proper disposal. Pharmacists trained in behavioral health could also be incorporated into behavioral health programs to offer comprehensive medication management to patients and serve as a resource to the interprofessional care team. Other pharmacy practitioners (student pharmacists and pharmacy technicians) could perform vital services in suicide awareness and prevention efforts as well, such as medication reviews. The goal of zero suicides will also require a combined effort from individual healthcare workers and the healthcare system as a whole to sustain clinician well-being and resilience, as further described in ASHP policy 2329, Clinician Well-Being and Resilience. In 2023, ASHP and partnering pharmacy organizations established the Pharmacy Workforce Suicide Awareness Day to be recognized annually on September 20 as part of September's Suicide Prevention Month.

To ensure that pharmacy practitioners have the competence and confidence to properly fill these key roles, ASHP is committed to providing education and tools to assist pharmacy practitioners in suicide awareness, prevention, and response efforts. Further, ASHP advocates inclusion of suicide awareness, prevention, and response in college of pharmacy curricula and postgraduate educational and training programs, through a multimodal approach. ASHP also advocates universal suicide awareness, prevention, and response training for the health workforce. Adequate government and private-sector funding of suicide awareness and prevention efforts will be required to promote the success of suicide awareness, prevention, and response efforts. ASHP joins other organizations in supporting efforts to promote awareness of local, state, national, and global suicide awareness, prevention, and response resources, including the 988 Suicide & Crisis Lifeline.

Finally, ASHP urges research on suicide awareness, prevention, and response, including research on patient assessment tools, medications that increase the risk of suicidality, and practice models and strategies to identify and manage patients at risk for suicide.

2403
Medication Stewardship Programs
Source: Council on Therapeutics
To advocate that pharmacists are foundational members of any medication stewardship program; further,

To affirm that pharmacists bring unique clinical, operational, safety, and financial expertise to help organizations develop and manage medication stewardship programs; further,

To promote pharmacist leadership in medication stewardship teams; further,

To encourage healthcare organizations to develop comprehensive medication stewardship programs that align with applicable laws, regulations, and accreditation standards; further,

To support incorporation and development of the pharmacy workforce in medication stewardship efforts; further,

To enhance awareness that medication stewardship includes disease state management across all levels of care and addresses barriers at the patient and system levels in order to improve the quality, safety, and value of patient care.

Rationale
Stewardship is an approach to patient care whose goals are to improve the quality, safety, and value of care. These goals are achieved through evidence-based therapy to achieve optimal patient outcomes, with selection of the correct drug, appropriate dose, and subsequent optimization, and by reducing costs and barriers to the patient, healthcare system, and payers. The most well-known and successful stewardship programs are those for antimicrobial agents and opioids, because these programs are required by the Centers for Medicare & Medicaid Services. The Joint Commission also requires hospitals or health systems to allocate financial resources for staffing and information technology to support an antimicrobial stewardship program (ASP) and that a pharmacist be a part of the ASP.

As hospitals and health systems transition to value-based care and become more conscious of outcomes data, stewardship has become even more important. Clinical areas that could benefit from stewardship programs include anticoagulation, oncology/anti-cancer therapies, fluid management, pharmacogenomics, and psychiatry; all demonstrate the potential for and necessity of stewardship programs. Additionally, research has firmly demonstrated that programs with pharmacist involvement result in the most improvement in costs, patient outcomes, and safety. Drug selection is typically a collaborative decision between the prescriber and the pharmacist, but pharmacists can add recommendations using several additional lenses. Pharmacists assess the drug to ensure an evidence-based approach is used, ensure the correct dose, assess for drug interactions or comorbidities, and help with dose adjustments, monitoring, and adherence. They also assist with identifying which drugs are restricted by formulary, which biosimilars are preferred, which high-cost drugs have patient-assistance programs, and with other patient-specific insurance issues. Stewardship takes a

comprehensive approach to drug management that crosses multiple phases of care. ASHP believes that members of the pharmacy workforce have the clinical skills, training, and financial and operational knowledge that make them foundational members of any new stewardship program and leaders in established programs.

As stewardship programs evolve, so do their needs. The integration of pharmacy technicians is a logical next step for stewardship programs. In the United Kingdom, pharmacy technicians play a large role in ASPs. They conduct antimicrobial virtual chart reviews for de-escalation, review and flag penicillin allergies for the pharmacist, participate in audits, and more. The number of pharmacy technicians that perform clinical roles continues to grow in the United States, and incorporating them into stewardship programs is a natural extension of their evolving roles.

2404

Flexible Workforce Models

Source: Council on Education and Workforce Development

To advocate for flexible workforce models that promote patient safety and continuity of care, optimize pharmacy operations, and enhance recruitment and retention of the pharmacy workforce.

Rationale

Broader advocacy efforts are needed to ensure state laws do not prohibit the development of innovative pharmacy practice models that incorporate flexible approaches, specifically in the areas of telehealth practices and telecommuting. As the healthcare landscape and industry continue to evolve, the entire pharmacy workforce and its stakeholders need to embrace flexible workforce model approaches that optimize operational efficiencies and promote safety in support of patient care. Flexible workforce models may include hybrid, remote, and onsite work. Specific job roles and responsibilities, space, and cost implications must be taken into consideration in any new practice model that incorporates flexible approaches. More importantly, these flexible approaches must ensure continuity of patient care and augment team-based care.

As retention and recruitment grow increasingly challenging, embracing a flexible workforce model may further enhance staff satisfaction and recruitment to the pharmacy profession more broadly.

2405

Pharmacist Access to Provider Networks

Source: Council on Pharmacy Management

To advocate for laws and regulations that require healthcare payers to include pharmacists in their provider networks as standard coverage when providing patient care services within their scope of practice and the services are covered benefits; further,

To advocate that payers provide comparative, transparent sharing of performance and quality measure data for all providers in their networks, including pharmacists.

This policy supersedes ASHP policy 2134.

Rationale
As hospitals and healthcare organizations increase their ambulatory care service footprint, pharmacists providing patient care services within those settings may find themselves excluded from healthcare payer networks. ASHP acknowledges that healthcare payers may develop and use criteria to determine provider access to its networks to ensure the quality of services and the financial viability of providers (i.e., ensuring sufficient patient volume to profitably operate). When creating provider networks, however, payers should include pharmacists providing patient care services within their scope of practice as standard coverage, when the services are covered benefits. ASHP advocates for laws and regulations that require healthcare payer provider networks to consider all qualified pharmacists who apply to participate as a provider in the network and to reimburse all participating providers fairly and equitably for services that are a covered benefit (see ASHP policy 2331, Sustainable Billing, Reimbursement, and Payment Models). To ensure the same level of patient care and equity for healthcare providers within a payer network, payers should be required to (1) disclose to participating providers and those applying to participate in a provider network the criteria used to include, retain, or exclude providers; (2) ensure those criteria are standardized across all network providers; and (3) collect performance and quality measure data on how well providers meet those criteria and report that data to providers. Pharmacist scope of practice is defined at the state level and is highly variable. Provider status recognition is also highly variable. Only a few states formally recognize pharmacists as providers and have established payer mandates to ensure reimbursement in a manner similar to other disciplines that provide patient care. As a result, pharmacy leaders typically have very limited experience regarding how payers manage networks and reimbursement. When pharmacists obtain provider status, health systems will require a substantial amount of infrastructure to support pharmacists as providers. Pharmacy leaders will need to have relationships across a broad range of internal departments and committees, including finance, revenue integrity, provider relations, medical staff services, and credentialing and privileging. They will also need to engage in external collaborations with payers, which often includes departments such as provider relations and contracting that have a very limited understanding of pharmacist patient care services beyond prescription fulfillment and dispensing services. Despite the risk that payer transparency could reduce market competition, comparative, transparent sharing of performance and evidence-based quality measure data could demonstrate to payers and providers how a provider's performance and quality compares to others. Ensuring that qualified pharmacists have access to payer networks improves patient access to pharmacist care, team-based coordination of care, and health outcomes.

2406
Risk Assessment of Health Information Technology
Source: Council on Pharmacy Management
To urge hospitals and health systems to directly involve departments of pharmacy in performing appropriate risk assessment before new health information technology (HIT) is

implemented or existing HIT is upgraded, and as part of the continuous evaluation of current HIT performance; further,

To advocate that HIT vendors provide estimates of the resources required to implement and support new HIT; further,

To collaborate with HIT vendors to encourage the development of HIT that improves patient-care outcomes and user experience; further,

To advocate for changes in federal law that would recognize HIT vendors' safety accountability.

This policy supersedes ASHP policy 1418.

Rationale

The adoption of HIT in hospitals has been increasing at a quickening pace. The 2022 ASHP National Survey of Pharmacy Practice in Hospital Settings reports basic analytics (e.g., data from smart pumps, clinical decision support, compounding technology) are used in nearly 85% of hospitals and advanced analytics (e.g., artificial intelligence, machine learning, predictive analytics) are used in 8.7% of hospitals, an increase from 4% in 2021 and 2.6% in 2020. Investing in HIT and properly integrating it within healthcare can prevent and decrease errors, improve quality, and prevent waste.

Before selecting or upgrading health IT, organizations must determine their needs and goals. The Office of the National Coordinator for HIT maintains the Health IT Playbook to help clinicians, administrators, and clinician-practice staff. The Health IT Playbook provides tools to help healthcare organizations choose and implement the right HIT systems for their needs. As hospitals and providers implement HIT within their institutions and practices, however, they often encounter new types of errors and problems. The medical literature is replete with many reports of the unintended consequences of HIT, so continuous monitoring of these systems is required. It has become increasingly important to properly assess the interface between HIT and users to identify whether any new risk has been introduced to the system and implement HIT appropriately, taking into account medication-use processes and human factors. Critical questions hospitals and health systems face include (1) when do HIT advances exceed the capacity for integration into workflow, (2) when does HIT begin to introduce risk into the medication-use process rather than improve patient safety, and (3) what are the accountabilities of HIT providers, regulators, and providers to ensure the necessary product development and assessments are made before implementation of new HIT.

ASHP advocates that the pharmacy department be part of the implementation team for any medication-related technology within an institution. Technology assessment tools should be applied by the pharmacy workforce to proactively determine gaps in function prior to implementation, during upgrades, and as part of the continuous evaluation of HIT performance. The use of failure modes effects analysis (FMEA) and other resources should be considered. Organizations selecting or upgrading HIT should work closely with implementation partners or vendors to ensure the following: (1) products are suited to the organization's needs; (2) HIT will be usable by clinicians and staff; and (3) accurate estimates of resources needed are identified

to implement and support new or upgraded HIT. These processes also provide opportunities to examine and optimize care delivery processes. Tailoring both technology and processes around care pathways takes advantage of the technology's potential to support safer care, inclusive of patient goals, while reducing burdens on healthcare professionals. Risk assessment should also be considered when implementing any new technology to ensure that unintended consequences are minimized. Regulatory and accreditation organizations include components of risk assessment and quality improvement within their criteria, but hospitals need to incorporate these into their overall plans. Such risk assessments could result in less attention on some HIT implementations. Finally, federal law needs to recognize vendors' accountability for the safety of their products as implemented.

2407
Unit Dose Packaging Availability
Source: Council on Pharmacy Management
To advocate that pharmaceutical manufacturers provide all medications used in health systems in unit dose packages or, when applicable, in packaging that optimizes medication safety, improves operational efficiency, and reduces medication waste; further,

To urge that the Food and Drug Administration require pharmaceutical manufacturers to provide stability data to support the repackaging of medications outside of their original manufacturer bulk containers in the interest of public health, healthcare worker and patient safety, and reduced waste.

This policy supersedes ASHP policy 2253.

Rationale
The benefits of unit dose drug administration were well established in the 1960s. Despite these benefits, some drugs are not available from manufacturers in unit dose packages. One reason sometimes cited for this lack of availability is that because unit dose packages make up a relatively small portion of business for many manufacturers, some manufacturers are making a business decision to discontinue this form of packaging. When manufacturers do not provide drugs in unit dose form, the pharmacy must repackage them, introducing opportunities for error and healthcare worker or patient harm. Increasingly, however, pharmaceutical manufacturers are including verbiage on bulk medication bottles and within package inserts that state "dispense in original container" or similar language. These statements are typically declared without any rationale, studies, or analytical support. The statements and the lack of external data regarding stability of medications when repackaged have created hardships for health-system pharmacies trying to provide medications in a ready-to-use form for timely administration. This practice may perpetuate drug shortages and lead to avoidable and costly medication and packaging waste. Although it may not be practical for FDA to mandate unit dose packaging to optimize medication and patient safety, improve operational efficiency, and support the interest of public health, FDA could encourage such packaging in other ways, such as by developing packaging guidelines for the pharmaceutical industry. In cases in which unit

dose packaging is not practical, manufacturers should at a minimum provide package sizes or medication stability data that would reduce waste.