Expanding and Advancing Clinical Pharmacy Practice

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Department of Veterans Affairs

CPE Information

- Target Audience: Pharmacists & Technicians
- ACPE#: 0202-0000-15-189-L04-P/T
- Activity Type: Knowledge-based

Pharmacist Learning Objectives

- Describe the many tools, policies, and guidance developed by Department of Veterans Affairs (VA) Clinical Pharmacy Practice Office (CPPO) that are available to help facilities manage the expansion of clinical practice for pharmacists.
- State how some facilities have been successful in using the tools created to expand practices.
- Discuss challenges and obstacles that are faced by field facilities in using these tools and possible future tools that might be used to overcome these barriers.

Technician Learning Objectives

- Describe the tools, policies and guidance developed by the VA Clinical Pharmacy Practice Office (CPPO) which have transformed many tasks now performed by pharmacists to technicians.
- State how some facilities have been successful in using the tools to involve technicians in expanding operational and clinical roles.
- Discuss challenges and obstacles that are faced by field facilities in using these tools and possible future tools that might be used to overcome these barriers.

Self-Assessment Question 1

Which of the following are tools developed by the VA Clinical Pharmacy Practice Office (CPPO) to promote practice expansion?

A: Acute Care Staffing Tool
B: PhARMD Project Tool
C: Competency Assessment Tools for Pharmacists and Pharmacy Technicians
D: All of the Above
Self-Assessment Question 2

How have facilities been successful in using the tools created to expand practices?

A: Expanding FTE in Acute Care
B: Movement to Practice Area Based Scope of Practice
C: Shifting Workload to Technicians
D: All of the Above

Self-Assessment Question 3

Which of the following are future tools that might be used by facilities to overcome barriers in practice?

A: PhARMD Project Tool
B: Workload Pivot Tool
C: Both A & B
D: Nothing can help overcome barriers

VA Clinical Pharmacy Practice Office (CPPO)

- For over 40 years, clinical pharmacists have practiced comprehensive medication management and provided cognitive clinical pharmacy services.
- The Clinical Pharmacy Practice Office (CPPO) was created by PBM in 2010 to streamline VHA’s clinical pharmacy program while developing standardized pharmacy practice models, educational initiatives, developing projects that assess the impact of clinical pharmacy interventions and penetration, as well as providing guidance on issues related to clinical pharmacy practice.
- The CPPO continues to develop advanced roles of the clinical pharmacist and clinical pharmacy specialist that helps the VA and Veterans medication related problems and better manage disease states

Effective Change Management

1. Motivating Change
2. Creating a Vision for Change
3. Developing Support
4. Managing the Transition of Change
5. Sustaining Momentum

Identification of Needs Through Systems Redesign Survey

- **Purpose:** Obtain an accurate characterization of VHA Pharmacy Services nationwide.
- **Method:** Assessment Tool (Questionnaire)
Survey Question: Does a lack of pharmacy technician staff impede development of an optimal pharmacy practice model at your institution?

- Yes: 67%
- No: 33%

Are there Clinical Pharmacy Specialists (CPS) with a scope of practice (that includes prescriptive authority and the ability to order laboratory tests and other diagnostic studies necessary to monitor and support the patient's drug therapy)?

- There are in all areas/situations (100%): 1A 19% 62% 19%
- There are in most areas/situations (50-99%): 1B 23% 62% 15%
- There are in some areas/situations (1-49%): 1C 22% 64% 14%
- There are in none of the areas/situations (<1%): 2 8% 50% 42%
- There are in some areas/situations: 3 33% 39% 28%

Are pharmacists doing any of the following that could be assigned to technicians? (Select all that apply)

- Checking unit doses: 1A 38% 24% 90% 33% 5%
- Inventory Management: 1B 3 9 %8 %8 5 % 5 4 %0 %
- Medication Use Evaluation data collection: 1C 36% 14% 86% 29% 7%
- Ward Inspections: 2 31% 4% 88% 4% 0%
- Medication Procurement: 3 50% 0% 72% 11% 0%

Have you added new services staffed by CPS?

- Yes: 1A 71% 29%
- No: 1B 85% 15%
- Yes: 1C 86% 14%
- No: 2 77% 23%
- Yes: 3 67% 33%

Optimization of Pharmacy Technician Workforce

- Use Pharmacy Technicians to do all tasks that don’t require Pharmacists
- Allow sites to exchange 1 Pharmacist vacancy for 3 Techs where needed (same cost)
- Enhance Pharmacy Technician training to support new tasks and competencies

Pharmacy Technicians: Shifting Responsibilities
Systems Redesign Toolkit

- System Redesign Return on Investment Tool (SPIRIT)
- Core Competency Assessment Tools

Core Technician Functions
- Ward Inspections
- Inpatient Tech check Tech
- Compounding Sterile Preparations
- Customer Service
- ADR Documentation
- Inventory Management
- Prepackaging

Task Elimination
- Window Fill Reduction

System Redesign Return On Investment Tool (SPIRIT)

- Interactive
- Customizable
- Excel Workbook
- Easy to understand: Stop Lights- Red, yellow, Green

System Redesign Return On Investment Tool (SPIRIT)

Personnel Resources | Return on Investment
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Average hours/month</td>
<td>Estimated Annual Pharmacy time ROI</td>
</tr>
<tr>
<td>(hours)</td>
<td>(ROI)</td>
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<tr>
<td>EXAMPLE</td>
<td></td>
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<tr>
<td>TOT/ Patient Care</td>
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<tr>
<td>TOT Restocking Automated Dispensing Machines</td>
<td>0</td>
</tr>
<tr>
<td>TOT Missing Dose Fillers</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>0</td>
</tr>
<tr>
<td>Subtotal</td>
<td>0</td>
</tr>
</tbody>
</table>

Interactive Customizable Excel Workbook Easy to understand: Stop Lights- Red, yellow, Green (Go)

Total Number of Pharmacists (Onboard Employee) by Fiscal Year

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Total Number of Pharmacists GS11-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>6,634</td>
</tr>
<tr>
<td>2011</td>
<td>6,859</td>
</tr>
<tr>
<td>2012</td>
<td>6,997</td>
</tr>
<tr>
<td>2013</td>
<td>7,251</td>
</tr>
<tr>
<td>2014</td>
<td>7,581</td>
</tr>
<tr>
<td>2015</td>
<td>7,736</td>
</tr>
</tbody>
</table>

Interactive Customizable Excel Workbook Easy to understand: Stop Lights- Red, yellow, Green (Go)

VHA has approximately 7,700 Pharmacists

Pharmacists with Scope of Practice exceeds 3,180 (41%)

Of These 3,180

- Residency = 68%
- BPS Certification = 44%
- Other Certification = 18%
- Residency & Certification = 76%

Data Source: CPPO Scope of Practice SharePoint Database

Number of Pharmacists With a Scope of Practice – Growth Over Time

- 2010: 6,634
- 2011: 6,859
- 2012: 6,997
- 2013: 7,251
- 2014: 7,581
- 2015: 7,736

Data Source: CPPO Scope of Practice SharePoint Database
Scope of Practice Trends

Data Source: CPPO Scope of Practice SharePoint Database

Training and Clinical Pharmacy Boot Camps

• Educated all levels of leadership on our transformational plans at National Meeting in Denver
• Over 400 participants focused heavily on implementation, maintenance, and growth of clinical pharmacy programs

Boot Camps

Pharmacy Chronic Disease Management (Phase I)
- Pain Management
- Diabetes
- Hepatitis C
- Hyperlipidemia
- Hypertension
- Osteoporosis
- Tobacco Dependence

Specialty Boot camps (Phase II)
- Cardiology – Heart Failure
- Mental Health
- Hematology/Oncology
- Respiratory
- Nephrology
- Women’s Health

Creating a Vision for Change

• All teams have access to a Clinical Pharmacists who perform medication management under a scope of practice which includes all core elements
• Clinical Pharmacy Specialists (CPS) provide direct care the majority of the time
  - Assigned to specific teams based on the practice area
  - Credentialing of Pharmacist with a Scope of Practice is similar to other prescribers
    - Scope of Practice Oversight (the PPE process) is performed in accordance with medical staff bylaws
• Recognition as a advanced practice practitioner in all practice areas
• And the list goes on and on......
Balancing Collaborative and Independent Practice Roles in Clinical Pharmacy: A Qualitative Research Study

Summary Conclusion
- Interruptions are a manifestation of the health care system’s and other health care providers’ under recognition of the dual roles of CPs.
- Interruptions affect the work flow and possibly the effectiveness of CPs, especially when they are delivering direct care.

Our study at least raises the issue of whether the current system is functioning optimally to support pharmacy practice in direct care delivery.

McCellough, MB et al., Annals of Pharmacotherapy 1-7

HOW CAN WE ENCOURAGE FULL TIME CPS POSITIONS IN HIGH DEMAND SETTINGS?

DEVELOPING SUPPORT

Policy and Guidance Development
Creation of Staffing Tools

DEVELOPING SUPPORT

Clinical Pharmacy Services Policy to Define the Vision

Defining the Plan
- Staffing/Ratios
- Workflow/Capture
- Collaborative Care/Service Agreements
- Shared Practices

Support and Infrastructure
- Clinical Pharmacy Services Handbook
- VHA Policies
- ASP
- Guidance to Clarify Elements

Patient Care Activities
- FACT Sheets
- Improving Access
- Pharmacy Interventions
- Included as key member of the team

Developing an Infrastructure with Clinical Pharmacy Staffing Standards

- Clinical pharmacy staffing models are evaluated at regular intervals
  - Include the needs of the facility, complexity, size, and clinical programs available

- Staffing Models Exist
  - Outpatient Clinical Pharmacy Workload Mapping Tool
  - Acute Care Clinical Pharmacy Staffing Model
  - Hep C Clinical Pharmacy Staffing Model
  - Antimicrobial Stewardship Staffing Tool and Guidance
Staffing Tools
What can they do and what they cannot

- Staffing tools assist with staffing standardization, but do not set standards
  - Don’t determine what services must be offered
- Require supervisor interpretation
  - How much administrative time should an individual have?
  - What activities should be performed by which individuals?
- Precision of the output depends on precision of input
  - Bad data in = bad data out

Clinical Pharmacy Outpatient Workload Mapping Tool

- Base tool to estimate workload in the Ambulatory Care setting
  - May be used in a variety of practice areas
- Assists with needs assessment
- Standardized definitions for the input values

Clinical Pharmacy Specialist Workload Mapping Tool

- Staffing Ratios Established
  - 1 CPS per 3 PACT teamlets (1:3,800 patients)
- Identification of gaps in care related to clinical pharmacy services
  - Teamlets without clinical pharmacists
  - Facilities with ratios below recommended levels
- Ability for Management staff to provide gap assessments to Senior Leadership

CPS Support for the Acute Care Setting

Acute Care Clinical Pharmacy Staffing Tool allows for evaluation of staffing needs based on activities performed by CPS
- Average Daily Census Numbers from Workload Reports
- Estimated Avg. Daily Number of patients (or % of the daily census) the service is provided for
- Estimated number of days per week services are provided

Utilizing Staffing Tools to Support Change Eastern Colorado VA HealthCare System

- 10 FTE
- Traditional pharmacy roles
- Rotation on days, weekends, evenings
- Coverage of infusion clinic, LCL

Gaps in Care Exist
Applying a Productivity Assessment to the Acute Care Setting

• Staffing calculator tool used to estimate FTEE for current clinical services
  – Facility average daily census used, excluding MH and CLC #70
  – Discharge Med Recon 7-days/week
  – Anticoagulation Management (M-F)
  – Pharmacokinetic monitoring (M-F)
  – Team rounds 20% in ICU only (M-F)

• Developed a Business Proposal to Optimize Clinical Services and Collaborative Care Agreement to Define Services

Collaborative Care Agreements to Define Services

• Identified a physician champion (hospitalist)
• Met with all service chiefs of admitting services
• Defined needs of population (AC, PK, other)
• Determined clinical services that can be provided
  – Opt-out vs. Opt-in
  – Minimum staffing and schedule
• Defined CPS and CP activities
• Defined scope of practice vs non-scope activities
• Included responsibilities for all providers

Support Change in Clinical Pharmacy Roles

CPS

Utilize Scope of Practice

Medicine/ICUs
  • MTM (All patients)
  • Team rounds
  • 7-day/week clinical services & ICU rounds
  • PIQI Committees

Clinical Pharmacists

Recommendations to provider

• MTM follow-up
  • Clinical recs.
  • Order verification
  • D/C Med. Rec. and counseling

Day, right, weekend operations centralized

Non-ICU: Lab/Ph. M&R
  • PM&R rounds 2-week
  • Clinical Recs
  • MTM follow-up

PGY1 Precepting
  • Operations

Changing Landscape in VA Scope of Practice

• VHA established system-wide scope of practice (SOP) authority, including prescriptive authority, for pharmacists in 1995
• Expanded Role of CPS to address the comprehensive medication management needs of the patients
  – Movement to Practice Area Based SOP
• Changes in State Practice Act Collaborative Practice Authority
  – Currently 48 states with some sort of CPA authority

Re-Defining “Core” Elements in a Scope of Practice (SOP)
Ensuring Competency for Practice Expansion

- Rapid expansion of CP/CPS into clinical roles
  - Primary Care (PACT) Competencies for Clinical Pharmacists
- Need for Pharmacy Technicians to take on traditional Pharmacist roles in addition to supportive roles
- Need for standardized assessment of minimum competencies

PACT Competency Assessment Form

CAVHCS Utilization of Competency Tools

- Expansion from PACT Pharmacist limited to Practice Area Based SOP
- Assigned the trainee to a mentor
  - Face to face training
  - Remote mentoring
  - Mentor co-signed notes and ordered med/labs
- Completed Tool attached to SOP Request along with Management Review

Pharmacy Technician Competencies

- Standardized Toolkits
  - Background
  - Relevant definitions
  - Suggested Education and Training
  - Links to Training (TMS, PPTs, Other)
  - Core Competency Objectives
- Validation Tool (linked)
  - Competency Assessment Check List
  - Quality Assurance
  - Resources and Relevant VHA Directives/Handbooks
SUSTAINING MOMENTUM

National Clinical Pharmacy Practice Councils
Reports to Describe Clinical Pharmacy Services

It Takes A Village

National Clinical Practice Council

• Bi-directional Communication CONDUIT locally, regionally and nationally
• Share strong practices related to clinical pharmacy practice;
• Assess clinical pharmacy outcomes and workload, clinical pharmacy interventions and return on investment (ROI) for clinical pharmacy practice;
• Evaluate clinical performance metrics and population management for opportunities;
• Identify gaps in patient care that exist with emphasis on expansion of clinical pharmacy services; and
• Ensure a platform for discussion of clinical pharmacy professional practice elements for consistency with national guidance and policy

Practice Advancement Forum | June 11, 2015

Measuring Impact of Clinical Pharmacy Care

• Clinical Pharmacy Interventions
• Improvements in Performance Measures
• Improvement in Access to Primary Care and Specialty Care Providers
• Clinical Pharmacy Dashboards
• Clinical Pharmacy Workload

Nationwide Clinical Pharmacy Workload Trends

<table>
<thead>
<tr>
<th>Parameter</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>% Change</th>
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<tbody>
<tr>
<td># Pharmacists with SOP</td>
<td>2,132</td>
<td>2,616</td>
<td>2,870</td>
<td>3,059</td>
<td>3,185</td>
<td>49%</td>
</tr>
<tr>
<td>% Pharmacist Under SOP</td>
<td>NA</td>
<td>32%</td>
<td>35%</td>
<td>41%</td>
<td>41%</td>
<td>28%</td>
</tr>
<tr>
<td>Encounters/FTE</td>
<td>403</td>
<td>615</td>
<td>629</td>
<td>664</td>
<td>692</td>
<td>72%</td>
</tr>
<tr>
<td>Total 100 Encounters</td>
<td>2,454,419</td>
<td>3,677,269</td>
<td>4,067,110</td>
<td>4,450,815</td>
<td>5,051,831</td>
<td>106%</td>
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</tbody>
</table>

*FY15 estimated based on Q1-3 data

Addressing Challenges in Workload Capture

• Workload pivot
  - Allows classification of encounters by practice area and modality
• Stop Code guidance
  - Ensures pharmacist workload is appropriately reported and measured
• Active Pharmacy Clinic report
  - Allows sites an easy way to review clinic set-up for appropriateness and alignment with guidance
PhARMD Project Tool
Capturing Interventions System-Wide

- One tool for all Pharmacist Users
- Use of Reminder Health Factors to retrieve pharmacist specific data elements
- Reporting Infrastructure created and available to all participating sites

Pharmacists Impacting Care
Reason for Referral

GOAL OF <7%
GOAL OF <8%
GOAL OF <9%
GOAL OTHER
GOAL OF <140/90
GOAL OF <140/80
GOAL OF <150/90
GOAL OF <130/80
GOAL OTHER

DM TYPE 2 HTN
LIPIDS
HTN

PhARMD Tool Expansion

- Prior tools tracked only interventions in the ambulatory care setting
- New version release will allow VA to quantify types and volume of interventions made in acute care

Pharmacists Impacting Care
Reaching Disease State Therapeutic Targets

DM TYPE 2
LIPIDS
HTN
All Disease States

At Goal or End of Active Tx Selected

Key Points

- VA CPPO has been successful in the creation of policy and tools to promote practice expansion across the system
- Application of these tools into practice requires strong facility support and leadership
- It Truly Takes A Village!
- CPPO is continually looking for ways to address gaps in care and opportunities that remain

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Together We Can Make A Difference

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