# Hot Topics: Provider Status, Workforce and Accreditation Update

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## Conflicts of Interest

I have no conflicts of interest to disclose

## Overall Learning Objectives for Pharmacists

- Explain provider status and steps required for grassroots activities to impact legislation.
- Describe the results of the 2014 National Pharmacy Workforce Study and the priorities of the Pharmacy Workforce Center.
- Address issues related to accreditation of both pharmacy residency programs and the new collaboration between ASHP and ACPE for accredited technician education and training programs.
- Review new resources available for implementation of the new PGY1 residency standards.
- Discuss the alignment of the PTCB 2020 policies with ASHP policies and the goals of the ASHP/ACPE collaboration on technician education and training.

## Overall Learning Objectives for Pharmacy Technicians

- Describe what provider status is.
- Describe the results of the 2014 National Pharmacy Workforce Study and the priorities of the Pharmacy Workforce Center.
- Address issues related to accreditation of both pharmacy residency programs and the new collaboration between ASHP and ACPE for accredited technician education and training programs.
- Discuss the alignment of the PTCB 2020 policies with ASHP policies and the goals of the ASHP/ACPE collaboration on technician education and training.
- Review key requirements in the technician program standards.

## PROVIDER STATUS

## Discussion Points

- Describe what provider status is.
- Describe why amending the Social Security Act to recognize pharmacists as Medicare Part B providers is important for patients.
- Explain current legislation, and the efforts of ASHP and the Patient Access to Pharmacists' Care Coalition to facilitate amending the Social Security Act to recognize pharmacists as Medicare Part B providers.
- Describe grassroots efforts that individual pharmacists and ASHP state affiliates need to take to achieve recognition as Medicare Part B providers in the Social Security Act.

## Provider Status is About Patients

Achieving provider status is about giving patients access to care that improves:

- Patient safety
- Healthcare quality
- Outcomes
- Decreases costs

## Who Has Provider Status?

- Physicians
- Nurse practitioners
- Physician assistants
- Certified nurse midwives
- Psychologists
- Clinical social workers
- Certified nurse anesthetists
- Speech-language pathologists
- Audiologists
- Registered dietitians
- Physical therapists

## What is Provider Status?

- Being listed in section 1842 or 1861 of the Social Security Act as a supplier of medical and other health services.
- Becoming a "provider" in the Social Security Act means:

  Pharmacists can participate in Part B of the Medicare program and bill Medicare for services that are within their state scope of practice to perform.

## Why is provider status important for pharmacists?

- Pharmacists are not recognized under the Social Security Act as health care providers
- New payment systems emphasize quality and outcomes
  - Accountable Care Organizations
  - Medical Homes
- Social Security Act determines eligibility

## What is H.R. 592/S. 314?

- A bipartisan bill that would amend the Social Security Act to recognize pharmacist services to patients under Medicare Part B in medically underserved communities
  - Applies to licensed pharmacists working within their state's scope of practice laws
  - Establishes a mechanism of pay for pharmacist provider services under Medicare Part B
  - Reintroduction of H.R. 4190, a bill which was introduced by Representatives Guthrie (R-KY), Butterfield (D-NC) and Young (R-IN) in the House of Representatives on March 11, 2014
  - That bill had 123 bipartisan cosponsors include two physicians: Reps. Roe (R-TN) and Bera (D-CA).

## H.R. 592/S. 314 Specifics

- Amends Section 1861(s)(2) of the Social Security Act to include:
  - Pharmacists services furnished by a pharmacist licensed by State law
    - *Which the pharmacist is legally authorized to perform in the State*
  - In setting located in/for and defined in federal law:
    - *Medically underserved area*
    - *Medically underserved population*
    - *Health professional shortage area*

## Why does H.R. 592/S. 314 only cover medically underserved communities?

- Help meet unmet health care needs
  - Increase access
  - Improve quality
  - Decrease costs
- Follow similar successful paths taken by other health care professionals to gain provider status

## What are medically underserved communities?

- Medically Underserved Areas
- Medically Underserved Populations
- Health Professional Shortage Areas


## Medically Underserved Communities, a Closer Look

- Medically Underserved Areas:
  - Medically Underserved Areas (MUAs) may be a whole county or a group of contiguous counties, a group of county or civil divisions or a group of urban census tracts in which residents have a shortage of personal health services.

## Medically Underserved Areas, MUA

- Medically Underserved Areas, how are they calculated?
  - Uses Index of Medical Underservice (IMU), scale 0-100; 62 or less is MUA
  - Uses 4 variables to calculate:
    - *Ratio of primary care physicians per 1,000 people*
    - *Infant mortality rate*
    - *Percent of population below poverty*
    - *Percent of population 65 or older*

## Medically Underserved Populations, MUP

- Medically Underserved Populations
  - Uses same IMU but applies it to population groups
  - Medically Underserved Populations (MUPs) may include groups of persons who face economic, cultural or linguistic barriers to health care
  - Typically low income or Medicaid eligible

## Exceptional Designations

- May not fit the criteria of MUA/MUP
- Governor can make the request for an exception
- Based upon “unusual Local Conditions”

## Patient Access to Pharmacists' Care Coalition (PAPCC)

- Formed January 2014
- Group of 30 organizations representing patients, pharmacists, pharmacies and other interested stakeholders
- Drafted H.R. 4190 to expand medically-underserved patients' access to pharmacist services consistent with state scope of practice
- Facilitated reintroduction

## Patient Access to Pharmacists' Care Coalition (PAPCC)

**Current Members**

- ASHP
- APhA
- AACP
- ASCP
- HLC
- IACP
- HOPA
- NCPA
- NACDS
- NASPA
- Walgreens

**Current Members**

- Albertson's
- Amerisource Bergen
- Bi-Lo Pharmacy
- Cardinal Health
- CVS Caremark
- Food Marketing Institute
- Fred's Pharmacy
- Fruth Pharmacy
- Kroger
- National Center for Farmworker Health
- Omnicell
- Rite Aid
- Safeway Inc.
- SuperValu Pharmacies
- Target
- Thrifty White Pharmacy
- WalMart
- Winn-Dixie

## Why Do Pharmacists Want Provider Status When Fee-For-Service is Going Away?

- Over the next 5 or more years traditional fee-for-service will be phased out and replaced with new payment systems that emphasize quality, outcomes, and team-based patient care.
- Pharmacists recognize that traditional fee-for-service is not the model of the future, and we view ourselves as members of interprofessional teams collaborating with physicians, nurses, and others throughout the continuum of care.
- However, the Social Security Act (SSA) remains the *reference point* for which practitioners are eligible to participate in current, new, and emerging delivery systems and payment models (see ACO example).
- Therefore, for pharmacists to fully participate in current and emerging delivery and payment systems, pharmacists need to be listed in the SSA along with other providers.

## State Scope of Practice

- Provider status at the federal level will only allow a pharmacist to participate in the Medicare program and to bill for services that are within their state scope of practice to perform (the same is true for physicians and other providers)
- State scope of practice will determine what pharmacists can actually do in terms of the provision of service
- As provider status at the federal level is achieved continued efforts by states to ensure scope of practice for pharmacists is sufficiently robust will be vital

## Status Update

- As mentioned earlier, HR 4190 had 123 cosponsors at the end of the 113 Congress
  - Reintroduced in 2015 as H.R. 592/S. 314.
  - The strategy for 2014, late in the Congressional session, was to build support for this legislation by getting as many cosponsors as possible, for quick re-introduction in 2015
  - 2015 will see Coalition pushing for cosponsors; House and Senate hearings and committee consideration

## Status Update

- H.R. 592 Co-Sponsors ( as of August 11, 2015)
  - 185
- SB 314
  - 28

## ASHP Students Visit Capitol Hill

## Questions (both House and Senate)

- How qualified are pharmacists to provide these services?
  - Pharmacists are very well-qualified to provide these services.
  - The legislation would enable pharmacists to provide services they already are authorized to provide under state law, and prepared to provide through their extensive professional education.
- What will this cost Medicare?
  - We believe that pharmacist provided patient care will lead to better health outcomes and in many cases reduce costs – care transitions is a good example
  - However, we also know that the Congressional Budget Office often does not score (assign a price tag) bills with offsets

## Questions (both House and Senate)

- Who decides what services pharmacists could provide?
  - The services pharmacist can provide would still be set by state scope of practice laws and regulations, just as is done today. This bill does nothing to change such regulations; it simply permits Medicare to pay pharmacists for delivering care to patients that fits within the regulations of each state.
- Is there precedence for this type of legislation?
  - Yes. Longstanding law has enabled nurse practitioners and physician assistants to be reimbursed by Medicare for providing Part B services. The law originally limited such reimbursement to cases when delivered to underserved rural populations, but such restrictions were removed in the late 1990s.

## Questions (both House and Senate)

- Does this proposal seek to have pharmacists fill the role of doctors?
  - No. It simply seeks to have pharmacists help address acute shortages and to be eligible for payment for services they are already allowed to provide under their respective state licenses.
  - The intention is not to displace doctors; rather it is to help doctors in medically underserved communities so physicians can focus their time and attention on those patients who need it most.
  - Just like NPs, PAs and others are part of the large healthcare ecosystem and seen as part of the interdisciplinary care team, so to should be pharmacists.
  - To date, no physician groups have come out opposed to the bill
- Is this collaborative?
  - Yes, full ACO, medical home or other integrated effort can only be achieved with provider status—all roads lead back to being listed

## Does H.R. 592/S. 314 require pharmacists to be residency trained, Board certified, or possess other credentials?

A: No, just like other health care professionals who are recognized as providers, H.R. 592/S. 314 requires pharmacists to be licensed by a state, and the state legislature and board of pharmacy, health care organizations, and private health plans determine what credentials are required to perform certain services (e.g., CA: "Advanced Practice Pharmacist" NM: "Pharmacist Clinician").

Most hospitals and health systems have a process to credential and privilege pharmacists based on the type and level of patient care services they provide.

## Why isn't ASHP calling for credentialing requirements given that ASHP started pharmacy residencies and supports Board certification?

A: ASHP supports these concepts, but they do not belong in federal law.

Instead, credentialing and privileging requirements are for states and organizations to decide through state pharmacy practice acts, private health plan requirements, and credentialing and privileging requirements by hospitals and health systems.

## Key Takeaways

- Key Takeaway #1
  - H.R. 592/S. 314 would grant provider status to pharmacists practicing in medically underserved areas, or populations
- Key Takeaway #2
  - Virtually all of the pharmacy profession is on board
- Key Takeaway #3
  - Must continue pushing, addressing the cost questions and grow the coalition

## The Path Forward

- Reintroduction of the House bill in 2015
- Introduction in Senate
- Ramp up grassroots efforts
- Secure additional cosponsors
- Push for committee hearings
- Grow the coalition
- Educate the public on value of pharmacists' care

## Keys to Success

- Pharmacy must maintain unified stance
- Grassroots efforts must be robust
  - 270,000 licensed pharmacists in the U.S. can have a huge impact
- Focusing on the unmet need, new Medicare enrollees
- Election results do not change our message

## How can you support H.R. 592/S. 314?

- Ask your legislators to cosponsor the bill
- Encourage colleagues to get involved.

http://www.ashp.org/menu/Advocacy/GrassrootsNetwork

- Participate in the ASHP PAC

http://www.ashp.org/menu/Advocacy/ASHPPAC


## Specific State Affiliate and Individual Actions

- Recruit individual health system support of H.R. 592/S. 314
- Solicit other state-level health profession organization support of H.R. 592/S. 314:
  - Medical specialties
  - Nurse practitioners
  - Physician assistants
- Visit elected officials/staff in Washington DC or district office

## State Provider Status

- ASHP to work with state affiliates to move state legislation to recognize pharmacists as providers
- Expanding state scope of practice so pharmacists can practice at the top of their license
- State Medicaid, private payers

## Recent Report

**The Expanding Role of Pharmacists in a Transformed Health Care System**

*National Governors Association*

January 13, 2015

http://www.nga.org/files/live/sites/NGA/files/pdf/2015/1501TheExpandingRoleOfPharmacists.pdf

## Conclusions

- The patients we serve will benefit greatly when pharmacists are recognized by Medicare.
- Pharmacy is better positioned and closer than ever to being federally recognized as providers.

## Conclusions

- It will take unprecedented levels of grassroots engagement by individual pharmacists and state affiliates to make it happen.
- Students can and should play a major role
- ASHP is here to help you every step of the way.

## True or False

- **True or False**: Being listed in the Social Security Act as Medicare Part B providers will expand pharmacists' scope of practice.
- **True or False**: Medically underserved areas include both urban and rural parts of the United States.
- **True or False**: The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592 and S. 314) prohibits states, health insurers, and healthcare organizations from requiring pharmacists to have additional training or credentials such as residency training and/or Board certification.
- **True or False**: A key goal of The Pharmacy and Medically Underserved Areas Enhancement Act (H.R. 592 and S. 314) is to help fulfill and unmet need in the healthcare delivery system.
- **True or False**: The healthcare payment system is moving to a value-based (pay for outcomes and performance) versus volume-based (fee-for-service) model.

## National Pharmacist Workforce Study 2014

## Discussion Points

- Describe the priorities of the Pharmacy Workforce Center
- Describe the results of the 2014 National Pharmacy Workforce Study
- Recognize trends presented in patient care and pharmacists activities

## Pharmacy Workforce Center, Inc.

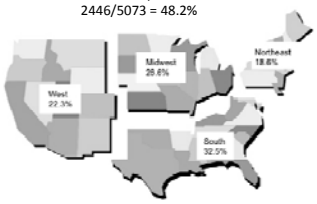
- American Association of Colleges of Pharmacy (AACP)
- American College of Clinical Pharmacy (ACCP)
- American Pharmacists Association (APhA)
- American Society of Health-System Pharmacists (ASHP)
- Board of Pharmacy Specialties (BPS)
- Bureau of Health Workforce (BHW)
- National Alliance of State Pharmacy Associations (NASPA)
- National Association of Boards of Pharmacy (NABP)
- National Association of Chain Drug Stores (NACDS) Foundation
- National Community Pharmacists Association (NCPA),
- Pharmacy Technician Certification Board (PTCB)

## Presentation Overview

- Overview of the National Pharmacist Workforce Studies
- Results of the 2014 National Pharmacist Workforce Study
- Trends in Patient Care and Other Activity Pharmacists
- Conclusions

## Response Distribution by Region

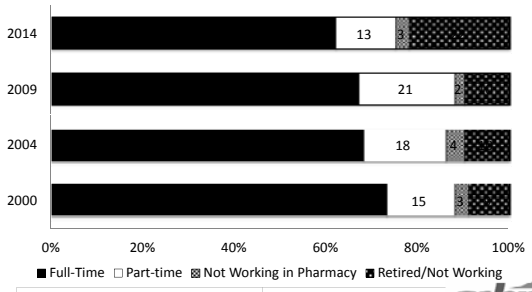
Overall Response Rate:
2446/5073 = 48.2%



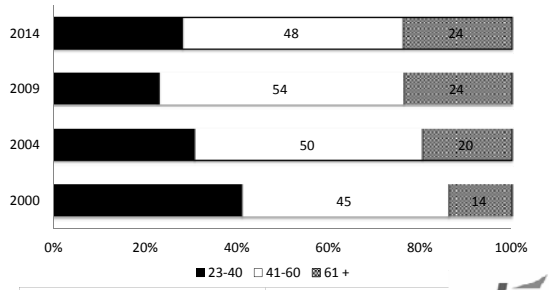

Respondents
Northeast (n=458)
South (n=793)
Midwest (n=649)
West (n=546)

Non-Respondents
Northeast (n=536)
South (n=963)
Midwest (n=553)
West (n=578)

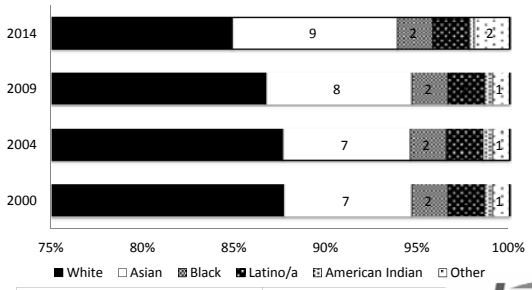
## Work Status of Licensed Pharmacists



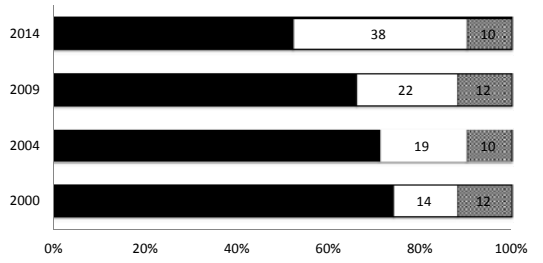

## Age of Licensed Pharmacists



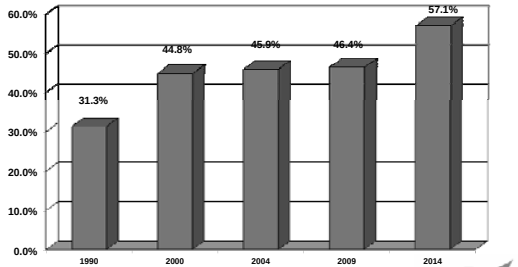

## Race/Ethnicity of Licensed Pharmacists



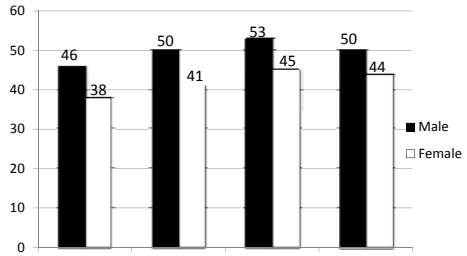
## Highest Degree Earned by Licensed Pharmacists



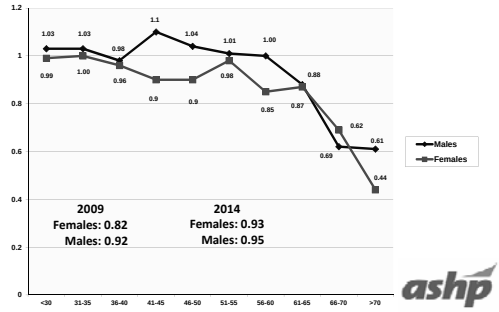

## Percent of Actively Practicing Pharmacists that are Female: 1990-2014



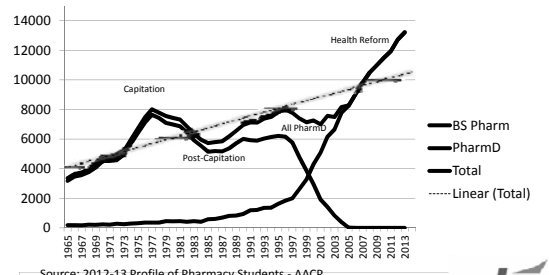

## Mean Age by Gender: 2000-2014




## Mean Full-Time Equivalent (FTE) Contributions by Age & Gender




## Pharmacy Degrees Conferred as First Professional Degree (1965 – 2013)




Source: 2012-13 Profile of Pharmacy Students - AACP

## Practice Settings

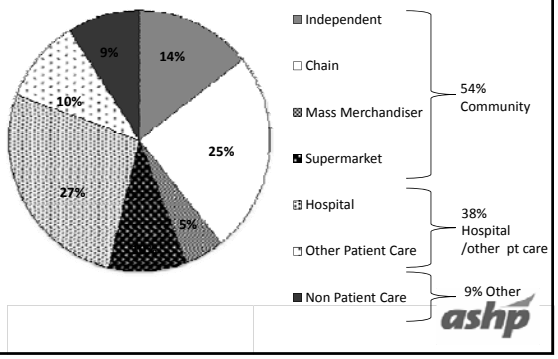
**Community**: Independent, Chain, Mass Merchandiser, Supermarket

**Hospital:** In-patient or out-patient hospital settings

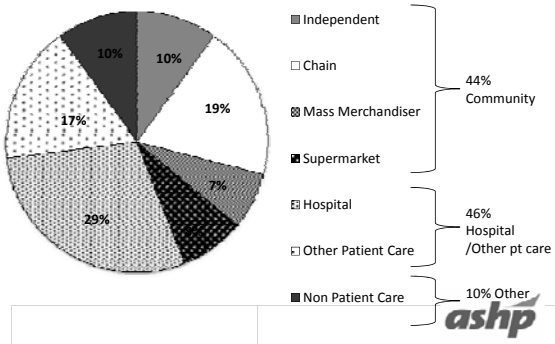
**Other Patient Care Settings**: nursing home, long term care, HMO, nuclear, clinic-based, mail service, central fill, home health/infusion, and specialty pharmacies

**Other Non-Patient Care Settings**: pharmacy benefit administration, academic, government administration, pharmaceutical industry, consulting, professional associations, and other organizations that were not licensed as a pharmacy

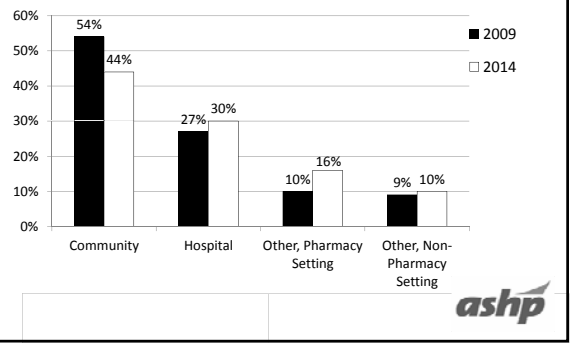
## Actively Practicing Pharmacists' Employment Setting: 2009



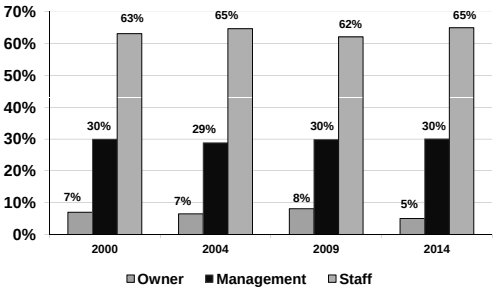

## Actively Practicing Pharmacists' Employment Setting: 2014



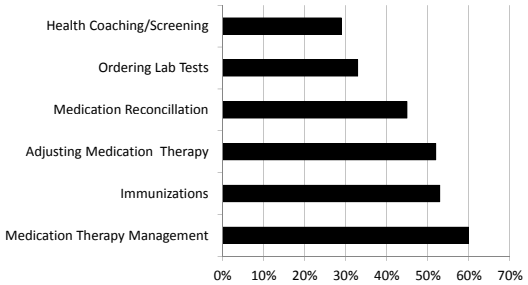

## Practice Settings 2009 and 2014



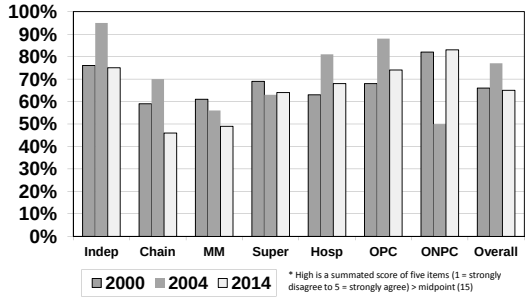

## Position Type 2000, 2004, 2009,2014



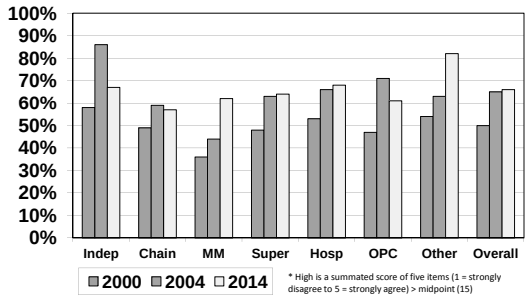

## Services Offered At Practice Site: 2014



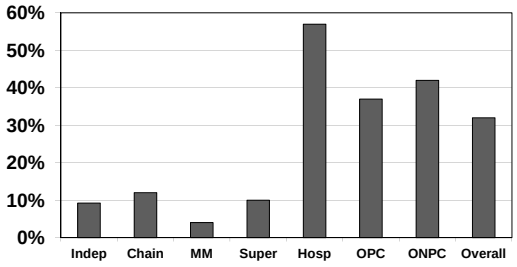

## Proportion of Full-time Pharmacists with High* Job Satisfaction by Practice Setting: 2000, 2004, & 2014



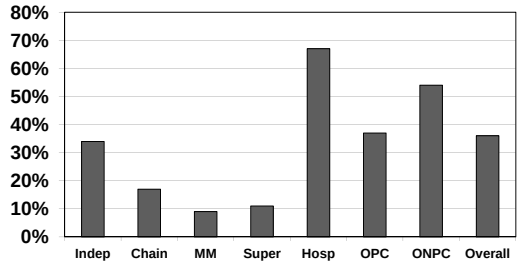
**Proportion of Full-time Pharmacists with High* Professional Commitment by Practice Setting: 2000, 2004 & 2014**



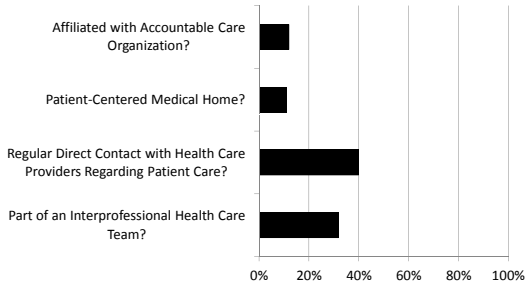

**Proportion of Pharmacists Who Are Part of an Interprofessional Health Care Team Providing Patient Care by Practice Site: 2014**



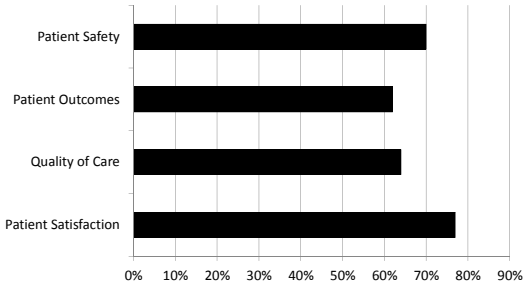

**Proportion of With Regular Direct Contact with Other Health Care Providers Regarding Patient Care Activities by Practice Site: 2014**



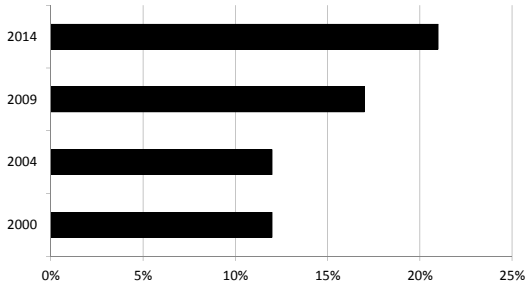

**Participation in Contemporary Healthcare Activities 2014 (all pharmacy settings)**



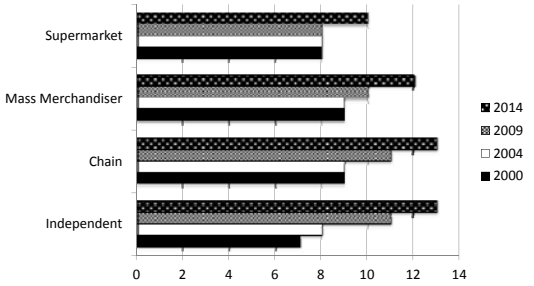

**Activities Monitored or Evaluated in Your Work Place 2014**



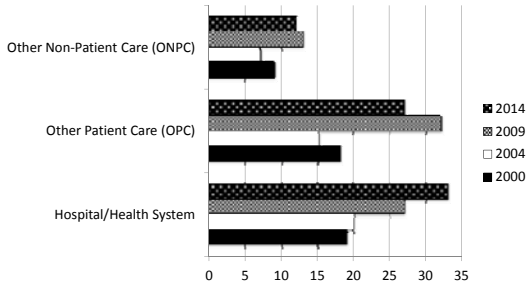

**Percent Time Spent in Patient Care: 2014**



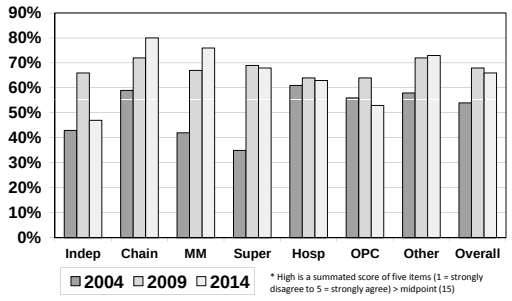
## Percentage of Time Spent in Patient Care by Community Pharmacists: 2000-2014



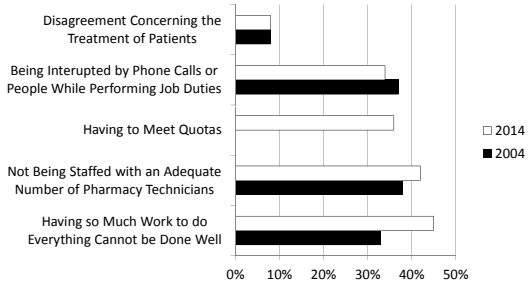

## Percentage of Time Spent in Patient Care Activities by Hospital, Other Patient Care and Non-Patient Pharmacists: 2000-2014



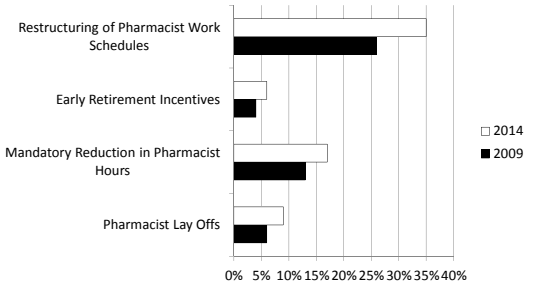

## Ratings of Workload as High or Excessively High* by Work Setting: 2004, 2009 & 2014




## Pharmacists' Ratings of Highly Stressful Events: 2004 & 2014




## Workplace Labor Reductions: 2009 & 2014



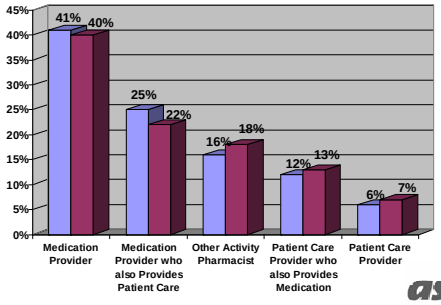

## Work Activities

- **Patient Care Services Not Associated with Medication Provision**: assessing and evaluating patient medication-related needs, monitoring and adjusting patients' treatments to attain desired outcome, and other services designed for patient care management

- **Patient Care Services Associated with Medication Provision**: preparing, distributing, and administering medication products, including associated consultation, interacting with patients about selection and use of over-the-counter products, and interactions with other professionals during the medication dispensing process

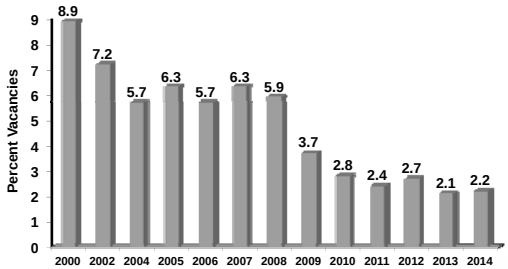
ashp

## Proportion of U.S. Pharmacists by Segment in Descending Size
**(2009 data in lighter tone and 2014 data in darker tone)**




## Hospital Pharmacist Vacancy Rates

**ASHP Surveys show peak pharmacist shortage in 2000, with decline in vacancy rates since**

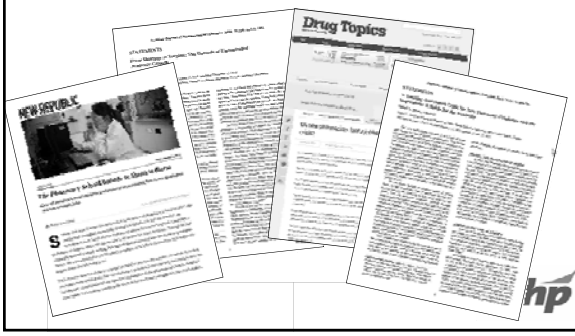



## Pharmacy Director perceptions of availability

| *Type of Staff* | *2014* | | *2008* |
|---|---|---|---|
| **Management** | | | |
| Shortage | 68% | | 90% |
| Balanced | 29% | | 9% |
| Excess | 3% | | 1% |
| **Clinical Coordinator** | | | |
| Shortage | 44% | | 72% |
| Balanced | 46% | | 23% |
| Excess | 10% | | 5% |
| **Clinical Specialist** | | | |
| Shortage | 37% | | 70% |
| Balanced | 45% | | 23% |
| Excess | 18% | | 7% |
| **Entry-level Frontline R.Ph.** | | | |
| Shortage | 10% | | 75% |
| Balanced | 35% | | 23% |
| Excess | 55% | | 2% |
| **Experienced Frontline R.Ph.** | | | |
| Shortage | 41% | | 89% |
| Balanced | 40% | | 10% |
| Excess | 19% | | 1% |

*2008-2014 ASHP National Survey*

## A lot of press on possible surplus of pharmacists




## National Center for Health Workforce Analysis

### Health Workforce Projection: Pharmacists

- Released December 2014
- Uses HRSA Health Workforce Simulation Model
- Accounts for changes in supply (new entrants, retirement, hours worked patterns)
- Accounts for changes in demand (ACA Rx coverage, population demographics, demand for prescription medications)
- Does not account for future growth in patient care services/roles of pharmacists, provider status, changes in part D coverage

HRSA Health Resources and Services Administration

## Projected Supply for Pharmacists: 2012-2025

| FACTOR | SUPPLY |
|---|---|
| Estimated supply in 2012 | 264,100 |
| Total supply growth | 2012-2025: 91,200 (35%) |
| New entrants | 160,500 |
| Changing work patterns | (61,340) |
| Attrition | 7,960 |
| Projected supply, 2025 | 355,300 |

Health Workforce Projections: Pharmacists; National Center for Health Work Force Analysis: May 2015

## Projected Demand for Pharmacists: 2012-2025

| FACTOR | DEMAND |
|---|---|
| Estimated demand, 2012 | 264,100 |
| Total demand growth 2012-2025 | 42,300 (16%) |
| Changing demographics impact | 35,800 (14%) |
| ACA insurance coverage impact | 6,500 (2%) |
| Projected demand, 2025 | 306,400 |
| **Adequacy of supply, 2025** | 355,300 - 306,400 = **+48,900** |

Health Workforce Projections: Pharmacists; National Center for Health Work Force Analysis: May 2015

## Factors influencing the "supply"

- The number of pharmacy graduates (big, long term)
- State of the economy (big, short term)
  - ❖ Impact on the number of pharmacists retiring
  - ❖ Impact on part time to full time shift
- The gender mix (slowly growing)
- The number of international pharmacy graduates (minimal)

## Factors influencing the "demand"

- The demand by employers
  - ❖ State of the economy
  - ❖ Prescription volume
  - ❖ NEW roles of pharmacists
  - ❖ Changing role of pharmacists
  - ❖ Changing role of pharmacy technicians
  - ❖ Impact of automation and technology

## Conclusions

- We are living in dynamic times as a health care profession
- Pharmacists have taken a larger role in health care delivery by increasing access for patients through provision of expanded service offerings
- But, how do we determine the appropriate supply of and demand for pharmacists?
- Continued monitoring of the pharmacist workforce is crucial so the pharmacy profession is able respond to the rapidly changing landscape

## ASHP Accreditation Update

## Discussion Points

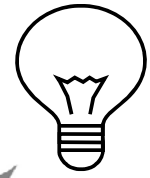
- Identify key changes in the revised PGY1 residency standard
- Review new resources available for implementation of the new PGY1 residency standards
- Describe the 2014 residency match statistics and results

## New PGY1 Standards: Background

- New PGY1 Standards approved 2014
- Major goals of revision:

  Update and streamline while maintaining quality

## Highlights



## Same purpose statement for all PGY1 residency programs

*From the Standard*

PGY1 Program Purpose:

PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

## Goals and objectives streamlined and reduced in number

| | 2005 | 2014 |
|---|---|---|
| ❖ **Competency areas / Outcomes** | **6** | **4** |
| ❖ **Goals** | **23** | **9** |
| ❖ **Objectives** | **66** | **33** |


## RPD may delegate some authority

- ❖ 1.1: The RPD or designee must evaluate qualification of applicants…
- ❖ 3.4.a.(2): The results of residents' initial assessments must be document by the program director or designee in each resident's development plan…
- ❖ 3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.
- ❖ 3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents' progress and determine if the…plan needs to be adjusted.
- ❖ 3.5.b: The RPD or designee must develop and implement program improvement activities…
- ❖ 4.1.c: The RPD may delegate, with oversight, to one or more individuals…administrative duties/activities for the conduct of the residency program.

## Preceptor qualifications include more options and include teaching and precepting skills

4.8 Preceptor Qualifications

- 4.8.a. Ability to precept residents… by use of clinical teaching roles…
- 4.8.b. Ability to assess residents' performance

## Preceptor-in-training role added

4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors…must:

(1) be assigned an advisor or coach who is a qualified preceptor; and,

(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

## New Training Update: *Residency Program Design and Conduct*

- ***New online recorded webinars***
- ***New workshops***

## NEW! Recorded Webinars Available Online

- Recorded webinars:
  - **Design of PGY1 residency programs**
    - **PGY1 residency program purpose**
    - **PGY1 competency areas, goals, and objectives**
    - **Residency program structure**
    - **Learning experience descriptions**
  - **The four preceptor roles**
  - **Evaluation**
  - **Residents' development plans**
  - **Continuous residency program improvement**

## New workshops: National Pharmacy Preceptors Conference and the Midyear

- Residency Program Design and Conduct (RPDC) Workshops
  - **Instructors answer your questions**
  - **Apply information to your program**
  - **Bring your program's materials for individualized feedback**
  - **Peer sharing**

## More-see Accreditation webpage "Additional Accreditation Resources," "Accreditation-Related Online Education":

- Resident's Learning Activities: Understanding Learning Taxonomies and Levels - New (2014) Standards
- Customizing the Resident Training Plan (2005 Standard)
- All About Purpose Statements (2005 Standard)
- Anatomy of the Outcomes, Goals and Objectives (2005 Standard)
- Level With Your Resident: Learning Taxonomies and Levels (2005 Standard)
- Starring Roles: The Four Preceptor Roles and When to Use Them (2005 Standard)
- Responding to an ASHP Accreditation Survey Report

*Coming soon:*
*Additional programs on the new standards*

## *AJHP: Residents Edition*

- Expands publication opportunities for residents
- Further engages residents, preceptors and residency program directors in *AJHP* and ASHP


## *AJHP: Residents Edition*

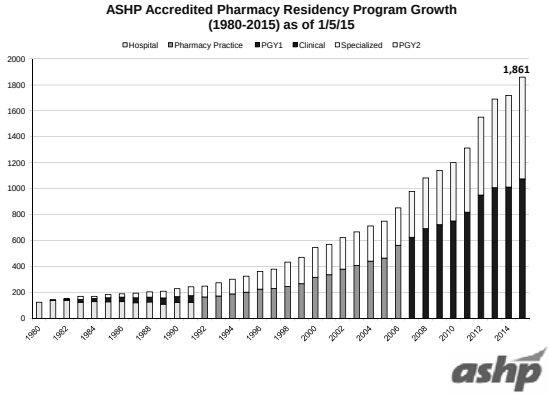
- Quarterly, online supplement to *AJHP*
- Member benefit
- Founders Bryan McCarthy and David Reardon to become *AJHP* contributing editors, pharmacy resident publications
- Coming … June 2015

## ASHP Match 2015

*Pharmacy Residencies*

MATCH

pharmacists advancing healthcare

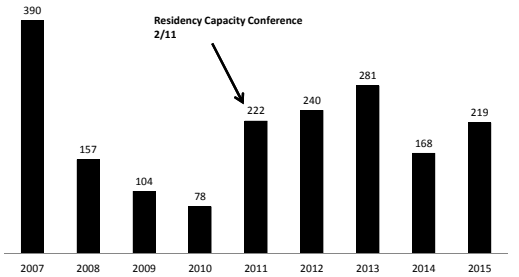



## Program Count by Category as of 7/2015

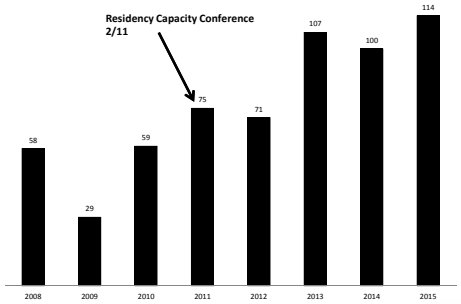
| Category | Sub Category | Programs |
|---|---|---|
| | | |
| PGY1 | | |
| | Pharmacy | 926 |
| | Community Pharmacy | 122 |
| | Managed Care Pharmacy | 45 |
| | | |
| PGY1 & PGY2 Combined | | |
| | PGY1 Pharmacy & PGY2 Health-System Pharmacy Administration/MS | 37 |
| | PGY1 Pharmacy & PGY2 Pharmacotherapy | 12 |
| | PGY1 Pharmacy & PGY2 Health System Pharmacy Administration | 7 |
| | PGY1 Pharmacy & PGY2 Pharmacy Informatics | 1 |
| | PGY1 Community Pharmacy & PGY2 Community Pharmacy Administration/MS | 1 |
| | Pharmacotherapy | 1 |
| | PGY1 Pharmacy & PGY2 Specialty Pharmacy | 1 |
| | PGY1 Pharmacy & PGY2 Specialized Area: Medication Systems & Operations | 1 |

| | | |
|---|---|---|
| PGY2 | Critical Care Pharmacy | 116 |
| | Ambulatory Care Pharmacy | 102 |
| | Oncology Pharmacy | 88 |
| | Infectious Diseases Pharmacy | 72 |
| | Psychiatric Pharmacy | 51 |
| | Pediatric Pharmacy | 47 |
| | Solid Organ Transplant Pharmacy | 35 |
| | Internal Medicine Pharmacy | 34 |
| | Health-System Pharmacy Administration | 33 |
| | Emergency Medicine Pharmacy | 29 |
| | Cardiology Pharmacy | 28 |
| | Pharmacy Informatics | 20 |
| | Geriatric Pharmacy | 18 |
| | Drug Information | 13 |
| | Palliative Care/Pain Management Pharmacy | 11 |
| | Medication-Use Safety | 9 |
| | Pharmacotherapy | 5 |
| | Pharmacy Outcomes/Healthcare Analytics | 4 |
| | Transitions of Care | 4 |
| | Pharmacogenetics | 3 |
| | HIV Pharmacy | 3 |
| | Nutrition Support Pharmacy | 2 |
| | Neurology | 1 |
| | Nephrology Pharmacy | 1 |
| | Nuclear Pharmacy | 1 |
| | Family Medicine | 1 |
| | Health System Corporate Pharmacy Administration | 1 |
| | Corporate Pharmacy Leadership | 1 |

## # PGY1 positions added to Match each year




## # PGY2 positions added to Match each year




## 2015 versus 2014 match

- 5% increase in PGY1 applicants
- 6.5% increase in # of filled PGY1 positions

  (total = 2,640 PGY1 positions filled)

- 7% increase in PGY2 applicants
- 12.5% increase in filled PGY2 positions

  (total = 794 PGY2 positions filled - includes 297 early commits)

## Applicants view on March 20, 2015

3,308 applicants match day

2811 PGY1 matched

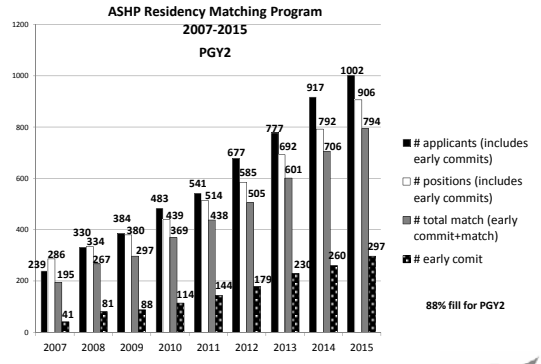
497 PGY2 match & 297 Early Commit = 794 PGY2

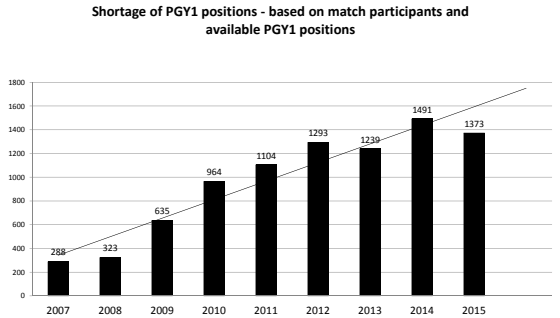
1,755 applicants unmatched

1,547 PGY1 & 208 PGY2

382 unfilled positions

ashp pharmacists advancing healthcare




## Percentage of Graduates seeking Residency

| Year | Graduates | Participants in PGY1 Match | Percentage of Grads in Match |
|---|---|---|---|
| **2006** | 10,199 | 1,356 | 13.3% |
| **2007** | 10,282 | 1,898 | 18.5% |
| **2008** | 11,127 | 2,092 | 18.8% |
| **2009** | 11,516 | 2,501 | 21.7% |
| **2010** | 11,487 | 2,898 | 25.2% |
| **2011** | 12,346 | 3,257 | 26.4% |
| **2012** | 13,163 | 3,706 | 28.2% |
| **2013** | 13,207 | 3,933 | 30% |
| **2014** | 13,838 | 4,142 | 30% |
| **2015 (Knapp, et al)** | 13,856 | | |
| **2016** | 14,923 | **3,925 (26%), 4,477 (30%)** | |

We will need to grow positions by 56% or by 1,615 positions by 2016

## What is ASHP doing to address shortage?

- 2/11 Capacity Conference
- Highlighting programs with expansion at Meetings
- New training programs – including web based
  - How To Start a Residency
  - How To Expand Existing Residencies
- National Pharmacy Preceptors Conference (NPPC)Yearly
- Preceptor Skills Resource Page
- On line education about accreditation standard
- PR – Video
- New streamlined Accreditation Standards
- Guidance documents for PGY1 standard
- New AJHP residents edition for journal

## Pharmacy Technician Program Accreditation

## Discussion Points

- Describe the new collaboration between ASHP and ACPE for accredited technician education and training programs
- Review key requirements in the technician program standards
- Discuss the alignment of the PTCB 2020 policies with ASHP policies and the goals of the ASHP/ACPE collaboration on technician education and training

## Pharmacy Technician Accreditation Commission (PTAC)

- Formed through ASHP/ACPE collaboration
- PTAC recommendations require approval of both ASHP and ACPE Boards
- Transition occurred in 2014 and joint accreditation decision recommendations to ASHP and ACPE Boards began in June 2015
- PTAC adopted newly approved ASHP standards, guidelines, procedures
- Programs now transitioning from ASHP-accredited to ASHP/ACPE accredited status

## Pharmacy Technician Accreditation Commission

- Angela Cassano, PharmD, BCPS, FASHP – President Pharmfusion Consulting, LLC, Midlothian, VA
- Michael Diamond, MSc – President World Resources Chicago Evanston, IL
- Jacqueline Hall, RPh, MBA – Pharmacy Manager Walgreens, New Orleans, LA
- Jan Keresztes, PharmD – South Suburban College, South Holland, IL
- Barbara Lacher, BS, RPhTech, CPhT – North Dakota State College of Science Wahpeton, ND
- Douglas Scribner, CPhT, Med –Central New Mexico Community College, Albuquerque, NM
- John Smith, EdD – Corinthian Colleges, Inc., Santa Ana, CA
- Donna Wall, PharmD – Indiana University Hospital, Indianapolis, IN
- LiAnne (Webster) Brown, CPhT – Richland College, Dallas, TX
- Lisa Lifshin, B.S.Pharm, ASHP, Secretary
- Board Liaisons

  Anthony Provenzano, PharmD – ACPE Board Liaison, New Albertson's, Inc. Chicago, IL

  Kelly Smith, PharmD – ASHP Board Liaison, University of Kentucky College of Pharmacy, Lexington, KY

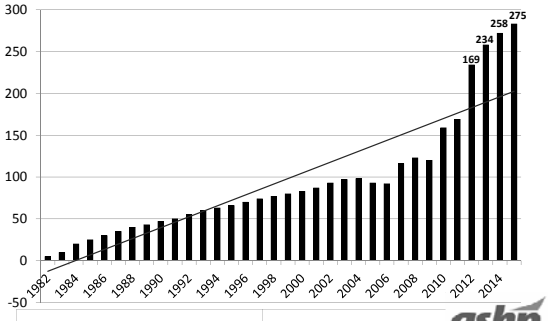
## Functions of PTAC

- **Reviewing applications** for accreditation and **evaluations** of pharmacy technician education and training programs,
- Recommending accreditation actions to the **ASHP** Board of Directors and the **ACPE** Board of Directors
- Making recommendations to the Boards regarding standards, policies and procedures, and other matters related to PTAC's activities and services
- Assisting in **strategic planning** in matters related to pharmacy technician education and training accreditation.

## Functions of PTAC cont.

- Identifying potential activities and collaborative opportunities
- Soliciting and receiving input and advice from other stakeholders to obtain broad perspectives to help assure the quality, validity and improvement of PTAC's accreditation standards, activities and services.

## ASHP-Accredited Pharmacy Technician Training Programs



## Ultimate Goal of ASHP-ACPE Collaboration

→ A better **qualified** and trained workforce

→ Improved patient **safety**

→ Greater **consistency** in technician workforce

→ Accreditation standards updated as needed to stay consistent with expanding roles and responsibilities of technicians

→ Greater ability to **delegate** technical tasks from pharmacists to technicians

→ Less turnover in pharmacy technician positions

## Accreditation Standards for Pharmacy Technician Training Programs

- New accreditation standards approved by ASHP and ACPE
  - ❖ Six components to new standard:
    ***Administration, Program Faculty, Education & Training, Students, Evaluation & Assessment, Graduation & Certificate***
  - ❖ Knowledge areas mapped to PTCB task analysis
  - ❖ Changes to program director/experiential site requirements
  - ❖ Hours requirement revised

## Faculty (Standard 2)

**Program Director**

- Must be Pharmacist or Pharmacy Technician
- Pharmacy Technician
  - ❖ Minimum – working on Associates Degree or State Teaching Certificate

**Experiential Site coordinator**

- Individual working at the experiential training site, coordinating activities
- Liaison to Program Director

## Std. 3.6: Education and Training Goals (n= 45)

- Personal/Interpersonal Knowledge and Skills (n=7)
- Foundational Professional Knowledge and Skills (n=9)
- Processing and Handling of Medications and Medication Orders (n=11)
- Sterile and Non-Sterile Compounding (n=3)
- Procurement, Billing, Reimbursement and Inventory Management (n=4)
- Patient- and Medication-Safety (n=6)
- Technology and Informatics (n=1)
- Regulatory Issues (n=2)
- Quality assurance (n=2)

## Students - Qualifications of Candidates (Standard 4)

- In High School, or HS graduate or equivalent
- English Proficiency
- Math Proficiency
- Age Requirements (state dependent)
- Illicit drug use and criminal background
  - ❖ Assessed prior to acceptance

## Related Materials

- **Guidance document**

http://www.ashp.org/DocLibrary/Accreditation/Guidance-Document.pdf

- **Model curriculum**

http://www.ashp.org/DocLibrary/Accreditation/Model-Curriculum.pdf

- **Regulations**

http://www.ashp.org/DocLibrary/Accreditation/Regulations-on-Accreditation-of-Pharmacy-Technician-Education.pdf

## Program Composition Standard: Knowledge Areas

| Technician Accreditation Standard | | PTCB Blueprint |
|---|---|---|
| Personal/Interpersonal Knowledge & skills | -------- | |
| Foundation Professional Knowledge & skills | ↔ | Pharmacology |
| Processing & Handling of Medication Orders | ↔ | Medication Order Entry and Fill Process |
| Sterile & Non-Sterile Compounding | ↔ | Sterile and Non-Sterile Compounding |
| Procurement, Billing, Reimbursement & | ↔ | Pharmacy Billing & Reimbursement |
| Inventory Management | ↔ | Pharmacy Inventory Management |
| Patient and Medication Safety | ↔ | Medication Safety |
| Technology & Informatics | ↔ | Rx Information System Usage/Application |
| Regulatory Issues | ↔ | Pharmacy Law & Regulations |
| Quality Assurance | ↔ | Pharmacy Quality Assurance |

45 total goals

## About PTCB

**Mission Statement**

PTCB develops, maintains, promotes and administers a nationally accredited certification program for pharmacy technicians to enable the most effective support of pharmacists to advance patient safety.

## Certification Program Changes

**New PTCB requirements:**

- **2015:** PTCB only accepting **technician-specific CE**
- **2020:** Complete an **ACPE/ASHP-accredited education** program - *Pharmacy Technician Accreditation Commission (PTAC)*

**Advanced Certification Programs in Development**

- Task force met in **May** for sterile compounding

## Why 2020?

- Changing pharmacy roles
  - ❖ Pharmacist
  - ❖ Technician
  - ❖ Clerk
- National pharmacy organization input
  - ❖ ASHP PPMI
  - ❖ NABP Task Force on Technician Education
- CREST Summit

## PTCE Updated Blueprint

- 2011 job analysis
- Evolution of technician responsibilities
- Knowledge domains
- Revising the PTCE
  - ❖Blueprint and item mapping
  - ❖Gap analysis and new item development
  - ❖Standard setting

## Going in the Same Direction

- Pharmacist provider status
- Increased pharmacist access = increased care
  - ❖ Telepharmacy, clinical team, immunizations
- Increased clinical tasks
  - ❖ Flu test, strep test, MTM
- All non-clinical tasks
  - ❖ Tech-check-tech
- National standard for pharmacy technicians
  - ❖ Defines minimally competent technician

## Conclusions

- PTCB requirements and ASHP Technician Training Program Standards are closely aligned
- Still have 4 ½ years to grow technician training programs
- Currently ASHP, ACPE and PTCB working with Chains to support training program development to meet the standards
- We all support standardized education, training and certification of technicians and we will all have to work together to get there

## Self-assessment Questions

1. In the new PGY1 residency standard, the number of goals and objectives has been
   a. Reduced
   b. Increased
   c. Left the same
2. The number of graduates from pharmacy school is growing as fast as the number of residency programs
   a. True
   b. False
3. There are currently about _____ Accredited Technician Training Programs
   a. 350
   b. 275
   c. 425
   d. 500

## Self-assessment Questions

1. The new PTAC commission is a collaboration between ASHP and
   a. ACCP
   b. APhA
   c. ACPE
   d. PTCB
2. To sit for the PTCB exam in 2020, a technician will have to have what?
   a. Worked in a pharmacy for 2 years
   b. Completed and ASHP/ACPE accredited training program
   c. Pay a fee of $200
   d. Must be 18 years old

## Questions?