

## Are You Privileged? The Essentials for Credentialing and Privileging Pharmacists.

ICHP/MSHP 2017 SPRING MEETING



## Objectives

- Pharmacists
  - Define terms critical to this program: certification, competence, credential, credentialing and privileging
  - Explain the value of privileging pharmacists as part of the Medical Staff
  - Describe the process to attain Medical Staff privileges
  - Discuss any current laws regarding credentialing and privileging if they exist
  - Articulate a plan to privilege pharmacists as part of the Medical Staff at your health system

ICHP/MSHP 2017 SPRING MEETING



## Objectives

- Technicians
  - Define terms critical to this program: certification, competence, credential, credentialing and privileging
  - Explain the value of privileging pharmacists as part of the Medical Staff
  - Describe the process to attain Medical Staff privileges
  - Discuss any current laws regarding credentialing and privileging if they exist
  - Describe how pharmacist credentialing and privileging will impact the duties of pharmacy technicians in health-systems.

ICHP/MSHP 2017 SPRING MEETING



## Credentialing and Privileging: The Time is Now

Mark Woods, Pharm.D., FASHP, BCPS  
Clinical Coordinator and  
PGY1 Pharmacy Residency Director  
Pharmacy Department  
Saint Luke's Hospital  
Kansas City, Missouri

ICHP/MSHP 2017 SPRING MEETING



## Disclosure

- Nothing to disclose

ICHP/MSHP 2017 SPRING MEETING



## What best currently describes your organization's approach to the credentialing and privileging of pharmacists?

- A** Been there, done that. Fully implemented.
- B** A work-in-progress.
- C** Thinking about it. That's why I'm here today.
- D** Hoping if we wait long enough this might go away.

ICHP/MSHP 2017 SPRING MEETING



## Credentialing and Privileging: Why?

- ❖ Driven by society's interest in:
  - Protecting the public's health
  - Liability law
  - Emergence of regulation
- ❖ Introduced in to accreditation procedures in 1989 by Joint Commission
- ❖ Sustained by Berwick's "triple aim" of health care
  - Efficient
  - Affordable
  - High quality

Am J Health-Syst Pharm 2004;61:661  
Health Aff 2008;27:759

ICHP/MSHP 2017 SPRING MEETING



## Essential Definitions

- ❖ Discussions about credentialing are complicated by lack of understanding around key terms and their context
- ❖ Essential to distinguish between:
  - Processes (credential) vs. titles (a credential)
  - Individual (credential/certificate) vs. organizations/ programs (accreditation)
  - Required vs. voluntary

Council on Credentialing in Pharmacy: A Resource Paper - 2010

ICHP/MSHP 2017 SPRING MEETING



## Credential

- ❖ Documented evidence of professional qualifications
  - Academic degrees
  - State licensure
  - Residency certificates
  - Board certifications

Council on Credentialing in Pharmacy: A Resource Paper - 2010

ICHP/MSHP 2017 SPRING MEETING



## Three categories of credentials in pharmacy

- ❖ Credential to prepare for practice (Pharm.D. degree)
- ❖ Credential to enter and stay in practice (Licensure and re-licensure)
- ❖ Voluntary credentials to document specialized/advanced training (residency certificates, board certifications)

Council on Credentialing in Pharmacy: A Resource Paper - 2010

ICHP/MSHP 2017 SPRING MEETING



## Credentialing

- ❖ The process of granting a credential (a designation that indicates qualifications in a subject or area) and
- ❖ The process by which an organization or institution obtains, verifies and assesses an individual's qualifications to provide patient care services

Council on Credentialing in Pharmacy: A Resource Paper - 2010

ICHP/MSHP 2017 SPRING MEETING



## Accreditation

- ❖ The process whereby an association or agency grants public recognition to an organization, site or program that meets certain established qualifications or standards, as determined through initial and periodic evaluations.
- ❖ Examples: Joint Commission accreditation, Residency accreditation

Council on Credentialing in Pharmacy: A Resource Paper - 2010

ICHP/MSHP 2017 SPRING MEETING



## Certification

- ❖ A voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization.
- ❖ Granted to designate to the public that this person has attained the requisite level of knowledge, skill, and/or experience in a well-defined, often specialized, area of the total discipline.
- ❖ Examples: Residency certificate, board certification

Council on Credentialing in Pharmacy: A Resource Paper - 2010

ICHP/MSHP 2017 SPRING MEETING



## Privileging

- ❖ The process by which a health care organization, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that person to perform a specific scope of patient care services within that organization.

Council on Credentialing in Pharmacy: A Resource Paper - 2010

ICHP/MSHP 2017 SPRING MEETING



## ASHP Professional Policy

### Credentialing, Privileging and Competency Assessment (1415)

- ❖ To support the use of post-licensure credentialing, privileging and competency assessment to practice pharmacy as a direct-patient care practitioner; further
- ❖ To advocate that all post-licensure pharmacy credentialing programs meet the guiding principles established by the Council on Credentialing in Pharmacy; further
- ❖ To recognize that pharmacists are responsible for maintaining competency to practice in direct patient care.

Policy 1415 – Council on Education and Workforce Development

ICHP/MSHP 2017 SPRING MEETING



## ASHP Professional Policy

### 2010 Pharmacy Practice Model Initiative (PPMI)

- ❖ Item No. 140 – Hospital/health-system-level credentialing and privileging processes are necessary for pharmacists who provide drug therapy management
- ❖ Item No. 142 – Pharmacists who provide drug therapy management should be certified through the most appropriate Board of Pharmaceutical Specialties board certification process
- ❖ Item No. 138 – To support optimal practice models, pharmacists who provide drug therapy management must have completed an ASHP-accredited residency or equivalent.

ICHP/MSHP 2017 SPRING MEETING



## What is the Joint Commission's Position on Credentialing of Pharmacist?

- ❖ "There is no Joint Commission stance on credentialing of pharmacists. The overarching principle is whether the individual provides a medical level of care."
- ❖ "Medical level of care involves making medical diagnosis and/or medical treatment decisions."
- ❖ The following questions should be ask:
  - Is the individual credentialed/privileged in accordance with medical staff standards?
  - Is the individual who provides care a hospital employee?
  - Does it comply with relevant state laws/Scope of Practice acts?

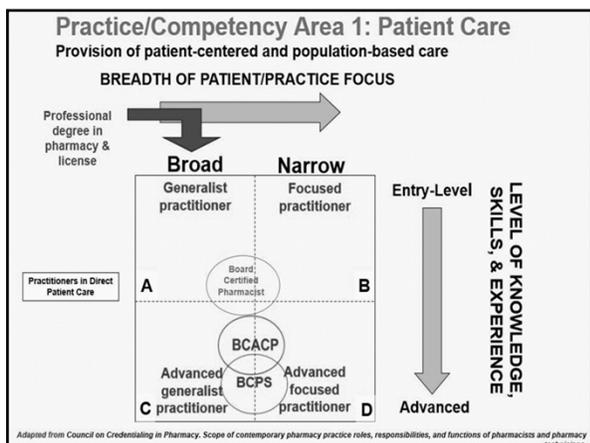
ICHP/MSHP 2017 SPRING MEETING



**So, how does this all fit together in practice today?**

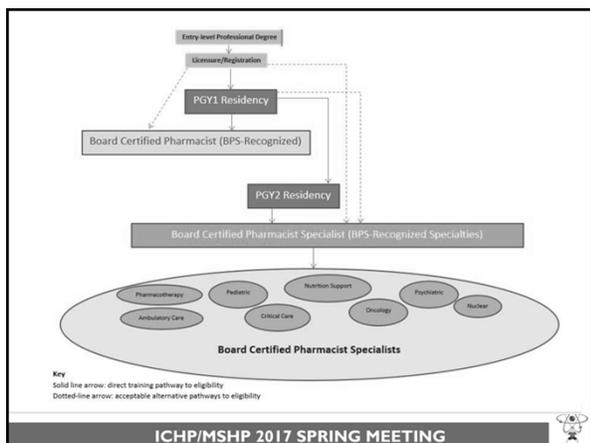
ICHP/MSHP 2017 SPRING MEETING





**How might this fit together in BPS's proposed future state?**

ICHP/MSHP 2017 SPRING MEETING



**Why Effective Credentialing/Privileging Processes are Important to the Profession?**

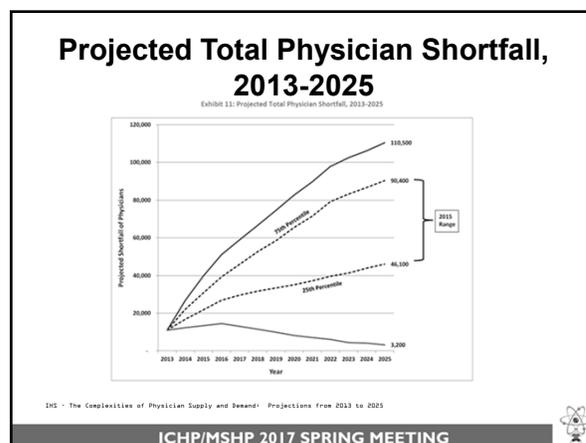
- Pace of change/increasing complexity of patient care
- Expanding role of pharmacists in direct patient care
- Growing trend in specialty practice and need to document competence
- Need to assure public, payers and employers of competence
- Economic drivers (provider status)

ICHP/MSHP 2017 SPRING MEETING

### Global Drivers to Practice Model Evolution

- ❖ Affordable Care Act (ACA) Goals
  - Expand access to healthcare insurance
    - Opportunity
      - Pharmacists as providers
      - Private physician model challenges: Optimizing care for diabetes, hypertension, hypercholesterolemia, antimicrobial stewardship, pain management, etc.
  - Reduce costs
    - Opportunity
      - Implement Value Based Purchasing (VBP)
      - Reduce length of stay (LOS)
      - Provide quality data for Accountable Care Organizations
  - Provide patient protection against insurance company actions

ICHP/MSHP 2017 SPRING MEETING



## Pharmacists – as a Mid-Level Provider

❖ **Mid-level practitioners**, also referred to as **advanced practice clinicians**, are health care providers who have received different training and have a more restricted scope of practice than physicians and other health professionals

ICHP/MSHP 2017 SPRING MEETING



## Why Privilege?

- ❖ "...the ability to ensure the capabilities and competence of the health professionals, including pharmacists, who practice within an increasingly complex and sophisticated system has become both more relevant and essential.
- ❖ Assures stakeholders that the health care professional being considered for privileges has specific competencies and experience for specific services that the organization provides and/or supports.

"Credentialing and privileging of pharmacists: A resource paper from the Council on Credentialing in Pharmacy", AJHP, Vol 71, Nov 1, 2014

ICHP/MSHP 2017 SPRING MEETING



## Key Takeaways

- ❖ **Key Takeaway #1**
  - Understanding key terms related to credentialing and privileging is essential in establishing effective processes.
- ❖ **Key Takeaway #2**
  - ASHP policies and the PPMI strongly support the principles of pharmacists credentialing and privileging.
- ❖ **Key Takeaway #3**
  - Effective credentialing/privileging processes will protect the public health, healthcare organizations, providers and patients.

ICHP/MSHP 2017 SPRING MEETING



## The Credentialing and Privileging The Beginning Journey at Advocate Health Care

Kersten Weber Tatarelis, PharmD, BCPS,  
Advocate Health Care – Downers Grove, Illinois



ICHP/MSHP 2017 SPRING MEETING



## Disclosure

- Nothing to Disclose



ICHP/MSHP 2017 SPRING MEETING



## Advocate Health Care



ICHP/MSHP 2017 SPRING MEETING



Advocate Health Care  **Advocate Health Care**  
Inspiring medicine. Changing lives.

**11** acute care hospitals  
**1** Children's Hospital (2 campuses) | **5- Level one Trauma Centers**

---

**3300** beds | **>2.2M** Outpatient visits | **35K** employees | **6300** medical staff

---

**>110,000** Acute admissions | **>23K** births | **600K+** ED visits | **>11,000** Nurses

---

**>500** pharmacy staff | **Rated nations 'Most Wired' by Hospitals and Health Networks:**  
• e-ICU  
• Remote Pharmacy Services  
• Central Pharmacy distribution | **>400** Outpatient clinic locations

ICHP/MSHP 2017 SPRING MEETING 

**Illinois Pharmacy Practice Act Section 225**

- Section 225 ILCS 85/3 Section 3.(aa)states:
  - "Medication therapy management services" means a distinct service or group of services offered by licensed pharmacists, physicians licensed to practice medicine in all its branches, advanced practice nurses authorized in a written agreement with a physician licensed to practice medicine in all its branches, or physician assistants authorized in guidelines by a supervising physician that optimize therapeutic outcomes for individual patients through improved medication use."

ICHP/MSHP 2017 SPRING MEETING 

**Illinois Pharmacy Practice Act Section 225**

- Section 225 ILCS 85/3 Section 3.(aa) continued...
  - "Medication therapy management services" may also include patient care functions authorized by a physician licensed to practice medicine in all its branches for his or her identified patient or groups of patients under specified conditions or limitations in a standing order from the physician.
  - "Medication therapy management services" in a licensed hospital may also include the following:
    - Reviewing and assessing the patients health status and
    - Following protocols of a hospital pharmacy and therapeutics committee with respect to the fulfillment of medication orders.
  - (bb) "Pharmacist care" means the provision by a pharmacist of medication therapy management services, with or without the dispensing of drugs or devices, intended to achieve outcomes that improve patient health, quality of life, and comfort and enhance patient safety.

ICHP/MSHP 2017 SPRING MEETING 

**Det Norske Veritas (DNV) Allied Health Professionals/ NonPhysician Practitioners**

- The governing body shall determine, in accordance with State law, which categories of practitioners are eligible candidates for appointment to the medical staff.
- The medical staff must include MDs and DOs.
- If allowed by State law, including scope-of-practice laws, other categories of nonphysician practitioners may be appointed to the medical staff as determined by the Governing body.
- In accordance with State law, the medical staff may include non-physician practitioners such as PAs, CRNAs, advance practice registered nurses, midwives, psychologists, or other professionals approved by the medical staff and governing body and eligible for appointment.
- All patients must be under the care of a member of the medical staff or under the care of a practitioner who is directly under the supervision of a member of the medical staff.
- All patient care is provided by or in accordance with the orders of a practitioner who meets the medical staff criteria and procedures for the privileges granted, who has been granted privileges in accordance with those criteria by the governing body, and who is working within the scope of those granted privileges.

ICHP/MSHP 2017 SPRING MEETING 

**Advocate Health Care (AHC) Current State**

- Current site process for credentialing validation:
  - Job description variation across pharmacy positions within AHC
  - Variation in credentialing requirements for varies job duties
- Current site and system process for privileging
  - P&T approved policies, procedures, guidelines (site and system)
  - Collaborative practice agreements (site)

ICHP/MSHP 2017 SPRING MEETING 

**Advocate Pharmacy Credentialing / Privileging Journey**

- In-process of establishing the "Advocate Pharmacist":
  - Establishing the credentialing expectations across AHC pharmacy
    - Job description standardization
  - Journey to establishing the basis of universal core privileges at AHC
    - AHC P&T approved policy for autonomous pharmacy functions: standardized guidelines, protocols and procedures
    - Core competence assessment

ICHP/MSHP 2017 SPRING MEETING 

### Advocate Pharmacy Credentialing / Privileging Journey

- Continuation of site/clinic specific hospital programs approved by the site P&T and MEC
  - Current pharmacist run MTM clinics with established collaborative practice agreements
- Looking ahead: establishing system strategy to outpatient clinic collaborative practice agreements with standard universal protocols
  - Utilizing technology based/remote services to expand agreements and enhance patient care

ICHP/MSHP 2017 SPRING MEETING



### The Credentialing and Privileging Pathway of a Truman Medical Centers Pharmacist.

Joel A. Hennenfent, PharmD, MBA, BCPS, FASHP  
Truman Medical Centers – Kansas City, Missouri

ICHP/MSHP 2017 SPRING MEETING



### Truman Medical Centers Kansas City, Missouri



ICHP/MSHP 2017 SPRING MEETING



Truman Medical Centers  
Kansas City, Missouri



**2** *inpatient facilities* | **Level one Trauma Center**

**547** *beds* | **51** *clinics* | **4K** *employees* | **610** *medical staff*

**22,948** *Acute admissions* | **3,403** *births* | **85K+** *ED visits* | **1,175** *Trauma admissions*

**13K+** *myTruHealth patient portal accounts* | **112,846** *Behavioral Health outpatient visits* | **338K+** *Acute admissions*

ICHP/MSHP 2017 SPRING MEETING



### Disclosure

- Nothing to Disclose
- Note:
  - Serve as Director-at-Large on ASHP Section of Clinical Scientists and Specialists Executive Board
  - Serve as Missouri Representative to ASHP House of Delegates

ICHP/MSHP 2017 SPRING MEETING



### Are pharmacists at your institution privileged by the Medical Staff?

Yes

No



ICHP/MSHP 2017 SPRING MEETING



## Missouri Pharmacy Practice History

- Hospital pharmacy practice based on protocols approved by the P&T committee and MEC of individual hospitals
- Medication Therapy Services (MTS) legislation required a written protocol between a pharmacist and physician
- MSHP advocated in partnership
  - Missouri Department of Health and Senior Services
  - Missouri Board of Pharmacy (MOBOP)
  - Missouri Hospital Association
  - Missouri Pharmacy Association

ICHP/MSHP 2017 SPRING MEETING



## Missouri Statute Chapter 338

- Section 338.165.1 states that, “All pharmacists providing medication therapy services shall obtain a certificate of medication therapeutic plan authority as provided by rule of the board. Medication therapy services may be provided by a pharmacist for patients of a hospital pursuant to a protocol with a physician as required by section 338.010 or pursuant to a protocol approved by the medical staff committee.”

ICHP/MSHP 2017 SPRING MEETING



## Which pharmacists should be privileged by the Medical Staff?

- A Clinical Specialists
- B Retail Pharmacists
- C College of Pharmacy Faculty
- D All Pharmacists

ICHP/MSHP 2017 SPRING MEETING



## Pharmacist Credentialing / Privileging Strategy

- TMC utilizes a criteria-based core privilege approach versus a specific list of privileges
- TMC non-core privileges for pharmacists are:
  - Modify and order medications by hospital protocol approved by the MEC
    - Protocol addition without adjusting the medical staff privileging process
    - Rapid implementation of new pharmacist-driven patient care programs
  - Provide MTS with pharmacist and physician protocol approved by the P&T committee and MEC

ICHP/MSHP 2017 SPRING MEETING



## Pharmacist Credentialing / Privileging Goals

- TMC pharmacy team goal to create the pharmacist credentialing/privileging process
  - Compliant with state pharmacy practice statutes
  - Compliant with medical staff by-laws
  - Compliant with TJC
  - Similar to other medical staff privileged health care professionals in our institution
    - Application and form set up
    - FPPE and OPPE requirements
    - Metrics for OPPE

ICHP/MSHP 2017 SPRING MEETING



## Preparation and Planning

- Designate a pharmacy team leader to research and understand the medical staff credentialing/privileging process
- Gain support of pharmacy team
- Gain support of the Chief Medical Officer and medical staff office team
- Develop a consistent credentialing/privileging process for all pharmacists in the organization to meet accreditation and regulatory requirements

ICHP/MSHP 2017 SPRING MEETING



## Preparation and Planning

- Work with the medical staff office team to develop the necessary credentialing/privileging tools that are similar to what are used for physicians, advanced practice nurses, and physician assistants throughout the institution
- Obtain Medical Executive Committee (MEC) and Board of Directors approval

ICHP/MSHP 2017 SPRING MEETING



## Establish Process for Pharmacy Team

- Complete application and submit documentation
- Pharmacy leadership team completed first
  - Provided full understanding and an estimate of time necessary
- Frequently asked questions (FAQs) document was created to assist the pharmacists with completing the paperwork

ICHP/MSHP 2017 SPRING MEETING



## Establish Process for Pharmacy Team

- Pharmacy leadership team held multiple 2-hour help sessions at both campuses for the staff to answer questions
- Medical staff office team validated application information
  - Time-consuming process

ICHP/MSHP 2017 SPRING MEETING



## Establish Ongoing Processes

- Develop OPPE and FPPE competence tools
  - Similar to other privileged health care professionals
- Identify performance metrics
  - Capture the necessary regulatory elements during first year of implementation
  - As your program becomes more robust, revise the OPPE documents to be similar to other mid-level practitioner requirements in your state
  - Create processes to monitor forward-looking metrics
    - Streamline pharmacist notes and clinical intervention documentation in the electronic medical record

ICHP/MSHP 2017 SPRING MEETING



## Creating an Efficient Process for Monitoring Pharmacist Activities



ICHP/MSHP 2017 SPRING MEETING



## Focused Professional Practice Evaluation (FPPE)

- What is FPPE?
  - Determination of initial competence
  - Focused Professional Practice Evaluation – the process through which the privilege-specific competence of a practitioner is evaluated. Completed when a practitioner is granted a privilege for the first time or for cause

Ongoing professional practice evaluation (OPPE). The Joint Commission website.  
[https://www.jointcommission.org/standards\\_information/faqdetails.aspx?StandardsFaoid=1301&ProgramId=46](https://www.jointcommission.org/standards_information/faqdetails.aspx?StandardsFaoid=1301&ProgramId=46)  
 Accessed February 1, 2017.

ICHP/MSHP 2017 SPRING MEETING



## Ongoing Professional Practice Evaluation (OPPE)

- What is OPPE?
  - Determination of ongoing competence
  - Peer review
  - Ongoing Professional Practice Evaluation – the process through which the organized medical staff conducts an ongoing evaluation of each practitioners clinical competence and professional behavior in order to determine whether the practitioner's privileges should be continued, limited or revoked

Ongoing professional practice evaluation (OPPE). The Joint Commission website.  
[https://www.jointcommission.org/standards\\_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46](https://www.jointcommission.org/standards_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46)  
 Accessed February 1, 2017.

ICHP/MSHP 2017 SPRING MEETING



## The Joint Commission – Intent of OPPE

- The intent of the standard is that organizations are looking at data on performance for all practitioners with privileges on an ongoing basis rather than at the two year reappointment process, to allow them to take steps to improve performance on a more timely basis.

Ongoing professional practice evaluation (OPPE). The Joint Commission website.  
[https://www.jointcommission.org/standards\\_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46](https://www.jointcommission.org/standards_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46)  
 Accessed February 1, 2017.

ICHP/MSHP 2017 SPRING MEETING



## The Joint Commission – Data Elements

- Who is responsible for reviewing performance data?
  - Department, Credentials, or Medical Executive Committee
- How often will data be reviewed?
  - The frequency can be defined by the organization
- What process is utilized to decide whether to continue, limit or revoke privileges?
  - Department chair, credentials committee chair, or MEC
- How will data be included in the credentials files?
  - Define a process to review the data and store in record

Ongoing professional practice evaluation (OPPE). The Joint Commission website.  
[https://www.jointcommission.org/standards\\_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46](https://www.jointcommission.org/standards_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46)  
 Accessed February 1, 2017.

ICHP/MSHP 2017 SPRING MEETING



## The Joint Commission – Data Elements

- Data collected is defined by individual medical staff departments and approved by the medical staff
- The standards require an evaluation of all practitioners
  - Not just practitioners with performance issues
- The departments know the best data that reflects both good and problem performance for their practitioners
- The medical staff will determine the correct type and amount of data to be collected

Ongoing professional practice evaluation (OPPE). The Joint Commission website.  
[https://www.jointcommission.org/standards\\_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46](https://www.jointcommission.org/standards_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46)  
 Accessed February 1, 2017.

ICHP/MSHP 2017 SPRING MEETING



## Example OPPE Metrics

- Failure to follow approved clinical practice guidelines
- Defined # of events occurring
- Defined # of individual peer reviews with adverse determinations
- Patient safety events
- Sentinel events
- Elevated infection rates
- Increasing LOS compared to others
- Patterns of unnecessary tests/treatments

Ongoing professional practice evaluation (OPPE). The Joint Commission website.  
[https://www.jointcommission.org/standards\\_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46](https://www.jointcommission.org/standards_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46)  
 Accessed February 1, 2017.

ICHP/MSHP 2017 SPRING MEETING



## OPPE Evaluation Methodologies

- Periodic chart review
- Direct observation
- Monitor diagnostic and treatment techniques
- Discuss with other individuals involved in the care of patients
  - Pharmacists
  - Physicians
  - Nurses
  - Administrators

Ongoing professional practice evaluation (OPPE). The Joint Commission website.  
[https://www.jointcommission.org/standards\\_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46](https://www.jointcommission.org/standards_information/icsadetails.aspx?StandardsFaaid=1303&ProgramId=46)  
 Accessed February 1, 2017.

ICHP/MSHP 2017 SPRING MEETING



### (True or False) OPPE criteria must be specific and measurable

True  
 False



ICHP/MSHP 2017 SPRING MEETING

### Credentialing, Privileging and Ongoing Professional Practice Evaluation

#### Credentialing

Process by which an organization or institution obtains, verifies and assesses an individual's qualifications to provide patient care services.

#### Ongoing Professional Practice Evaluation

Process through which the organized medical staff conducts an ongoing evaluation of each practitioner's clinical competence and professional behavior in order to determine whether the practitioner's privileges should be continued, limited or revoked.

#### Privileging

Process by which a health care organization, having reviewed an individual care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that organization.



ICHP/MSHP 2017 SPRING MEETING

### Prior to Cerner engagement

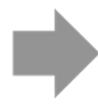
Paper driven process



Lack of standards:

- Clinical monitoring
- Documentation
- Reporting

New Cerner functionality



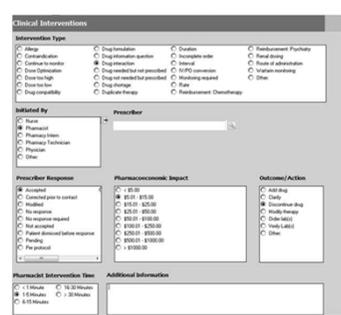
Medical staff credentialing and privileging:

- Real time monitoring
- Standard workflows



ICHP/MSHP 2017 SPRING MEETING

### Clinical Documentation




ICHP/MSHP 2017 SPRING MEETING

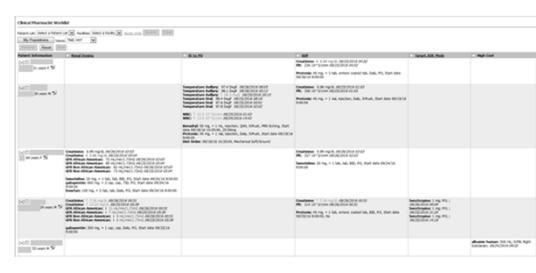
### Automated Work Lists

HLN#	Task Status	Task Description	Order Details
B41C	Pending	Medication Reconciliation Pharmacy Consult	08-14-15 15:11:00, Routine
B41C	Pending	Medication Reconciliation Pharmacy Consult	08-14-15 9:20:00, Routine
R41B	Pending	Vancomycin - Pharmacy to Dose	08-13-15 20:20:00, Routine, Indication: Cellulitis
C41H	Pending	Vancomycin - Pharmacy to Dose	08-13-15 14:20:00, Routine, Indication: Bacteremia, catheter associated, How...
C61L	Pending	Warfarin - Monitoring Consult	08-16-15 05:05:00, Routine
D41A	Pending	Warfarin - Monitoring Consult	08-10-15 14:25:00, Routine
D81K	Pending	Vancomycin - Pharmacy to Dose	08-16-15 16:00:00, Routine, Indication: Bacteremia
D14A	Pending	Warfarin - Monitoring Consult	08-16-15 4:07:00, Routine
F51H	Pending	Gentamicin - Pharmacy to Dose	08-13-15 10:23:00, Routine, Indication: Skin and Skin Structure Infections
F81B	Pending	Vancomycin - Pharmacy to Dose	08-12-15 19:14:00, Routine, Indication: Diabetes Foot Infection
G41L	Pending	Non-Pharmacy to Dose Monitoring	08-16-15 11:35:00, Routine
G51H	Pending	Vancomycin - Pharmacy to Dose	08-14-15 18:40:00, Routine, Indication: Abdominal perforation
G51H	Pending	Pharmacy CPE Consult	08-13-15 7:32:00, Routine
H41K	Pending	Warfarin - Monitoring Consult	08-14-15 17:30:00, Routine
N41B	Pending	Medication Reconciliation Pharmacy Consult	08-16-15 9:12:00, Routine
N41B	InProcess	Pharmacy General Consult	08-16-15 14:43:00, Routine, Spanish-speaking patient: needs to learn how...
N41B	Pending	Vancomycin - Pharmacy to Dose	08-14-15 20:40:00, Routine, Indication: Abscess (skin and skin structure)
N41C	Pending	Vancomycin - Pharmacy to Dose	08-13-15 17:06:00, Routine, Indication: Skin and Skin Structure Infections
R31H	Pending	Vancomycin - Pharmacy to Dose	08-14-15 11:20:00, Routine, Indication: Skin and Skin Structure Infections
R31T	Pending	Vancomycin - Pharmacy to Dose	08-15-15 18:41:00, Routine, Indication: Clostridium Difficile Infection
R31K	Pending	Vancomycin - Pharmacy to Dose	08-15-15 17:29:00, Routine, Indication: Pharyngitis, surgical
R41N	Pending	Warfarin - Monitoring Consult	08-14-15 9:48:00, Routine
R41T	Pending	Vancomycin - Pharmacy to Dose	08-16-15 9:39:00, Routine, Indication: Clostridium Difficile Infection
R41C	Pending	Vancomycin - Pharmacy to Dose	08-16-15 11:35:00, Routine, Indication: pneumonia, community acquired (CAP)
S91S	Pending	Vancomycin - Pharmacy to Dose	08-15-15 20:43:00, Routine, Indication: Abscess (skin and skin structure)
S41H	Pending	Vancomycin - Pharmacy to Dose	08-16-15 1:27:00, Routine, Indication: Skin and Skin Structure Infections



ICHP/MSHP 2017 SPRING MEETING

### Clinical Monitoring




ICHP/MSHP 2017 SPRING MEETING

## What pharmacists should be credentialed and privileged by the Medical Staff?

- A** Clinical Specialists
- B** Retail Pharmacists
- C** College of Pharmacy Faculty
- D** All Pharmacists



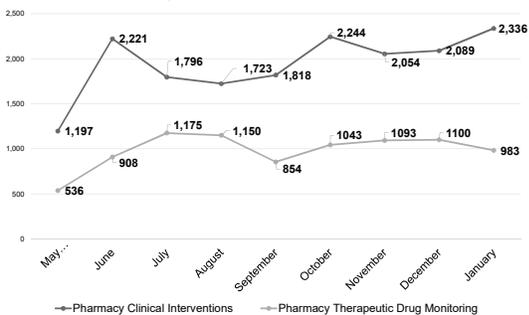
ICHP/MSHP 2017 SPRING MEETING

## Pharmacist Activities Dashboard



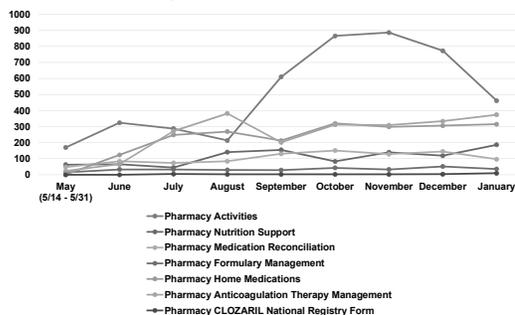
ICHP/MSHP 2017 SPRING MEETING

## Pharmacy Clinical Interventions



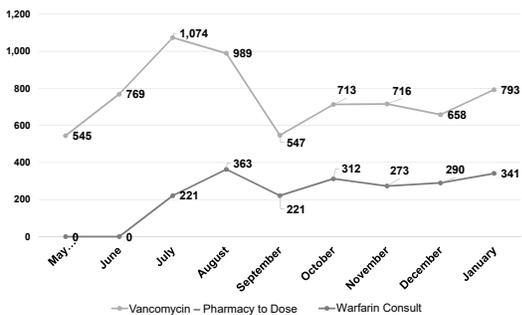
ICHP/MSHP 2017 SPRING MEETING

## Pharmacy Clinical Interventions



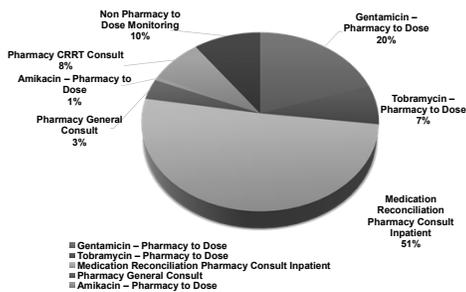
ICHP/MSHP 2017 SPRING MEETING

## Most Common Pharmacy Consults



ICHP/MSHP 2017 SPRING MEETING

## Other Pharmacy Consults



ICHP/MSHP 2017 SPRING MEETING

### Pharmacy Uplift

Benefits	Next Steps
<ul style="list-style-type: none"> <li>Improved monitoring of high risk patients</li> <li>Increased efficiency in providing patient care</li> <li>Enhanced transparency to clinical activities</li> <li>Quantifiable clinical services</li> </ul>	<ul style="list-style-type: none"> <li>Continuous advancement</li> <li>Quantify impact on patient care</li> <li>Billing for pharmacy services</li> </ul>

ICHP/MSHP 2017 SPRING MEETING



### Automated Reporting

August 2016 (8/1/16 to 8/31/16)	Total	Pharmacist 1	Pharmacist 2	Pharmacist 3	Pharmacist 4
Pharmacy Clinical Interventions					
Intervention Form - Number of interventions	1,723	98	151	71	89
Pharmacy Therapeutic Drug Monitoring	1150	27	96	88	102
Pharmacy Activities	214	25	1	85	111
Pharmacy Nutrition Support	141	0	0	0	0
Pharmacy Medication Reconciliation	84	0	2	0	2
Pharmacy Formulary Management	30	0	0	0	1
Pharmacy Home Medications	269	4	7	6	6
Pharmacy Anticoagulation Therapy Management	382	6	15	45	59
Pharmacy CLOUARE National Registry Form	3	0	0	0	0
Total Interventions	3,996	160	272	245	270
Pharmacy Consults					
Consult Order - Number of Times Ordered					
Vancomycin - Pharmacy to Dose	989	25	92	81	102
Gentamicin - Pharmacy to Dose	50	2	2	3	0
Tobramycin - Pharmacy to Dose	9	0	2	4	0
Medication Reconciliation Pharmacy Consult					
Inpatient	59	0	0	0	0
Pharmacy General Consult	7	0	0	0	0
Amikacin - Pharmacy to Dose	0	0	0	0	0
Warfarin Consult	363	6	15	45	59
Pharmacy CRRT Consult	23	0	0	0	0
Non Pharmacy to Dose Monitoring	28	0	0	0	0
Total Consults	1,520	33	111	133	161

ICHP/MSHP 2017 SPRING MEETING



### Privileged by the Medical Staff

- The medical staff credentialing/privileging process is necessary for pharmacists to utilize MTS protocols and to implement hospital protocols approved by MEC

ICHP/MSHP 2017 SPRING MEETING



### Privileged by the Medical Staff

- All pharmacists at TMC, regardless of role within the Department of Pharmacy Services, complete the medical staff credentialing/privileging process
- Pharmacists privileged by the medical staff at TMC
  - 54 employed pharmacists
  - 9 UMKC School of Pharmacy faculty members
  - 6 UMKC School of Medicine faculty members

ICHP/MSHP 2017 SPRING MEETING



### Key Takeaways

- Prepare for the pharmacy profession gaining provider status
  - The Medical Staff credentialing and privileging process takes months to years to complete
  - Providers at our institution must be privileged by the medical staff to bill for services
  - Automate clinical documentation in EHR
- Start application process when employee accepts position
  - Require complete application received by the Medical Staff office within one week of hiring
  - Require residents to submit within one month of match

ICHP/MSHP 2017 SPRING MEETING



### Are You Privileged? The Essentials for Credentialing and Privileging Pharmacists.

ICHP/MSHP 2017 SPRING MEETING

