



Comments of the American College of Clinical Pharmacy

**Statement in Response to US Senate Committee on
Health, Education, Labor, and Pensions (HELP)
Hearings related to the COVID-19 Crisis**

June 5, 2020

Submitted electronically



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The American College of Clinical Pharmacy (ACCP) appreciates the opportunity to provide the following statement to the US Senate Committee on Health, Education, Labor, and Pensions (HELP) related to recent hearings into the ongoing COVID-19 crisis.

ACCP is a professional and scientific society that provides leadership, education, advocacy, and resources enabling clinical pharmacists to achieve excellence in patient care practice and research. ACCP's membership is composed of more than 16,000 clinical pharmacists, residents, fellows, students, scientists, educators and others who are committed to excellence in clinical pharmacy practice and evidence-based pharmacotherapy. Our focus is the optimization of medication regimens to achieve patient-centered therapeutic goals.

On April 8, 2020, Health and Human Services (HHS) published guidance under the Public Readiness and Emergency Preparedness (PREP) Act authorizing licensed pharmacists to order and administer FDA authorized COVID-19 tests, including serology tests, for the duration of the national public-health emergency declared January 31, 2020.

In a statement submitted to Assistant Secretary for Health ADM Brett P. Giroir, M.D., ACCP and our clinical pharmacy colleagues, together with the Infectious Diseases Society of America (IDSA) and Society for Healthcare Epidemiology of America (SHEA) urged HHS to provide further guidelines and resources germane to assuring safety, accuracy, and quality that we believe merit further consideration. A copy of that document is included with this statement.

As wide ranging efforts across the nation to test for, trace and contain the novel coronavirus continue to expand, ACCP would like to highlight the vital contributions of board certified clinical pharmacists in supervising a multifaceted process that connects patients and their extended care teams with clinical labs, state and federal public health departments, and other appropriate stakeholders.

Pharmacists across all practice settings are well-established as essential providers in the delivery of immunizations and vaccinations as well as widely recognized in expanding access to point-of-care (POC) testing that involves performing a diagnostic test outside of a laboratory that produces a rapid and reliable result, aiding in identifying or managing chronic diseases and acute infections.

Clinical pharmacists are uniquely positioned to help manage and oversee a massive nationwide expansion of access to a safe and reliable COVID-19 testing process, by providing specialized POC Testing Stewardship. This practice involves ensuring 1) the safe and controlled process of sample collection, 2) coordination of transfer to a qualified laboratory, 3) reporting of results to public health officials and providers, 4) interpretation of results and recommendations for any changes or additions to therapy, and 5) education of patients regarding test results and their implications, in consultation with providers.

In this capacity pharmacists can help communities rapidly build capacity to provide testing in a safe environment, while helping support the complex process involved in appropriately reporting results and connecting various stakeholders through HIPAA-compliant structures. Over time, as these testing processes become better established, we urge the committee to consider

opportunities to better utilize existing pharmacy health information technology (HIT) infrastructure that provides these board certified clinical pharmacists full access to interoperable electronic health record platforms that provide information related to care delivery, including patient goals, health concerns, active medication lists, medication-related problems, laboratory results, vitals, payer information and billing for services.

Using existing collaborative practice agreement structures, physicians in 49 states can delegate services to clinical pharmacists, including the process of managing and monitoring complex medication regimes, and in doing so help improve overall efficiencies in care delivery and coordination.

The practice of pharmacy across the entire profession has changed dramatically over the past twenty years and continues to evolve rapidly. The passage of the Medicare Modernization Act (MMA) in 2003 included an early effort to create coverage for the clinical services of pharmacists under the limited and inconsistent Part D Medication Therapy Management (MTM) program. While that was a welcome initial step by Congress to recognize the value of non-dispensing, professional pharmacy services, twenty years later it has become clear that, in most cases, the service is limited and inconsistent. To help ensure that medication therapy is truly optimized in Medicare, ACCP supports the inclusion of “comprehensive medication management” (CMM), a set of professional services by clinical pharmacists that are performed collaboratively with the health care team to help patients reach their clinical goals.

Around that the time the Medicare Part D program was enacted, the ACCP Board of Regents adopted a policy that highlighted the importance of postgraduate pharmacy residency training as a prerequisite for direct patient care practice, and the vision that clinical pharmacists engaged in direct patient care would be certified by the Board of Pharmacy Specialties (BPS).

Educated and trained in direct patient care environments, like medical centers, clinics, and other health care settings, clinical pharmacists are frequently granted patient care privileges by collaborating physicians and health systems that allow them to participate in a range of medication decision-making functions as part of the patient’s health care team. These privileges are granted on the basis of the clinical pharmacist’s demonstrated knowledge of medication therapy and record of clinical experience. This specialized knowledge and clinical experience is gained through residency training and clinical practice, resulting in board certification.

Unlike other pharmacists, board certified clinical pharmacists generally do not engage in the dispensing of medications. While the safe and efficient distribution of medications is clearly an important process – clinical pharmacists typically work directly with physicians, other health professionals and patients/care givers to ensure that prescribed medications contribute to the best possible clinical outcomes.

Clinical pharmacists who engage in the direct (including virtual) medication related patient observation and evaluation, including the initiation, modification, or discontinuation of patient-specific pharmacotherapy; and the ongoing pharmacotherapeutic monitoring and follow-up of patients in collaboration with other health professionals, possess the education, training, and experience necessary to function effectively, efficiently, and responsibly in this capacity.

ACCP continues to support the standard that clinical pharmacists engaged in direct patient care should be board certified and have established a valid collaborative drug therapy management (CDTM) agreement or have been formally granted clinical privileges by the medical staff or credentialing system within the health care environment in which they practice. Currently, there are almost 50,000 board certified clinical pharmacists who specialize in one of fourteen different practice areas, including infectious diseases.

ACCP believes that in order to achieve the overarching goal of protecting our nation against the ongoing pandemic, it is necessary to transform payment structures to improve quality and patient outcomes and advance a forward-looking, coordinated health delivery infrastructure. We can achieve this goal by adopting team-based patient-centered health care that delivers better clinical quality, smarter spending, and healthier people and communities.

As our nation faces up to the challenge of confronting this pandemic, we urge you to consider opportunities to expand and build on existing care delivery structures that integrate evolving team-based, quality-focused payment and care delivery models to improve access, patient outcomes and quality of care, and provider satisfaction. We would welcome the opportunity to provide further information, data, and connections with successful practices that integrate board certified clinical pharmacists as part of a process of care to ensure medication optimization.

In summary, we thank you for the opportunity to submit this statement related to recent hearings assessing COVID-19 testing. ACCP is dedicated to advancing quality-focused, patient-centered, team-based improvement in health care delivery that (1) helps assure medication optimization, (2) enhances patient safety, (3) promotes value-based rather than volume-based care to patients and (4) contributes to greater affordability and sustainability for the all patients, including our most vulnerable populations in underserved communities.