



Successful Practices in

**College/School Collaborations with State Pharmacy Association(s)
and State Board of Pharmacy**

Pharmaceutical Education 2013

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Arizona

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**College/School of Pharmacy Collaborations with State Pharmacy Association(s) and
State Board of Pharmacy**

*Area of Successful Practice: Collaborations involving schools/colleges of pharmacy,
state pharmacy associations and boards of pharmacy*

Description

This collaboration involved academic pharmacists at The University of Arizona College of Pharmacy (UACOP) in partnership with the Arizona Pharmacy Association (AzPA) and board members at Arizona State Board of Pharmacy (Board). This collaboration was initiated when the Arizona State Board of Pharmacy was considering the implementation of new legislation requiring all community pharmacists to document and track medication errors that occurred at their pharmacies. Members of the Board questioned the UACOP faculty members on the current practices of recording medication errors at community pharmacies. It was determined that even though some pharmacies have current practices for recording medication errors, it is unclear if these practices are followed or the attitudes of the pharmacists about these practices. Through several informal discussions between all parties, it was determined that this new legislation would take time to implement and that the first year should be spent educating and aiding community pharmacists on how to implement the tracking programs. The Board asked UACOP for assistance in developing an education program that will help community pharmacists adapt to this new law. It was decided that in order to reach the highest number of community pharmacists, this educational program would occur at the AzPA Annual Meeting in June 2013. Researchers at UACOP determined that initial information about the current practices as well as pharmacists' attitudes on recording medication errors needed to be collected in order to develop an appropriate and informed education session. To this end, AzPA has partnered with UACOP to provide feedback on a current medication error reporting practice and attitude survey for community pharmacists. AzPA has also coordinated with faculty to distribute the survey to community pharmacists and established the educational session for the annual meeting.

The focus of this collaboration was to help community pharmacists' adapt to new Quality Improvement legislation that required tracking and monitoring of all medication errors that had reached any patient. Academic pharmacists at UACOP decided that the best way to help these community pharmacists would be to hold a full day, hands-on educational workshop about the new law to assist them in developing ways to implement the legislation in their pharmacies. The goal is to have all community pharmacies compliant with the new legislation by the time enforcement begins (January 1, 2014). While there has been no formal contract established, each collaborator has established a role in this collaboration. The AzPA established that it has adequate opportunity to provide an educational session to community pharmacists and can coordinate the distribution of the survey to pharmacists. The Board has provided feedback on ways that it will be enforcing the legislation and has provided time for pharmacies to adapt to the

new law. Faculty members are collecting current practice information and are developing the education session.

Outcomes

This partnership has been beneficial for the entire state of Arizona. The implementation of this law will require pharmacists and pharmacies to track and record medication errors. By tracking these errors, pharmacies will be able to determine if there are problems with their dispensing procedures and therefore contribute to reducing harm to patients. Through this collaboration, all parties have been actively involved in working to assist pharmacies to adapt to this new legislation. Each collaborator has been able to use their resources to bring a cohesive education presentation that will aid community pharmacists. This collaboration also allowed the Board to determine that the new law would take time to implement and to decide to aid community pharmacists by focusing on education during the first year of the law - delaying enforcement for one year. This will allow community pharmacies to develop a monitoring program that will fit their pharmacies' needs and the pharmacists' workflow process.

Barriers to Implementation

There have been some barriers to this collaboration. Initially, it was uncertain what help the Board needed from AzPA and UACOP. It was unclear if the Board wanted an educational session, a policy change announcement, or no assistance. It was determined that the best approach to aid community pharmacies is to provide an educational session that will provide information and guidance for implementing this new law into their current policies. Another barrier is keeping all collaborators actively involved in the project. Because each collaborator has a different interest level in the collaboration, keeping each collaborator engaged, involved, and content with the direction of the project has been a challenge. However, through constant contact with the different parties via phone conferences, emails, and meetings, our collaboration has moved forward in order to benefit all parties throughout the process. A final barrier is that it has been difficult ensuring that this collaboration will not damage future projects. Because a portion of this collaboration is asking for sensitive information from communities pharmacies, it is important that each collaborator is able to support the project and that the project does not damage the relationship between community pharmacies, researchers, AzPA, and other stakeholders.

Advice or Lessons Learned

There are several lessons learned from this collaboration. The first is to ensure that each party is interested in seeing the project through to completion. Additionally each collaborator needs to make their goal for the project known and stated. It is important for each collaborator to understand the purpose from the beginning and support goals of other collaborators. Finally, it would benefit all parties to have open discussions on a regular basis about the progress of the project in order to address any issues quickly and effectively. By having regular contact with all collaborators, each party is also able to alert to potential conflicts with outside parties.

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

The Colorado Pharmacy Coalition (CPC) was formed in 1995 when pharmacy entities across Colorado realized they needed a unified “voice” in the state of Colorado. This coalition, while not a formal organization, is a discussion forum for various pharmacy organizations and individuals that have an interest in pharmacy matters or legislative issues. The CPC serves only as a forum and does not lobby or take a position on any legislation. Legislation, regulatory issues, and other health care issues affecting pharmacy are discussed at each monthly meeting and consensus is sought so that pharmacy speaks with one voice; however, each organization represented on the CPC testifies and lobbies on behalf of its own members or constituents. Given the various pharmacy practice realms and issues, there is a professional recognition that consensus is not always able to be achieved. In this situation, at a minimum, every entity understands the basis and location of conflicting viewpoints. Additionally, the CPC serves as a resource on pharmacy matters, such as ongoing pharmacy initiatives in the state. The two schools of pharmacy in Colorado (University of Colorado and Regis University), in partnership with the Colorado Pharmacists Society and the Colorado State Board of Pharmacy, as members of the CPC have been able make significant impact for the profession of pharmacy by developing, implementing, or modifying Colorado law and rules to reflect a model for best pharmacy practice.

CPC meetings are open to any member of the pharmacy community and the following list indicates organizations/entities that are routinely present at CPC meetings (individual members are listed for the organizations that are the focus of this successful practice submission):

- Chain Pharmacy (e.g., Walgreens, King Soopers)
- **Colorado Pharmacists Society**
 - Executive Director, President, Past-President, Board members that are appointed to the legislative committee
- Colorado Retail Council
- **Colorado State Board of Pharmacy**
 - Program Director, additional board members
- Compounding Pharmacy

- Employee Pharmacists Union
- Health Systems (e.g., various hospitals)
- Health Systems Administration (e.g., various hospitals)
- Independent Pharmacy (e.g., RxPlus)
- Long Term Care (e.g., Pharmerica, Consultant Pharmacist, Pioneer)
- Mail Order Pharmacy
- Managed Care (e.g., Kaiser Permanente)
- Peer Assistance Services
- Pharmaceutical Industry
- **Regis University School of Pharmacy**
 - Dean, Assistant Dean, additional faculty members
- **University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences**
 - Associate Dean of Student Affairs, additional faculty members

The meeting agenda is determined and discussion is led by the Executive Director of the Colorado Pharmacists Society, with input from other CPC members. This individual, along with the various lobbyists associated with CPC, serve as the “eyes and ears” with respect to legislative issues that arise in the Colorado Senate and House of Representatives and brings pharmacy-related issues to the forum for discussion. For each monthly meeting, there are approximately 30 or more people in attendance. These typically occur as breakfast meetings (7:30 am-9:00 am) at a local café and one of the organizations donates breakfast for all attendees (on a rotating basis).

Outcomes

As a result of the work of the CPC, numerous legislative issues have been discussed and individuals associated with the profession of pharmacy have been able to speak with unified voice at the Colorado legislature. Within the last year, Colorado underwent Sunset review and significant changes to our State Board of Pharmacy Rules were made because consensus among pharmacy entities was reached via the CPC well in advance of engaging in the actual legislative process. Examples of legislation that have been incorporated into pharmacy rules or statute specifically as a result of the collaboration between the two schools of pharmacy, the state society, and the state board via the CPC include:

- In limited circumstances, allowing student pharmacists to participate in educational activities within the curriculum of a school of pharmacy and be supervised by health care professionals outside the pharmacy profession (e.g., MD, DO, nurse);
- Expansion of Peer Assistance Services offered for pharmacists and student pharmacists; and
- Enabling student pharmacists, under the supervision of a pharmacist, to provide immunizations to patients in Colorado.

Other issues that have been or will be addressed through the CPC that involve the schools, the state society, and/or the state board include:

- Moving the pharmacy statute to the Health Professions section of Colorado Law;
- Prescription Drug Monitoring Program of Colorado;
- Substitution of biosimilars; and
- Pharmacist reimbursement.

Overall, the benefits of this partnership span the entire state as it significantly impacts the scope of practice for pharmacy in Colorado. It provides advocacy for and awareness within the profession regarding the needs of various pharmacy interest groups. It helps individuals within the profession understand how support can be provided to create a successful future for pharmacy. It also allows a unified voice of pharmacy to be represented when discussing legislative issues with legislators and other health care professions (e.g., Colorado Medical Society).

Barriers to Implementation

Fortunately, barriers have been minimal for implementation of this coalition. The group actually has continued to get stronger as more pharmacy entities have tapped into this resource to express opinions and concerns. The barriers seen have often come when unexpected turns occur in the legislative process causing the CPC to renegotiate or reconsider initial plans.

Advice or Lessons Learned

This partnership would not be possible without one organization taking the lead for facilitating group discussions. In Colorado, it makes sense that this entity is the Colorado Pharmacists Society and we would advise other state pharmacy organizations to be actively involved with and represent all aspects of the pharmacy profession in this way. We have learned that when a consistent, unified voice is heard at the legislative level, senators and representatives better understand and support the profession and its needs. Another pearl regarding logistics for this type of activity is to provide meetings at a central location and at a time which will not disrupt typical work flow.

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

The two schools of pharmacy in Colorado (University of Colorado and Regis University), the Colorado Pharmacists Society, and the Colorado State Board of Pharmacy recently teamed together to expand the types of health professionals who can supervise student pharmacist interns. The goal of this initiative was to revise state law in order to enhance interprofessional educational opportunities for student pharmacist interns to learn how to function optimally as part of a health care team. In 2012, the Colorado General Assembly was scheduled to undergo Pharmacy Sunset Review, a periodic recodifying of laws regulating pharmacists and governing the practice of pharmacy in the state of Colorado. Prior to this Colorado Pharmacy Sunset Review process, state statute required student pharmacists to be supervised by a pharmacist while engaging in the practice of pharmacy. It was recognized by these collaborating organizations that patient safety and health care efficiency were increased when health care was delivered via health care teams (e.g, group of individuals from various health professions including nurses, pharmacists, dietitians, physicians, physical therapists, social workers). It was also noted in the Accreditation Council for Pharmacy Education Standards 2007 (ACPE Standard 12) that a “college or school must ensure that graduates are competent, at a minimum, to function effectively as a member of an interprofessional care team.”

Because both Colorado schools of pharmacy require students to be licensed pharmacy interns for the duration of their respective curricula, the schools felt it was important to engage the State Board of Pharmacy and the Colorado pharmacy association in discussions about how this evolving part of pharmacy education could be addressed. Previous attempts to introduce interprofessional education activities by the schools were hampered by the requirement for supervision of pharmacy student interns exclusively by pharmacists. It was felt that to implement interprofessional education effectively, all health professions students must be able to be supervised to some degree by other health professionals.

The collaboration between the schools, state board, and state associations brought stakeholders together to discuss how to write appropriate language into the pharmacy practice act that would achieve the goals of the initiative while considering diverse interests of those within and outside the pharmacy profession. The schools wanted to provide high quality interprofessional

educational opportunities for students that met ACPE standards. The Board recognized that the law would need to be changed to create these experiences for students while providing public safety. The state society recognized that constituents within the organization may have significant concerns about other healthcare professionals participating in the oversight of pharmacy student interns. With input from each of these entities, the leaders in each of these four collaborating organizations developed initial language for the amendment that was then discussed at one monthly meeting of the Colorado Pharmacy Coalition (a group of 30-40 individuals from various interest groups within the pharmacy profession). After receiving valuable constructive feedback from all stakeholders indicating both support and concern, final language was developed to be included in the pharmacy practice act as it went through the Sunset Review process.

Outcomes

The schools, the Colorado State Board of Pharmacy, and the Colorado Pharmacists Society worked diligently to address the concerns of the stakeholders. As a result of the work of this collaboration, the language suggested for placement into the pharmacy practice act expanded conditions under which interns may practice pharmacy was:

“An intern under the direct and immediate supervision of a pharmacist may engage in the practice of pharmacy. An intern ... engaged in the practice of pharmacy within the curriculum of a school or college of pharmacy ... may be supervised by a manufacturer ... or by another regulated individual as provided for in rules adopted by the board. (12-42.5-118(13),C.R.S.)”

Further clarification was included in the State of Colorado Board of Pharmacy Rules requiring the direct supervision of student pharmacist interns by a regulated individual (as part of the curriculum for a school or college of pharmacy) and that overlap exists in the scope of practice for the regulated individual and the pharmacist.

The benefits of this partnership include expanding the ability for student pharmacist interns to engage rather than observe while participating in interprofessional healthcare teams, enhancing interprofessional education opportunities, and providing a mechanism to meet the ACPE standard for interprofessional education. This collaboration was essential for the educational advancement of pharmacy students and will help to raise awareness about the clinical knowledge and skills pharmacy students possess for other health professionals. An additional benefit of this strong collaboration was the ability of the schools of pharmacy to work together toward a common goal while reaching out to other healthcare professions to gain support of this change within our pharmacy practice act.

Barriers to Implementation

One of the most profound barriers in this process was the challenge of educating and creating consensus among members of the pharmacy profession about how graduates could be and are an integral part of interprofessional healthcare teams. Stakeholders representing a number of practice settings had not experienced interprofessional environments that promoted the idea of having each profession draw upon their respective areas of knowledge and expertise to contribute to the goal of optimal patient health outcomes. This barrier provided us the opportunity to discuss different types of contemporary pharmacy practice and individuals provided personal testimonies from various pharmacy practice environments with functional interprofessional teams. Other barriers included concerns about definitions of healthcare

professionals (e.g., licensed or not), performing duties that overlap with a pharmacist scope of practice, curricular time allocated to activities shared with a healthcare professional outside the pharmacy profession, and quality of the interprofessional experience. These barriers were primarily overcome by keeping the words in the law more general so that the specifics of the initiative could be worked out in the promulgation of rules.

Advice or Lessons Learned

This collaboration was critical to allow student pharmacist interns to be supervised by other health professionals. We advise collaboration between the schools, state board, and state associations when change to the law is needed to further pharmacy education endeavors. Incorporating changes in intern supervision laws into the much broader Pharmacy Sunset Review legislation facilitated the process. We learned that, while this type of activity seemed critical to those in academia with integrated healthcare systems, pharmacists in different types of clinical practice may not have experiences working with various members of the healthcare team. Listening and responding respectfully to all stakeholders allowed buy-in from many different pharmacy groups which ultimately resulted in full support this initiative. We recommend that schools of pharmacy, state boards of pharmacy, and state associations work together to advocate for education endeavors which require change to pharmacy practice laws.

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

In the late 1990s, the state pharmacy organizations in Colorado, working closely with the state board of pharmacy, recognized the need for an entity that could provide assistance to pharmacists and student pharmacists struggling with any problem that may prevent them from practicing pharmacy safely and competently. The primary issue that arises in this realm is substance abuse, which has the potential to result in a practitioner who is impaired in the healthcare workplace. The state's professional organizations worked closely with the Colorado state board of pharmacy to find mechanisms to fund and implement this service. A structure was developed that allocated a portion of the fees associated with every pharmacist and intern license to a vendor chosen by the board through a competitive process. Peer Assistance Services (PAS), Inc. was chosen by the state board of pharmacy. All pharmacy licensees contributed to the funds that help to support this service for a small number of practitioners who actually accessed it. In the early years, the board could collect these funds along with the license renewal fees but, due to caveats in statute, could not hold or distribute them to the vendor. Therefore, the foundation arm of the state's professional organizations played a critical role in managing the appropriate distribution of these funds. Over time, statute was changed to allow the board to collect the fees and distribute them to PAS.

As pharmacy education evolved to require students to spend significant amounts of time in clinical environments via introductory and advanced pharmacy practice experiences, a number of factors came to the forefront with respect to student pharmacists. Prior to this time, students could choose whether to obtain an intern license while they were a student pharmacist, primarily based upon whether they wanted a job to gain practice experience and intern hours outside of pharmacy school and separate from the pharmacy curriculum. Once the expanded clinical requirements associated with the PharmD degree were put in place, the (what is now) University of Colorado Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS) was obligated to require that every student pharmacist obtain and maintain an intern license as a required component of the curriculum.

In the early years of this new procedure, the SSPPS admissions committee admitted some students, only to realize after the student had matriculated, that elements of the students' past

prevented or made it very difficult for the student to obtain an intern license. As a result, through collaboration with the state board of pharmacy staff, policies and procedures were changed to require applicants to answer all questions associated with the pharmacy intern license application as a part of the pharmacy school application. This provided an important screening mechanism associated with admissions decisions and processes. It also underscored the close inter-relationship between being accepted into the pharmacy program and the concomitant requirement to maintain an intern license. Over time, even greater responsibilities were placed on SSPPS to monitor parameters and assure student pharmacists are practicing in a safe and competent manner during their pharmacy education. As accreditation standards for health systems and patient safety changed, the school was further required to implement criminal background checks and drug screenings as required elements of the academic program.

Peer Assistance Services, Inc. has served in this supportive role for many years to help licensed pharmacists and student pharmacists who are struggling or are at risk for any issue that may impact their ability to practice safely and competently. This service was originally designed to provide an alternative to the traditional disciplinary process for licensees experiencing impaired practice because it alleviated the fear of probation, suspension or revocation in the mind of the licensee. However, its role in identifying and preventing possible substance abuse problems was expanded when SSPPS engaged PAS in the application and admissions processes. Currently, through collaboration with PAS, the state board of pharmacy staff and SSPPS, applicants to pharmacy school who are flagged via intern application questions or through the criminal background check process can be referred to PAS for an assessment prior to entering pharmacy school. Additionally, SSPPS has developed substance abuse policies and procedures which dictate that any student pharmacist can be referred to PAS for an independent assessment when even a suspicion of a substance-related problem exists. Furthermore, and perhaps just as importantly, these relationships have allowed for the development of significant prevention efforts which include speakers from the state board of pharmacy and PAS at the SSPPS orientation for first year students, a biannual speaker on substance related issues at the school-wide convocation, and the offering of elective credit, as well as scholarships, for students to attend the Utah School on Alcoholism and Other Drugs of Abuse.

Finally, these lessons and endeavors allowed a new school of pharmacy in the state of Colorado, Regis University, to be able to easily adopt the same procedures starting with their first matriculated class.

Outcomes

As a result of the work of this collaboration, the schools of pharmacy in Colorado have been able to refer student pharmacists for assistance and include mandatory participation in PAS contracts as part of disciplinary action for ethics and conduct code infractions and as a requirement for continuation in the pharmacy program. The programs developed have increased awareness about substance abuse issues and standards for safe and competent pharmacy practice throughout the entire student body of both schools. Through these early intervention and prevention efforts, the goals are to reduce the numbers of practicing pharmacists who experience practice-related problems, as well as personal difficulties, during their careers; reduce the time and resources expended by the board in managing and overseeing these situations; and ultimately, improve patient safety by reducing the numbers of pharmacists who are practicing in an impaired fashion.

Barriers to Implementation

Fortunately, barriers have been minimal for implementation of this collaboration. The most difficult part of this process has been attaining funding to continue and expand this valuable program. This barrier was overcome by demonstrating the value PAS has provided to the schools of pharmacy, the state board, and pharmacist members of the Colorado Pharmacists Society.

Advice or Lessons Learned

This partnership would not be possible without the collaborative efforts of the schools, state board, state pharmacy association, and PAS. In all states, we recognize that a portion of pharmacists and student pharmacists will struggle with various issues that will impact their ability to practice safely and competently, including substance abuse. We advise that all states have peer assistance services available and incorporate substance abuse and mental health support. We have learned that when a supportive, caring environment is provided, utilizing individuals with specialty training and expertise, pharmacists and student pharmacists are able to overcome challenges and can continue to practice safely and competently. We recommend that schools of pharmacy and state boards of pharmacy have peer assistance plans incorporated into their infrastructure.

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

The collaboration between the University of Colorado, the Colorado Pharmacists Society, and the Colorado State Board of Pharmacy was integral in allowing student pharmacists to dispense and administer immunizations under the supervision of a pharmacist in the state of Colorado. During the legislative session in 2000-2001, a highly collaborative effort between these entities resulted in the definition of pharmaceutical care being included in the statute of Colorado's pharmacy practice act. This addition gave licensed pharmacists the authority to administer drugs, including immunizations; however, similar to nearly all states, this authority was limited to licensed pharmacists and did not include student pharmacists. This resulted in a situation where student pharmacists were provided didactic educational opportunities to learn about immunizations in the curriculum, but could not actually administer immunizations until they became a licensed pharmacist. In the clinical setting, student pharmacists were only able to help with the intake of patient information prior to immunization administration. Therefore, the educational offerings were only elective courses offered to a small proportion of the student body.

With a growing public health need for the administration of more immunizations in Colorado, these groups joined together to propose changes to the State Board of Pharmacy rules to allow student pharmacists to dispense and administer immunizations under the supervision of a licensed pharmacist, similar to the practice structure allowed for all other pharmacist duties. The acceptance of these changes in 2004 allowed the profession to expand the number of immunizations that could be given to residents of Colorado while educating students about various ways to deliver patient care services. This also led to immunization training and active participation in immunization clinics as required components of the curriculum for the entire student body.

The collaboration between these three entities has given student pharmacists the opportunity to see firsthand how pharmacists can impact public health. With this significant change, not only have student pharmacists provided a workforce to increase the number of immunizations administered to Colorado residents, but these students have become stronger advocates for the promotion of health and wellness.

In addition to enabling the administration of immunizations by students, this act was one of the first to highlight the great need for collaboration between the school, state society, and state

board. With these three entities acting toward a similar goal in this endeavor, communication and relationships developed that would prove to be valuable in moving additional initiatives forward.

Outcomes

This collaboration between the school, state pharmacy association, and the state board of pharmacy has resulted in several dynamic accomplishments:

- The State Board of Pharmacy rules were changed to include the following: “A prescription drug outlet may allow a licensed pharmacist to remove immunizations and vaccines from the prescription drug outlet for the purpose of administration by a licensed pharmacist, or an intern under the supervision of a pharmacist certified in immunization, pursuant to rules promulgated by the board;”
- Over 91,400 vaccinations have been administered by student pharmacists to patients;
- Student pharmacists (as well as pharmacists across the state) have been offered immunization training through the School and several Colorado Pharmacists Society meetings; and
- Immunization administration is not only allowed but required to be a part of the Introductory Pharmacy Practice Experiences (IPPEs).

Overall, the largest benefit of this partnership has been the ability to provide health promotion and disease prevention to so many patients in Colorado. This initiative has provided advanced pharmacy services and expanded the scope of practice for our student pharmacists. It was an initial project in getting the schools, state association, and state board to form a strong, lasting relationship.

Barriers to Implementation

Barriers for this collaboration included understanding the needs and goals for each entity. The School was looking to provide student pharmacists with advanced practice opportunities and give them a chance to participate in public health initiatives. The State Board of Pharmacy had to make it clear that student pharmacists could not participate in administration unless rules were significantly changed. The Colorado Pharmacists Society represented pharmacists that would have to precept student pharmacists doing this and would need to help in providing additional training for the pharmacists. Once clear communication and expectations were outlined, the barriers for the collaboration quickly dissipated. A team approach was used to bring this into legislation and each party was able to lobby for the importance of this opportunity. Other barriers included gaining buy-in from other health care professionals and legislators that student pharmacists could be appropriately trained to help in this arena.

Advice or Lessons Learned

This type of collaboration is necessary to move pharmacy practice forward in any state. We advise that the key leaders in each of these organizations meet on a regular basis, participate on each other’s boards or advisory groups, and have an understanding of what the primary objectives are for each group. We learned through this process that having unified agreement on appropriate wording for law changes as well as support from health care professionals within and outside the profession of pharmacy was critical.

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**College/School of Pharmacy Collaborations with State Pharmacy Association(s) and
State Board of Pharmacy**

*Area of Successful Practice: Collaborations involving schools/colleges of pharmacy,
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Description

The State of Illinois Pharmacy Practice Act and its Rules for Administration include standards for pharmaceutical compounding of sterile preparations. However, these standards are not as comprehensive as those contained in USP <797> and may not provide the needed level of overall patient safety and protection. In May 2011, a collaborative initiative was undertaken between the Chicago State University College of Pharmacy (CSU-COP), Illinois State Board of Pharmacy (BOP), and Illinois Council of Health-System Pharmacists (ICHP) to identify the benefits and challenges of adopting USP <797> standards in the State of Illinois Pharmacy Practice Act.

Initially, a college-initiated presentation focused on providing a comprehensive overview of USP <797> was delivered to the BOP at one of the Board's regularly scheduled meetings. Then, the CSU-COP conducted an IRB-approved study to gather information from the 23 states that had previously adopted the standards into their pharmacy practice acts (at the time of the research). The study focused on answering questions about the implementation process as to: when was it implemented; why was it implemented; how the implementation was accomplished; the degree of implementation (standards in their entirety or in part); the impact of implementation; challenges/barriers encountered during the implementation and how they were overcome; and, post-implementation advice for other states interested in implementation. The research project was integrated into the College's Student Capstone Research Program and an APPE student assigned to an Academic Administration APPE rotation was the co-principal investigator on the project.

Next, a second research project was conducted by ICHP in conjunction with the CSU-COP study. This study gathered information from the directors of pharmacy at all Illinois hospitals to determine: whether sterile compounding occurred within the hospital (including critical access hospitals) and/or health-system; the degree to which the USP <797> had been implemented; the steps taken to help ensure compliance with the Standards; challenges/barriers encountered during implementation and beyond; and, the willingness and/or ability of the hospital to comply to USP <797> standards if they were incorporated into the State of Illinois Pharmacy Practice Act.

Upon completion of the above research projects, a presentation was given by ICHP (Executive Director) and the CSU-COP (Dean and APPE student) at a subsequent BOP meeting on the findings of the studies and recommendations were provided on suggested next steps based on these findings. A major component of the next steps recommendations focused on the convening

of a task force to be comprised of representatives from the Board, practice sites, academia, pharmacy professional organizations, industry, the public, and other identified stakeholders who would be impacted by this regulatory change. The charge for the task force would be to reaffirm the importance of standards implementation and ultimately craft draft language to support the Practice Act revision for presentation to the Board, Illinois Department of Financial and Professional Regulation, and Illinois General Assembly. Presentations were also given at the CSU-COP and the ICHP 2012 Annual Meeting.

Outcomes

To date, the process is ongoing. The Task Force has been convened, draft language was created and reviewed, and the process for adoption and implementation has significantly moved forward. Currently, the Task Force chairs are the ICHP Executive Director and the Dean of the College of Pharmacy.

Barriers to Implementation

To date, implementation barriers have not been encountered.

Advice or Lessons Learned

The first steps in seeking an opportunity to forge a partnership of this type is to attend and actively participate in programs and/or meetings of state and local pharmacy professional organizations and the state board of pharmacy. Representatives from Colleges and schools of pharmacy can volunteer their services in a number of ways based on leveraging an alignment of each organization's strategic education and professional initiatives. Additionally, opportunities for student pharmacist engagement within these collaborations should be created to further enhance student research, leadership, and advocacy knowledge and skills.

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

The University of Iowa College of Pharmacy, Drake University College of Pharmacy and Health Sciences, The Iowa Pharmacy Association (IPA), and the Iowa Board of Pharmacy (BOP) have collaborated on a number of initiatives over the past 20 years. Formalized collaboration began in 1994 when IPA and the colleges established a working group of practitioners and educators charged to address the changing practice of pharmacists and the future of pharmacy in Iowa. Previously, high levels of cooperation had occurred at an individual project level. This new working group brought to light the need for high functioning educational practice settings and a realization that Iowa pharmacists were more focused on the medication and not the patient; therefore the Colleges of Pharmacy and the Iowa Pharmacy Association established a committee of Iowa pharmacists with a charge to reorient the profession. Each college allocated the time and resources to allow two faculty members to build a program that would educate pharmacists on the shifting orientation and help transform their practices. The Iowa Pharmacy Association provided staff support and funding. As a result, a memorandum of understanding was created that built the Iowa Center for Pharmaceutical Care (ICPC). Because of the need to support pharmacist practice at the full extent of their education, including new patient care initiatives, the members of the State Board of Pharmacy, including the executive director, became early additions to the collaboration.

As the plan evolved, it was clear that the state pharmacy regulations needed to be reexamined, and some were eventually waived by the Board of Pharmacy in order to explore the new practice concepts. ICPC unbundled the tacit knowledge required for patient-oriented practice and created an extensive educational program to educate pharmacists and pharmacy support staff on the new practice. The success of the endeavor has been highly recognized (1999 Pinnacle Award, Group Practice-Health System-Corporation category, from the American Pharmaceutical Association Foundation's Quality Center and the Health Care Quality Alliance; inaugural Paul G. Rogers/National Council on Patient Information and Education, Medication Communicator Award, Organizational Category, May 1999; and the Iowa Pharmacy Association Appreciation Award).

Although the initial effort of the collaboration led to the ICPC, the real outcome has been an ongoing culture of cooperation. Indeed, nearly 20 years later, the original idea that brought the groups together, a new practice model, is the focus of a new collaboration.

Outcomes

Many practitioners changed their practices in Iowa as a result of ICPC. One element of the agreement was that the transformed pharmacy practices would become primary educational settings for student pharmacists. This was accomplished, and resulted in students experiencing an advanced level of practice in community and institutional settings.

However, the major outcome of the collaboration was the realization that together the partners in Iowa pharmacy -- The University of Iowa College of Pharmacy, Drake University College of Pharmacy and Health Sciences, the Iowa Pharmacy Association, and the Iowa Board of Pharmacy -- could have great success at improving the health of Iowans and the practice of pharmacy by working together. This culture of commitment to collaboration and communication has been maintained through changes in leadership in both colleges and IPA, and has resulted in a number of other significant initiatives:

- Exploration and pilot of a new practice model with representation from practitioners, state association staff, and pharmacy faculty. The new practice model, which will be piloted in 2013, will require waivers from the Board of Pharmacy to explore new pharmacist practices.
- Creation of Pharmaceutical Case Management, a program to improve medication effectiveness and safety for Medicaid patients with reimbursement for pharmacists.
- Early adoption of mandatory pharmacy technician certification.
- Development and expansion of pharmacist delivery of immunizations in the state.
- Passage of interprofessional Collaborative Practice Agreements by the BOP and Board of Medicine.
- Initiation of the TakeAway program, which is the collection of unused medications at community pharmacies.
- Funding for The Iowa Pharmacist Recovery Network (IPRN) by the Iowa State Board of Pharmacy; includes representation from the BOP, colleges, and IPA.
- Published A Practical Guide to Pharmaceutical Care 1998, 2003, 2007, American Pharmacists (Pharmaceutical) Association.
- Reduction of student pharmacist 'internship' hours outside of the academic program from 500 to 250 following the adoption of the entry-level PharmD programs at both institutions.
- BOP modification of requirements for student pharmacists to accommodate new ACPE accreditation changes to Introductory Pharmacy Practice Experiences.
- Development of a coordinated effort for academic preceptor education and site evaluation.
- Establishment of CEI, the Collaborative Education Institute, a partnership between the colleges and IPA.
- Recommendation by Continuing Education/Continuous Professional Development Task Force to change how pharmacist continuing education is documented to the BOP. The new program will be piloted in 2013.

- Creation of an annual conference for student leadership development, now in its 18th year.

Selected Related Academic Citations:

Hagel HP, Rovers, JP, Currie JD, McDonough RP, Sobotka JL. The Iowa Center for Pharmaceutical Care: An effective education-practice partnership. The Journal of Pharmacy Teaching 1998;6(3):19-37;

McDonough R, Rovers J, Currie J, Hagel H, Vallandingham J, Sobotka J. Obstacles to pharmaceutical care implementation in the community setting. Journal American Pharmaceutical Association 1998;38:87-95;

Rovers JP, Currie JD, Hagel HP, McDonough RP, Sobotka JS. A Practical Guide to Pharmaceutical Care. 1998 American Pharmaceutical Association. Washington, D.C.;

Hagel HP, Rovers JP (eds). Managing the Patient Centered Pharmacy 2002 American Pharmaceutical Association. Washington, D.C. Chesnut RJ, McDonough R, Moulton J. Student leadership conferences: collaborative approach framework for state associations and colleges of pharmacy. Am J Pharm Educ. 1997;61(4):98S.

Barriers to Implementation

One continuing barrier to implementation is that each of the organizations has a different mission and set of priorities. With common educational missions this was relatively easy for the colleges to navigate, however there were times when these were in conflict. Practice rules were interpreted differently by the various participants. Legal barriers were few but the perception of legal barriers that limit the pharmacist scope of practice was evident. And of course there was tradition and culture. The leadership vision for the participating organizations was often so far out in front of the norm, it was difficult to have constituents see and accept changes. In the end, the solution to all of this was to create a sense of trust through constant, clear and open communication.

Advice or Lessons Learned

Through communication and open dialogue, exciting collaborations can emerge. People come and go and it is important to deliberately bring in new participants and promote visions of collaboration in a manner that can be accepted by each organization's constituents, support the diversity among the partners, and deliberately celebrate success. In hindsight, we realize we started with a big project and would recommend starting smaller in order to develop the channels of communication. Finding a few early, small successes to prove that the collaborations can achieve common, important goals is critical.

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

For more than a decade, the Maryland Pharmacy Coalition (“the Coalition”) has worked to advance the scope of pharmacy practice in the State of Maryland through advocacy to the Maryland State Legislature and Governor’s Office. The Coalition is a state-wide effort, bringing together the state’s professional pharmacy associations (Maryland Pharmacists Association, Maryland Society of Health System Pharmacists, Maryland Pharmaceutical Society, Maryland Chapter of the American Society of Consultant Pharmacists, District of Columbia College of Clinical Pharmacy[affiliate]), and the University of Maryland School of Pharmacy Student and its Student Government Association. More recently the two newer schools of pharmacy and their Student Government Associations – Notre Dame of Maryland University School of Pharmacy and the University of Maryland Eastern Shore School of Pharmacy and Health Professions - have joined the Coalition. Given that much of the Coalition’s activities have focused on legislation and regulatory issues, the Maryland Pharmacy Board, although not an official member of the Coalition, has been an important partner. The Coalition serves as a united voice on issues of common interest to Maryland pharmacists and has successfully advocated for legislation and regulations that have substantially expanded the scope of pharmacy practice.

An official Memorandum of Understanding between the partner organizations was created in 2001 and regularly updated as new members and affiliates have joined. Representatives from the Coalition partner organizations (the Executive Council) meet several times each year to discuss issues of common concern and to formulate action plans to address them. The Executive Council sets the Coalition’s agenda in consultation with the member organizations and input from the Maryland Board of Pharmacy. All actions require unanimous support from the Executive Council and the member organizations. In addition to coordinating the annual Pharmacist Legislative Day events in the state capitol (Annapolis) and maintaining active lines of communication with the Maryland Pharmacy Board, the Coalition facilitates other public health activities such as poison prevention programs, health screening events, and awareness campaigns.

Outcomes

Since the formation of the Coalition in 2001, several major legislative, regulatory and public health initiatives have been successfully implemented, including:

| <u>Year</u> | <u>Major Accomplishments</u> |
|----------------|--|
| 2002 | Physician – pharmacist collaborative drug therapy management (CDTM) agreements authorized |
| 2003 | Regulations and procedures for CDTM agreements established by the Maryland Board of Physicians and Maryland Pharmacy Board. |
| 2003 - present | Training programs regarding CDTM agreements offered at professional association meetings; repository of approved CDTM protocols developed |
| 2004 | Pharmacists authorized to administer influenza vaccine to adults |
| 2005 – present | Certificate programs for pharmacists seeking to become authorized “immunizers” offered at professional association meetings |
| 2006 | Registration requirements for pharmacy technicians established |
| 2007 – 2009 | Study of CDTM agreements conducted by University of Maryland School of Pharmacy; positive patient health outcomes documented but numerous administrative barriers identified |
| 2008 | Pharmacists authorized to administer pneumococcal and herpes zoster vaccines to adults |
| 2009 | Authorizes pharmacists to administer ANY vaccination that the Board of Physicians and Board of Nursing determine is in the best interest of the community |
| 2009 | Standards for CDTM agreements established for group model health maintenance organizations |
| 2010 | CDTM agreements legislation made permanent |
| 2011 | Pharmacists authorized to administer influenza vaccine to children age 9 and older |
| 2012 | Administrative procedures for CDTM agreements overhauled – approval by Maryland Board of Physicians and Maryland Pharmacy Board no longer required |

Barriers to Implementation

Given the diverse interests of the Coalition member organizations as well as the public safety mandate of the Maryland Pharmacy Board, consensus on all issues is not possible. Thus, the structure and by-laws of the MPC were crafted in a manner that would maximize consensus building. Developing clear, concise advocacy messages has been critically important. Many legislators’ perceptions regarding pharmacy practice are formed based on their personal experiences and interactions (or lack thereof) with community pharmacists. Although legislation authorized CDTM agreements between physicians and pharmacists, the administrative burdens and frequent blockades by the Maryland Board of Physicians resulted in fewer than nine authorized agreements by 2008. Changes in the administrative procedures and removing the approval requirements by the state boards in 2012 will lead to a significant increase in the number of physicians and pharmacists practicing with a CDTM agreement.

Advice or Lessons Learned

Defining clear goals and developing a structure for the Coalition has been critical to its success. Having a forum to discuss issues of common concern and a process for achieving consensus among the state's professional pharmacy organizations, educational institutions, and Board of Pharmacy has resulted in a steady, incremental expansion of the pharmacy practice act. The state's schools of pharmacy, through their faculty and students, have been integral to the Coalition's success by serving in leadership roles in each of the professional associations and on the Board of Pharmacy. Active engagement by all schools of pharmacy in the state, student pharmacists, and all pharmacy organizations in the state has repeatedly brought renewed energy and commitment to the Coalition. Further, student pharmacists, working side-by-side with practitioners, have helped the Coalition gain access to legislators and substantially enhanced the visibility of the Coalition's work. More information is available by selecting Advocacy and MPC at: www.marylandpharmacist.org.

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

The College of Pharmacy's students, residents and faculty have worked extensively with the Minnesota Pharmacists Association (MPhA) and the Minnesota Board of Pharmacy (members and staff) on advocacy for practice act changes, including a statewide immunization program. In the 1990s, these groups worked together to enhance patient access to immunizations through collaborative practice agreements. The groups felt that pharmacists are uniquely positioned to promote and provide vaccines to people in a wide range of communities.

Outcomes

The evolution to pharmacist-administered immunizations included the following collaborative efforts of the College of Pharmacy, MPhA and the Minnesota Board of Pharmacy:

- Collaborative practice agreements were added to the Pharmacists' Scope of Practice in 1999.
- The statutory definition of the "practice of pharmacy" was changed in 2003 to allow pharmacists to administer influenza and pneumococcal vaccines to adults 18 years and older under a standing order from a physician. It was amended in 2009 to allow pharmacists to administer influenza vaccines to children 10 years of age and older, and to administer all other vaccines to adults.
- Today, the College of Pharmacy, MPhA and the Board of Pharmacy continue to work together to expand the numbers and types of immunizations that can be administered by pharmacists.

Barriers to Implementation

Barriers to implementation included public and legislative perception of the role of pharmacy, and other health care professionals and organizations who were not supportive of this pharmacy initiative. The college worked very closely with MPhA and the Minnesota board of pharmacy to alleviate these concerns and overcome some of the non-pharmacy professional barriers. MPhA in particular spent a significant amount of time and energy addressing concerns at the legislative level.

Advice or Lessons Learned

No one entity could have made these advances around immunization possible; rather, it took all parties involved to make it happen. In Minnesota, we have demonstrated that the board of pharmacy and state pharmacy associations do not have to be adversaries. We have shown that significant progress can be made through good collaboration among the state association, board and pharmacy school.

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**College/School of Pharmacy Collaborations with State Pharmacy Association(s) and
State Board of Pharmacy**

*Area of Successful Practice: Collaborations involving schools/colleges of pharmacy,
state pharmacy associations and boards of pharmacy*

Description

As pharmacy schools implemented Doctor of Pharmacy programs in the mid-1990s, the percentage of experiential education within curricula increased considerably. This was the case at the University of Mississippi School of Pharmacy, and administrators, faculty, preceptors, and Board of Pharmacy representatives set out from the beginning to ensure that the additional practice experiences would be of high quality and monitored routinely. In 1998, the School convened a meeting of interested persons to discuss the most appropriate structure for quality assurance and, subsequently, the Tripartite Committee was formalized.

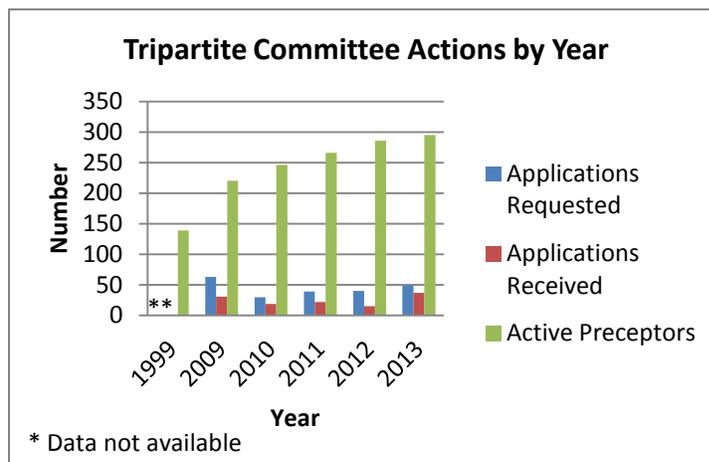
Members of the Tripartite Committee are representatives of three branches of the pharmacy profession in the state of Mississippi. The entities represented include the regulatory component (Mississippi Board of Pharmacy), the practice component (professional pharmacy organizations) and the education component (University of Mississippi School of Pharmacy). As the regulatory body, the **Board of Pharmacy** representation consists of one or more individuals at the discretion of the Board president. Through the years, most commonly the Board president and compliance agents have participated because of their high degree of familiarity with practice sites and individual pharmacists across the state. The practice component is represented by the two primary **professional pharmacy organizations** in Mississippi, the Mississippi Pharmacists Association (MPhA) and the Mississippi Society of Health-System Pharmacists (MSHP). These organizations typically designate representatives to participate who presently serve in leadership roles within the respective societies, most commonly the current presidents. The education component consists of the University of Mississippi **School of Pharmacy**, the sole pharmacy school in the state. Representatives from the School include the experiential education director, the chair of Pharmacy Practice, and the Dean. There is no standard contract or memorandum of understanding among the participants.

The Tripartite Committee meets once per year with a primary goal of ensuring the quality of experiential education for student pharmacists. Annual meetings also provide a time for the School of Pharmacy to share information pertinent to the interests of the group, and thus facilitate communication among the pharmacy community in Mississippi. The meeting is organized by the experiential director and hosted at the School of Pharmacy. The experiential director provides an update on the overall experiential program, highlighting practice experience needs, current resources, and future plans. The committee reviews the performance of each current preceptor, assesses the needs for new preceptors, and evaluates the qualifications of

individuals who are applying to serve as new preceptors. The Tripartite Committee makes the decision to continue, discontinue, or add preceptors. With these goals in mind, the primary role of the Board on the Tripartite Committee is to assist in identifying and maintaining preceptors and sites that meet and comply with state regulations. The Board reviews the preceptor list for any potentially negative practice, legal, license, or ethical issues. The main role of the pharmacy organization leadership is to identify and suggest those sites and preceptors with best practices in the state. They provide insight into both geographical and categorical site needs of the experiential program for both introductory and advanced pharmacy practice experiences (IPPEs/APPEs). The Dean and Pharmacy Practice Department Chair share curricular and other School-related issues with the committee, including issues related to admission, faculty, and preceptor development. The experiential director conducts routine site visits for existing sites and applicant sites using developed criteria, and then reports any findings to the Tripartite Committee. Student pharmacists provide input via routine evaluations of preceptors and sites. Low scores given to sites or preceptors by students trigger an automatic email notification to the experiential director, who then follows up with the preceptors and also notifies the Tripartite Committee during the annual meeting of such occurrences. The experiential director further shares comments about site visits and other developed criteria for preceptors, attendance of preceptors to required preceptor conferences, and any other relevant issues including license verification. The experiential director also presents the IPPE and APPE capacity charts, and provides an update of affiliation agreement and license statuses. Any issues identified during the Tripartite Committee meeting are followed up by written notification to the site/preceptor or by direct contact from the experiential director.

Outcomes

The 15-year longevity of the Tripartite Committee's commitment to experiential education and other ventures among the entities perhaps best validates its success. Considering that the number of active preceptors has more than doubled over the time period, this is a considerable accomplishment. The joint action of committee review of new preceptor applicants and existing preceptors and sites demonstrates the profession's shared responsibility and accountability in the education of tomorrow's pharmacists. In addition to experiential education, representatives of the Tripartite Committee have also collectively worked outside the committee on other important leadership and advocacy efforts. Some of those activities have included providing input on the state Pharmacy Practice Act changes, establishing an annual "Pharmacy Capitol Day" to increase visibility, establishing "Preceptor Development" programs offered at both MPhA and MSHP annual meetings, and working together to plan and host the NABP/AACP District III Annual Meeting. There is no doubt that the trust that was developed through the Tripartite Committee led to future successes with these other important endeavors. The structure and outcomes of Tripartite Committee were specifically noted during our recent Accreditation Council for Pharmaceutical Education (ACPE) site visit.



Barriers to Implementation

As might be anticipated, time and continuity in membership are the largest barriers. The committee meeting is held each October, and to assemble all of the appropriate persons requires much effort. Schedules must be coordinated far in advance. As you would expect, the composition of the committee changes every year with transition in the leadership of the participating entities; from the School alone, representatives have included four deans, two department chairs, and three experiential directors over the fifteen year period. Fortunately, almost every year there has been at least some overlap of membership, in addition to good recordkeeping.

Advice or Lessons Learned

The best advice from our experience and lessons learned:

1. *Formalize the relationship and establish the group's identity.*
In our case, we made the decision to be called the "Tripartite Committee."
2. *Determine a common goal about which all entities are most passionate.*
In our case, we initially focused on education, specifically ensuring quality of experiential education, and then other goals and partnership opportunities ensued.
3. *Meet consistently, and elect one entity to organize.*
In our case, we meet annually and the experiential director is responsible for organizing. Trying to rotate that responsibility would be too challenging.
4. *Keep good records, as change is inevitable.*
In our case, we have survived transition in all participants and environmental changes (e.g., updated accreditation standards, practice regulations, curricular changes, and preceptor development initiatives). Knowing where we have been has definitely helped us determine where we want to go next.

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**College/School of Pharmacy Collaborations with State Pharmacy Association(s) and
State Board of Pharmacy**

*Area of Successful Practice: Collaborations involving schools/colleges of pharmacy,
state pharmacy associations and boards of pharmacy*

Description

The St. Louis College of Pharmacy (STLCOP) and the Missouri Pharmacy Association (MPA) recognized the need to capitalize on their established relationship and pursue new collaborative initiatives, well-positioning pharmacists as health care reform advances. A strategic step forward was the creation of a jointly-funded, dual position: Director of Pharmacy Program Support (STLCOP) and Vice President of Pharmacist Program Initiatives (MPA). The position reports to the STLCOP Director of the Division of Pharmacy Practice and the MPA Chief Executive Officer.

A key focus of the dual position is expanding the Missouri Pharmacist Care Network (MO-PCN). MO-PCN is a Missouri pharmacist provider network designed to support, or administer, the state's pharmacist patient care delivery opportunities. MO-PCN is managed by MPA, and endorsed by STLCOP, with a mission to support Missouri pharmacist clinical advancement, training programs, credentialing, successful patient care case completion and positive health outcomes. MO-PCN capitalizes on the strong relationships between STLCOP, MPA and other key industry stakeholders to increase the number of participating pharmacists delivering patient care services and to ensure optimal quality performance. Stakeholders include state and federal governments, MTM platform delivery vendors, chain and independent pharmacies and their respective chain corporate offices and Pharmacy Service Administrative Organization (PSAO) corporate offices, as well as independently practicing clinical pharmacists.

Missouri's Rule 20 CSR 2220-6.060(1)(F)1 defines "medication therapy services" as "the designing, initiating, implementing, or monitoring of a plan to monitor the medication therapy or device usage of a specific patient, or to enhance medication therapeutic outcomes of a specific patient, by a pharmacist who has *authority to initiate or implement a modification of the patient's medication therapy or device usage pursuant to a medication therapy protocol.*" Beginning in late 2005, STLCOP collaborated with MPA and its member pharmacists and Missouri State Medical Association member physicians to draft an initial bill that would change the scope of practice for pharmacists and allow collaborative agreements. This involved a series of face-to-face meetings with the Missouri Board of Pharmacy and multiple draft iterations that ultimately resulted in the bills sent to committee within the Missouri general assembly. Additionally, STLCOP faculty testified before state senate and house committees to describe contemporary pharmacy education and postgraduate residency training. Ultimately, the bill was passed by the state senate and house and was signed by the Missouri governor in July of 2007. Since the bill

became law, STLCOP assisted the Missouri Board of Pharmacy in drafting the rules and regulations that eventually were approved by the board of Pharmacy and the board of Healing Arts and became effective in August 2012.

With the revised Missouri Board of Pharmacy regulations, the dual position will also assist in the establishment of collaborative practice agreements between faculty and physician practices and support the same for MO-PCN member pharmacists, with a goal of clinical service compensation. In addition, this position has a multi-level focus, spanning legislative, education, pharmacy practice and advocacy. Research opportunities are also anticipated in the future.

Outcomes

The dual position has been in effect since September 2012 (approximately three months). Within that time frame, significant progress has been made across multiple initiatives, including:

- Re-design and re-launch of the MPA, MO-PCN website at www.MO-PCN.com;
- Development of an expanded business plan to support STLCOP's Asthma Friendly Pharmacy program;
- STLCOP's new membership to the Pharmacy Quality Alliance (PQA), with the dual position and a faculty member as the two designated work group participants; and
- Enhanced communication and collaboration between the STLCOP and MPA staff and with the Missouri Board of Pharmacy.

Barriers to Implementation

To date, implementation barriers have not been encountered.

Advice or Lessons Learned

If pursuing a similar future partnership, a joint debrief for the college and state association staff (live or via conference call) is recommended prior to the dual position start date. This will support staff understanding of the collaborative initiative and allow opportunity for questions. Throughout the collaboration, communication and inclusion are important for supporting successful efforts between colleges, state pharmacy associations and state boards of pharmacy.

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

On September 23, 2008, representatives from St. Louis College of Pharmacy, University of Missouri-Kansas City School of Pharmacy, Missouri Society of Health System Pharmacists, Missouri Pharmacy Association, the Missouri Board of Pharmacy, and a variety of pharmacy practitioners across multiple practice settings attended a summit to discuss the current healthcare and pharmacy practice issues within Missouri, our role in advancing the profession and healthcare within the state, and how those gathered at the summit could work together to promote pharmacy within Missouri.

The Missouri Pharmacy Coalition was developed from these initial meetings and was further formalized with the development of a mission, vision, and goal statements. The coalition strives to include a variety of pharmacy stakeholders and includes:

- American Society of Consultant Pharmacists – Missouri Chapter;
- Gateway College of Clinical Pharmacy;
- Missouri Pharmacy Association;
- Missouri Society of Health-System Pharmacists (pharmacist and pharmacy technician representatives);
- Nuclear Pharmacist Stakeholders;
- Schnucks Pharmacy;
- St. Louis College of Pharmacy (faculty and student representatives);
- University of Missouri Health Care System; and
- University of Missouri-Kansas City School of Pharmacy (faculty and student representatives).

The coalition invites several guest organizations to each meeting, who provide updates regarding legislation and healthcare within Missouri and includes the:

- Missouri Board of Pharmacy (Executive Director);
- Missouri Department of Health & Senior Services; and
- Missouri Department of Mental Health.

Outcomes

In the beginning of the coalition's formation, the group met quarterly and focused on sharing of information, identifying mutual concerns, and networking between the organizations. The group has since evolved to also serve as a resource for the Board of Pharmacy when developing workgroups or when seeking feedback on proposed legislation and rule development, such as the Medication Therapy Services rules and training requirements and pharmacy technician certification. Additionally, the coalition has proposed new legislation to the Board regarding the administration of medications through medication orders and provided feedback to other organizations' activities, such as the Missouri Pharmacist Care Network and the Missouri Pharmacist Association Legislative Day student activities.

Barriers to Implementation

The Coalition uses a rotating chair to facilitate each meeting allowing each organization or group to become more vested in moving the organization forward. As the group became larger, a point person identified for each organization responsible for gathering and disseminating information and feedback between their organization and the coalition. This was important since there are sometimes multiple representatives from an organization or people who are members of multiple organizations. The group also outlined procedures for gathering official approvals from the member organizations when formal letters of support are needed, (e.g. legislative proposals that originate from the coalition).

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College/School of Pharmacy Collaborations with State Pharmacy Association(s) and State Board of Pharmacy

Area of Successful Practice: Collaborations involving schools/colleges of pharmacy, state pharmacy associations and boards of pharmacy

Description

The University of Rhode Island (URI) College of Pharmacy (COP) initiated an annual Face of Pharmacy Advocacy day in 2004, along with participation from the Rhode Island Pharmacists Association (RIPA), the Rhode Island Society of Health-System Pharmacists (RISHP), student associations including the members of the URI COP Student Leadership Council, URI faculty, URI Pharmacy Outreach, and members of the Rhode Island Board of Pharmacy. This annual event has been held in the capitol rotunda during the Rhode Island General Assembly's annual spring session for nine consecutive years. The event brings students, faculty and the associations' professional and student membership together to rally behind issues and/or legislation affecting pharmacy practice. The goals of the event are to have legislators "see" pharmacy practice and interact with students, professionally dressed in their white coats; expand their impression of pharmacy practice; and support legislative changes to permit wider adoption and implementation of clinical pharmacy services. This builds on the success of student engagement in the development of legislation permitting pharmacists to administer vaccines described in a comprehensive history of pharmacist advocacy.

Demonstration tables, staffed by Advanced Pharmacy Practice Experience (APPE) students, preceptors, and faculty provide free services to the legislators such as: hypertension, diabetes, and cholesterol screenings; body fat analysis; immunizations; and medication therapy management and counseling. In conjunction with their Law and Ethics course, P1 students interact with pharmacists at the tables and learn what changes in pharmacy they should promote in meetings with legislators. A speaking program highlights legislation important to pharmacists and desired changes not yet legislated. Past speakers have included the director of the state health department, the governor, lieutenant governor, state senators, state representatives, a pharmacist-legislator, the chair of the board of pharmacy, the chief regulatory officer and inspector for the Board, the presidents of RIPA and RISHP and a student pharmacist chosen based on his or her advocacy efforts. Often, a keynote speaker highlights one particular issue that have included immunizations, reimbursement, medication therapy management and importation of medications from Canada.

Outcomes

- Legislation passed for pharmacist delivered immunizations in 2007, became law in February 2008 allowing immunizations for adults by pharmacists. In 2011, additional legislation was passed allowing influenza vaccinations by pharmacists to children 9 years old.
- Regulatory issues have been highlighted at the program by Board of Pharmacy staff and members bringing a heightened awareness to pharmacists, students, and legislators. Members participating have often been introduced on the House floor when session is opening for recognition.
- State leaders have participated as speakers or visited the tables to receive more information about services offered by pharmacists, including blood pressure screening, vaccinations, etc.
- Gubernatorial Proclamation was issued in 2008 recognizing “Face of Pharmacy Day” in person by Governor Donald Carcieri.
- Gubernatorial Citation issued in 2012 recognizing the efforts in patient medication adherence education by the URI College of Pharmacy students and faculty.
- Pharmacy students are engaged in the activity as table participants or as observers in the Law and Ethics class. Some years have allowed direct student meetings with legislators.
- Pharmacists may attend to learn about the issues and receive professional continuing education credit.
- RIPA legislative committee members have testified before committees immediately after Face of Pharmacy.

Barriers to Implementation

- Course scheduling for the P1s as this day usually falls outside of the Law and Ethics course. Faculty worked to swap time from the required cardiovascular curriculum with the law course so students would not miss any content.
- Providence is approximately 30 miles from Kingston and therefore the means of transportation relied upon renting two buses for students to travel to the State House. Funding has varied from year to year on paying for this, mostly absorbed by the COP, however donations through RIPA and the RI Pharmacy Foundation have also assisted.
- RI legislators work part-time, with the sessions and committee meetings starting at 4 pm. Not every year has resulted in one-on-one meetings with legislators due to this reason.
- Justification for providing continuing education credits has lacked in recent years as very few participants actually turned paperwork in for credit hours.

Advice or Lessons Learned

Bring all pharmacy policy-related stakeholders together at least annually, and include everyone in the planning process months ahead of the day. The event/day should be marketed vigorously to students and pharmacists, in Association/Society meetings and advertising, and previews of what to anticipate on the day should be provided in the Law/Ethics class. The event/day should be held earlier in the legislative session, in March instead of April, in order to generate interest around key proposed legislation prior to hearings. Finally, national advocacy speakers should be invite to garner greater interest from association and licensed pharmacists in state.

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**College/School of Pharmacy Collaborations with State Pharmacy Association(s) and
State Board of Pharmacy**

*Area of Successful Practice: Collaborations involving schools/colleges of pharmacy,
state pharmacy associations and boards of pharmacy*

Description

Over the past year, members of the University of Rhode Island College of Pharmacy (URI COP), RI Pharmacists Association (RIPA), and the RI Board of Pharmacy (BOP) have been involved in developing a collaborative practice agreement (CPA) and implementing a pilot project to reduce morbidity and mortality from opioid overdose. RI ranks third in the nation in opioid overdose deaths.¹ The Board of Pharmacy was initially approached by a research group from Brown University and RI Hospital to assist in moving this initiative forward. In February 2012, a focus group met at the Board of Pharmacy including members of the board, chief of the board of pharmacy, and members from Brown/RI Hospital. This focus group identified potential Walgreen Pharmacy sites within the Warwick, RI area, which has the highest incidence of prescription opioid overdose deaths in RI.

In August 2012, student and faculty members of the College and the RI Pharmacists Association attended a forum held by the Brown/RI Hospital group. From there, URI faculty and students further developed the education materials and draft CPA. Additional research was conducted on methods of payment and availability of dosage forms, including an atomizer for nasal administration. When all materials were completed, the RI Board of Pharmacy was presented with the project and approved it for implementation.

Under the CPA, patients may present to any of the Walgreens pharmacies in the Warwick area and express they would like to obtain a prescription for naloxone. It may not be for that individual patient, but may also be a caregiver, family member, or friend. The requester would authorize the release of protected health information to the collaborating physician and a prescription will be filled for naloxone for intramuscular injection or nasal administration. The pharmacist will also note the filling of naloxone in a log book and document that an educational patient handout was provided with the prescription. The collaborating physician will receive notification of the dispensing and have continuous access to this log book and documentation provided by the pharmacists included on the CPA.

Walgreens corporate approved of the materials for legal purposes and the district supervisor/BOP member assembled binders for each site involved, a total of 5 pharmacies and 10 pharmacists. A

¹ Green TC, Donnelly EF. Preventable death: accidental drug overdose in Rhode Island. Med Health RI. 2011. 94(11):341 -3. Available at: <http://www.rimed.org/medhealthri/2011-11/2011-11-341.pdf>

continuing education/certification program was developed by the URI COP and accredited through Rhode Island Pharmacy Foundation, which is the educational arm of the RIPA. Each pharmacist completed the training and became a member of RIPA if they were not already. Promotional materials are being distributed and patients should be able to access naloxone in community pharmacy sites by the end of February 2013.

Outcomes

Benefits to this collaboration is moving pharmacy practice forward in this state and providing access to a life-saving medication for an essential public health intervention. At this time, outcomes include an approved CPA and trained pharmacists specializing in opioid overdose, minimizing risk with opioid use, and naloxone administration. As this program is commencing next month (February 2013), we do not have data yet on the number of patients using this service to obtain naloxone. However, it has been a successful collaboration between the three entities (COP, BOP, and RIPA) and the research group at Brown/RI Hospital.

Barriers to Implementation

Collaborative practice regulations proved to be the first barrier in moving forward. According to the regulations, pharmacists may not initiate a new medication with a CPA. This has been waived previously if an approved IRB is in place for research, however this was not an option in moving this forward in a timely manner. The members of the Board of Pharmacy reviewed the protocol and educational materials in the November 2012 meeting and granted a waiver for the project. The second barrier was costs. Money was needed to provide a continuing education program that would dually serve as a certification to meet regulatory requirements in this practice area. Grant money was provided through the RI Pharmacy Foundation to support the certification/continuing education program.

Advice or Lessons Learned

As we move forward in implementing this CPA, we have identified what is necessary to initiate other CPA's in the future. Regulations for CPAs have been in place since early 2000 resulting in no agreements in community practice until this past year, likely a result of strict requirements and lack of collaborators. Pharmacist-initiation of new medications through this pilot program is opening the door for future innovative collaborative practices.

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