

June 2020

News



Idaho State Board of Pharmacy

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Idaho Medicaid Grants Provider Status to Pharmacists

The Idaho Legislature passed and Governor Brad Little signed the Idaho Medicaid rules docket that included language to recognize Idaho pharmacists as non-physician practitioners, previously referred to as mid-level practitioners, which are comprised of the following types: “certified registered nurse anesthetists (CRNA), nurse practitioners (NP), nurse midwives (NM), clinical nurse specialists (CNS), pharmacists (RPh), and physician assistants (PA).” While the Idaho State Board of Pharmacy has no role in third-party reimbursement, the Board agreed to collaborate with Idaho Medicaid to assist with enrollment. The following is a note from Idaho Medicaid on the process of enrollment to be a provider. Please refer all questions to Idaho Medicaid.

Dear Colleague:

I am excited to announce that Idaho Medicaid has completed the final stages of system modifications to allow Idaho registered pharmacists to enroll as ordering, referring or prescribing providers (ORP). Enrolled pharmacists will be able to prescribe and provide services within the specifications allowed under the Idaho Pharmacy Act and bill Idaho Medicaid for their respective pharmacies for Idaho Medicaid payable drugs, medical supplies and services.

All pharmacists wishing to become an ORP for Idaho Medicaid must be formally enrolled. If Idaho Medicaid was able to match your license with an NPI [National Provider Identifier], you have been automatically enrolled. You are not required to fill out the attached application unless you feel that the information may not be up-to-date and/or wish to ensure all information is correct. Please review the provider agreement included with the application.

If you do not yet have an NPI and wish to enroll, please complete that process first and then complete

and return the enrollment forms at the following link [Idaho Medicaid provider](#).

For more information or further instructions, please contact Medicaid Provider Enrollment at 1-866/686-4272.

Sincerely,

Tami Eide PharmD, BCPS, FASHP

Idaho Medicaid Pharmacy Director

Culture of Safety Survey Results Available for Review

The Board continues to move forward with its plans to increase focus on developing a “culture of safety” or “*Just Culture*” approach to the practice of pharmacy in Idaho. A survey was conducted in late summer 2019, which has assisted in benchmarking the current state of practice for a few key markers. The results can determine a baseline to improve best practices. A total of 351 pharmacies across the state were surveyed and ranged from community pharmacies, including chain drugstores and independent outlets, to hospital inpatient settings and limited service operations. The questions asked ranged from medication safety incident reporting and accuracy checkpoints to electronic verification/dispensing and pharmacist prescribing capabilities.

Among the most interesting findings, nearly all pharmacies (97%) report medication safety incident in house but only half (47%) report to a patient safety organization (PSO); independent stores report the lowest usage at only 16%. Participation in PSOs may allow pooling of medication safety incident reporting to a much larger network of operations, and better facilitate learning from each other and avoiding medication safety incidents that others may have experienced.

Additional findings revealed that, in general, more independent stores reported the use of automation such as various types of counting machines, robots, and dispensing machines (overall, 68% of independent versus 51% of chain stores).

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National Pharmacy Compliance News

June 2020



NABPF
National Association of Boards
of Pharmacy Foundation

The applicability of articles in the *National Pharmacy Compliance News* to a particular state or jurisdiction can only be ascertained by examining the law of such state or jurisdiction.

President Trump Signs Legislation Extending Schedule I Status for Fentanyl Analogues

A law to extend the Schedule I status of fentanyl analogues for another 15 months was signed into law by President Donald J. Trump on February 6, 2020. Synthetic fentanyl analogues, often illegally manufactured, are widely believed to be fueling the “third wave” of the opioid crisis, as detailed in the October 2019 issue of *Innovations*[®] (pages 8-11), which can be accessed through the Publications section of the National Association of Boards of Pharmacy[®]'s website.

In February 2018, Drug Enforcement Administration (DEA) issued a temporary order to establish fentanyl-related substances as Schedule I. The Temporary Reauthorization and Study of the Emergency Scheduling of Fentanyl Analogues Act extends the DEA order, which was set to expire on February 6, 2020. The bill requires the Government Accountability Office to produce a report within 12 months on the public health and safety effects of controlling fentanyl-related substances, according to *Homeland Preparedness News*.

Drug Overdose Deaths Related to Prescription Opioids Declined by 13% in 2018

Fatalities related to the use of prescription opioids declined by 13% in the United States during 2018, according to the 2019 National Drug Threat Assessment released by DEA. Despite this encouraging news, the report makes it clear that the opioid crisis continues at epidemic levels. Specifically, controlled prescription drugs remain a major factor in the record number of overdose deaths since 2017. Benzodiazepines and antidepressants were involved in an increasing number of overdose deaths.

Fentanyl and similar synthetic opioids also remain a major point of concern. Fentanyl maintained high availability through most of the US in 2018. Illegally manufactured versions of the powerful opioid continue to be smuggled into the US, primarily in the form of

counterfeit pills made to look like prescription opioids and powder. Fentanyl remains the “primary driver” of the current opioid crisis, according to the report.

“Illicit drugs, and the criminal organizations that traffic them, continue to represent significant threats to public health, law enforcement, and national security in the United States,” a DEA press release states. “As the National Drug Threat Assessment describes, the opioid threat continues at epidemic levels, affecting large portions of the United States.”

Drug-Resistant Infections Are Increasing

A new report on antibiotic infections released by the Centers for Disease Control and Prevention (CDC) estimates more than 2.8 million antibiotic-resistant infections occur each year, and more than 35,000 Americans are dying annually as a result. While the report notes that prevention and infection control efforts in the US are working to reduce the number of infections and deaths caused by antibiotic-resistant germs, the number of people facing antibiotic resistance is still too high. “More action is needed to fully protect people,” the report states.

The report lists 18 antibiotic-resistant bacteria and fungi and places them into three categories (urgent, serious, and concerning) based on clinical impact, economic impact, incidence, 10-year projection of incidence, transmissibility, availability of effective antibiotics, and barriers to prevention. It also highlights estimated infections and deaths since the last CDC report in 2013, aggressive actions taken, and gaps that are slowing progress.

The full report is available on the [CDC website](#).

NASEM Report Recommends Framework for Opioid Prescribing Guidelines for Acute Pain

Contracted by Food and Drug Administration (FDA), a December 2019 report by the National Academies of Sciences, Engineering, and Medicine (NASEM) seeks to develop evidence-based clinical practice guidelines for prescribing opioids for acute pain. The report, *Framing Opioid Prescribing Guidelines for Acute Pain*:

Developing the Evidence, also develops a framework to evaluate existing guidelines, and recommends indications for which new evidence-based guidelines should be recommended.

As part of its work, NASEM examined existing opioid analgesic prescribing guidelines, identified where there were gaps in evidence, and outlined the type of research that will be needed to fill these gaps. NASEM also held a series of meetings and public workshops to engage a broad range of stakeholders who contributed expert knowledge on existing guidelines, and provided emerging evidence or identified specific policy issues related to the development and availability of opioid analgesic prescribing guidelines based on their specialties.

“We recognize the critical role that health care providers play in addressing the opioid crisis – both in reducing the rate of new addiction by decreasing unnecessary or inappropriate exposure to opioid analgesics, while still providing appropriate pain treatment to patients who have medical needs for these medicines,” said Janet Woodcock, MD, director of FDA’s Center for Drug Evaluation and Research in a statement. “However, there are still too many prescriptions written for opioid analgesics for durations of use longer than are appropriate for the medical need being addressed. The FDA’s efforts to address the opioid crisis must focus on encouraging ‘right size’ prescribing of opioid pain medication as well as reducing the number of people unnecessarily exposed to opioids, while ensuring appropriate access to address the medical needs of patients experiencing pain severe enough to warrant treatment with opioids.”

FDA will next consider the recommendations included in the report as part of the agency’s efforts to implement the SUPPORT Act provision requiring the development of evidence-based opioid analgesic prescribing guidelines.

The report can be downloaded for free on the [NASEM website](#).

New Research Shows Pharmacists Positively Impact Hospital Care Transitions

Patients who received focused attention from pharmacists during hospital stays expressed higher satisfaction, according to research presented at the American Society of Health-System Pharmacists Midyear Clinical Meeting and Exhibition. The study centered on the effect of pharmacists educating patients about medications as they transitioned out of hospital care. During the study, pharmacists reconciled patients’ medications before discharge, talked with patients about the medications they were taking, and contacted them by phone after discharge to discuss their care.

Of the 1,728 patients included in the study, 414 received the full transition-of-care education protocol, including a follow-up pharmacist phone call. Those patients showed a 14.7% increase in the overall average mean score, as measured by the Hospital Consumer Assessment of Healthcare Providers and Systems survey, which assesses patients’ perceptions of their care after discharge. A post hoc analysis also showed that 30-day readmission rates dropped from 17.3% to 12.4% when a post-discharge phone call was made to patients as a part of the study.

“Pharmacists play a multitude of vital roles for patients during a hospital stay, including comprehensive medication management and ensuring medication safety. Now, they can feel increasingly confident about their role in helping patients when transitioning from different levels of care. Our findings add to growing literature demonstrating that pharmacist involvement in hospital discharge improves outcomes and safety,” said Katherine L. March, PharmD, BCPS, clinical pharmacy specialist at Methodist University Hospital in Memphis, TN, in a press release.

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Northern Idaho had the most pronounced difference with 85% of independent stores reporting automation use while only 41% of chain stores in that region of the state reported the same.

The survey also collected information related to pharmacist independent prescribing. Statewide, it was more common for chain drugstores to report prescribing (76% versus 38% of independent pharmacies). By region, northern Idaho was much less likely to report pharmacist prescribing even in chain drugstores, with only 21% of pharmacies in that region responding “yes,” compared to 45-55% of pharmacies in other regions of the state. In addition, when looking at the protocols in use, chain stores had a much more varied array of conditions for prescribing. However, it appeared that independent stores reported a higher rate of prescribing for immunizations (79% versus 48% for chain stores).

These findings provide de-identified benchmarking, indicating the areas of operations that pharmacies might consider altering to achieve the standard of care. They also inform the Board of areas where education can be used as a strategy in Idaho pharmacies and across the spectrum of the industry to become safer and better able to assist with the health care needs of all Idahoans. Pharmacists are encouraged to review the results of the survey, which can be found on the Board’s website under the Resources page. If you would like to read the material that “culture of safety” is based on, pick up a copy of [Just Culture](#) by Sidney Dekker.

Idaho Opts for Statewide PMP Gateway Integration

The Idaho Prescription Drug Monitoring Program (PDMP) has partnered with Appriss Health to integrate Idaho PDMP AWAR_XE data into Idaho electronic health records (EHR) and Idaho pharmacy management systems via Appriss Health’s PMP Gateway platform. PMP Gateway provides a streamlined clinical workflow for providers. The integration eliminates the need for providers to log in separately to the PDMP. Instead, providers initiate a patient query to the PDMP through the EHR, and the patient’s controlled substance (CS) prescription records are returned directly within the EHR. This empowers clinicians at the point of care with information that can help them make better-informed prescribing decisions. Though integration is not mandatory, it is highly encouraged, and there is no cost to the providers or the facilities. Patient reports will still be available through the AWAR_XE website.

Through grant funding, the Board is able to provide PMP Gateway user fees for qualifying EHR vendors and

pharmacy management systems. The process and timeline for integration is dependent upon your EHR or pharmacy management system vendor.

If you have questions regarding PMP Gateway integration or the Idaho PDMP, please contact the Board by emailing pmp@bop.idaho.gov or calling 208/334-2356.

Mandatory PDMP Checking for Idaho Prescribers Begins in October

The 2020 Idaho Legislature passed and Governor Little signed Senate Bill 1348, which requires prescribers to check the PDMP and review the previous 12 months of data regarding a patient’s prescription history prior to issuing the patient a prescription for an opioid analgesic or benzodiazepine listed in Schedules II, III, or IV. Exceptions to this requirement include patients receiving treatment in an inpatient setting, patients being treated at the site of an emergency or in an ambulance, patients in skilled nursing facilities or under hospice care, or if the prescription is for three days or less. The Board is also implementing a new Tableau reporting program that will allow prescribers to monitor their use of the PDMP. The report will be generated based on the user’s personal Drug Enforcement Administration (DEA) number. If the user has more than one DEA number, there will be a report for each number. This report will allow each prescriber to ensure that they follow the mandatory checking statute. This requirement of checking provides another reason for clinics, hospitals, and pharmacies to integrate the PDMP into their workflow with PMP Gateway. The statute will go into effect on October 1, 2020.

Idaho Launches PDMP Data Dashboard

In 1997, the Idaho Legislature passed §37-2726, mandating the Board develop the Prescription Tracking Program. The purpose of this program was to assist in the prevention of prescription drug abuse, misuse, overdose, and death by providing health care providers and pharmacists a tool to help provide better care when managing their patients’ controlled substance (CS) prescriptions. Per Idaho Code 37-2726, this data is made available to specific authorized individuals for specific reasons. IDAPA 27.01.01.600 directs reporting to the PDMP for all Idaho-licensed drug outlets that dispense CS in or into Idaho and prescribers that dispense CS to humans. Certain drugs are considered CS by DEA and are categorized into schedules based upon medically accepted use and the potential for abuse and dependence. The PDMP Data Dashboard presents state-and county-level data on CS prescribing and dispensations. The data source for the dashboard is from the Idaho PDMP, which collects all CS prescriptions, Schedules II, III, IV, and V.

The dashboard can be found on the Board's website at bop.idaho.gov/PDMP_Dashboard.

See You Soon, Dr Holly Henggeler

Dr Holly Henggeler was appointed to the Board in July 2007. At the time of her appointment she was a staff pharmacist for Albertsons. She later became the district manager for Albertsons, covering many of the western states. Recently, Dr Henggeler began work as the pharmacy director for Terry Reilly Health Services. She has brought a well-respected view of pharmacy to the Board and saw it through the transition from a prescriptive authority regulatory model to a standard of care model of regulation. The June Board meeting will be her last as Board chair, a position she has held several times during her many years as a Board member. Dr Henggeler served a partial term, followed by two full terms. The Board appreciates her dedication and her service to the Board and to all of you.

Thank you, Dr Henggeler, for a job well done!

Help Is Available for Impaired Pharmacists Through Idaho PRN

The Board subsidizes the state's Pharmacist Recovery Network (PRN). The primary function of this program is to assist the impaired pharmacist in every aspect of recovery from chemical dependence, including intervention, consultation, monitoring, advocacy, education, and support. If you need confidential help – or know an associate who does – please

contact the program's vendor, Southworth Associates, by phone at 866/460-9014.



**Know a Pharmacist in trouble with
drugs/alcohol or mental health problems?**

Please contact the Pharmacist Recovery Network for help.
www.SouthworthAssociates.net 800.386.1695

24 CONFIDENTIAL Toll free Crisis Line
HOUR **866.460.9014**

Special Notice

The *Idaho State Board of Pharmacy Newsletter* is considered an official method of notification to pharmacies, pharmacists, pharmacy interns, pharmacy technicians, and CS registrants licensed and/or registered by the Board. Please read it carefully.

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