Elevating Pharmacist’s Scope of Practice Through a Health-System Clinical Privileging Process: The Journey at Johns Hopkins

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BIG JOURNEYS BEGIN WITH SMALL STEPS
Objectives

• Define and understand the terms privileging, credentialing, delegation, collaborative practice
• Describe the journey to privileging within a health system
• Describe the challenges and processes in establishing and maintaining privileging within a health system
• Describe successes and lessons learned
Outline

Todd
• Definitions
• Society Positions
• MD State Law
• JHH Drivers
• Status of the Profession

John
• The Hopkins experience
• Current JHH Framework and status
• Future Plans
• Qualitative Results

Audience
• Q & A
Are pharmacists currently privileged as part of your institution’s Medical or Allied Health or Affiliate Staff?

1. Yes
2. No
If not, do you believe that pharmacists *should* be privileged as part of your institution’s Medical or Allied Health or Affiliate Staff in the future?

1. Yes
2. No
3. Not sure
Why Credentialing and Privileging?

Expanding roles and increased professional demands, including:

- More direct patient care
- Pharmacist specialization
- Documentation and compensation for services provided
- Demonstration of competency to provide advanced practice services
- Accountability of individual practitioners and organizations

Credentials and Credentialing

Credential – Indicators that a professional holds the qualifications to practice in a certain area and is worthy of the trust bestowed by patients, healthcare professionals and society

Council on Credentialing in Pharmacy identifies three types:

- Credentials needed to prepare for practice (academic degrees);
- Credentials needed to enter practice and maintain/update professional knowledge base and skill set (state license and renewal);
- Voluntary credentials to document advances/specialized knowledge and skills (board certification).

Credentials and Credentialing

Credentialing – the process for granting a credential

Examples: granting a practitioner the license to practice or granting board certification

Credentialing – the process by which an organization or institution obtains, verifies and assesses an individual’s qualifications to provide patient care services. Varies by institution or organization.

Privilege and Privileging

Privilege – permission or authorization granted by a hospital or other health care institution or facility to a health professional to render specific diagnostic, procedural, or therapeutic services.

Examples: pharmacokinetic dosing, ordering laboratory tests, adjusting anticoagulants

Privilege and Privileging

Privileging – the process by which a health care organization, having reviewed an individual care provider’s credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that organization. Clinical privileges are both facility specific and individual specific.

Delegation

Delegation – professional practice responsibilities assigned by one practitioner to another. In this context, initiation, modification, monitoring and/or discontinuation of drug therapy may be delegated to the clinical pharmacist through a collaborative drug therapy management agreement or other formalized management protocol.

Collaborative Practice

Collaboration – collaborative and cooperative practice activities performed by the clinical pharmacist as authorized by:

1) State practice acts and
2) Formal collaborative drug therapy agreements with other providers and/or conferred by local privileging within the relevant practice, health system, organization, or institution

As an essential member of the health care team, pharmacists must have privileges to write medication orders in the health care setting (recommendation B13)

Through credentialing and privileging processes, pharmacists should include in their scope of practice prescribing as part of the collaborative practice team (recommendation B14)

Authority to order serum medication concentrations and other clinically important laboratory analyses (recommendation B23h)

Authority to adjust dosage for selected medications (recommendation B23i)

Implementation of collaborative practice agreements (recommendation E4k)
American College of Clinical Pharmacy

Standards of Practice for Clinical Pharmacists

“Clinical pharmacists work with other health professional as members of the health care team to provide high quality, coordinated, patient-centered care. They establish written collaborative drug therapy management (CDTM) agreements with individual physicians, medical groups, or health systems and/or hold formally granted clinical privileges from the medical staff or credentialing system of the organization in which they practice.”

American College of Clinical Pharmacy

Standards of Practice for Clinical Pharmacists

“These privileging processes, together with the applicable state pharmacy practice act, confer certain authorities, responsibilities, and accountabilities to the clinical pharmacist as a member of the health care team and contribute to the enhanced efficiency and effectiveness of team-based care.”

Maryland Pharmacy Practice Act

• Pharmacists may enter into Drug Therapy Agreements (DTMAs) with physicians. Defined by protocols that are condition or disease specific. Allows for:
  – Initiation, modification, continuation, and discontinuation of drug therapy
  – ordering of laboratory tests
  – Other pertinent care management measures related to monitoring or improving the outcomes of drug or device therapy
Requirements for Participation

• Pharm.D. or equivalent, \textit{plus}

• Relevant advanced training, \textit{plus}
  – Residency
  – Specialty certification (relevant to protocols)
    • Board of Pharmacy Specialties
    • Other body approved by the Board

• Experience
  – 1000 hours, or 320 hours in a structured program approved by the Board
Institutional Authority:
JHH Medical Staff Bylaws

1. Medical Department Credentials Committee
2. Chief of Service
3. Credentials Committee of JHH
4. Medical Board of JHH
5. Board of Trustees of JHH
JHH Medical Staff Bylaws: Allied Health Staff

“The Allied Health Staff shall consist of those individuals who provide independent clinical services and who are not physicians or members of the Medical Staff. The Allied Health Staff shall include, but is not limited to, doctoral scientists, clinical psychologists, clinical laboratory directors or practitioners, physician assistants, certified registered nurse anesthetists, certified nurse practitioners, certified nurse midwives, clinical pharmacist practitioners, podiatrists, optometrists, acupuncturists and cardiac surgical assistants.”
JHH Medical Staff Bylaws:
Allied Health Staff

“Allied Health Staff may exercise judgment within their licensure, certification, and/or area of competence; participate directly in the management of patients under the supervision or direction of a member of the Medical Staff; record reports and progress notes in patients’ records; and write orders to the extent established by the appropriate Chief of Service and in accordance with applicable law. Allied Health Staff shall be appointed by the Board of Trustees in accordance with the procedures herein and shall agree to be governed by these Bylaws.”
“A specific patient care activity, treatment or service or group of closely related patient care activities, treatments or services that may be granted to a member of the Medical or Allied Health Staff by the Board of Trustees. A member of the medical staff may only perform activities/procedures for which the DOP has been granted, except in an emergency situation as defined in the Bylaws.”
“Privilege determinations shall be based on prior and continuing education, training, experience; demonstrated current competence; judgment; interpersonal and communication skills; and professionalism, as documented and verified in the physician’s (practitioner’s) credentials file including peer evaluations, observed clinical performance and documented results of Hospital and Departmental quality improvement programs. The exercise of privileges within a department is subject to departmental rules and regulations and the authority of the Chief of Service.”
Drivers for The Johns Hopkins Hospital

- The patient – to ensure the capabilities and competencies of practitioners
- Evolving payment models
- ACGME duty hours
- Support from medical staff
- Professional society recommendations
- IOM reports
- Pay for performance – efficient, affordable, high quality
Medical Staff Office
1st meeting with Director for Medical Staff Administration

Medical Board
Approved Clinical Pharmacist Practitioner as authorized prescriber

Credentials Committee
Granted delineated clinical privileges to 1st clinical pharmacist at The Johns Hopkins Hospital

The Hopkins Journey
December 2010
October 2013
July 2014
Drug Therapy Management

- Pharmacists in 89.9% of hospitals have authority to order serum drug concentrations and other clinically relevant lab tests.
- Pharmacists in 92.8% of hospitals allow pharmacists to modify or initiate medication orders by policy or protocol.
- Pharmacists in 86.8% of hospitals have authority to write medication orders; of those hospitals, 7.2% allow pharmacists to prescribe medications, including the selection, initiation, monitoring and adjustment of medication therapy pursuant to a diagnosis of a medical disease or condition.
Survey to 336 pharmacy directors at 256 Academic Medical Centers and affiliate Institutions

- 90% of respondents indicated their institution was larger than 300 beds
- 33% indicated they have an established privileging process in place (15/46)
- 56% indicated they did not have an established process (26/46)
- 11% indicated they had previously attempted to establish a process (5/46)
Characterization of privileging processes

- 14% inpatient only, 21% outpatient only and 64% inpatient and outpatient
- Only 2 programs were established for > 5 years
- 79% did not privilege pharmacy residents
- 85% agreed that pharmacy staff was instrumental to development
- 93% agreed that support of medical staff was instrumental to development
- Finding a pharmacy leader to manage the process also identified as vital
Outline

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Maryland Pharmacy Practice Act

• Pharmacists may enter into Drug Therapy Agreements (DTMAs) with physicians. Scope of practice is defined by protocols that are condition or disease specific. Allows for:
  – Initiation, modification, continuation, and discontinuation of drug therapy
  – Ordering of laboratory tests
  – Other pertinent care management measures related to monitoring or improving the outcomes of drug or device therapy
Key Documents

– Physician/Pharmacist Agreement (DTMA)
  • Names/signatures of participating parties
  • Communication mechanisms
  • List of protocols

– Protocol(s) (defines scope)
  • Disease state or condition specific
  • Lists meds/labs pharmacist can order, monitoring parameters, etc.

– Therapy Management Contracts
  • Disease-state specific - signed by pharmacist, physician, and patient.
  • Not required in an institutional setting
How do you define a protocol?

a. Kind of like a guideline, provides some parameters, but I can use my clinical judgement.
b. More like an algorithm or nomogram. A pre-defined set of circumstances… “if this, then that”. No room for clinical judgement
c. Both A and B
d. I don’t know, I’ve really never thought about it
Department of Pharmacy Action Steps

• Created Credentialing, Privileging and Protocols Subcommittee of the Clinical Practice Council

• Amended Medication Orders Policy
  – Approval by the Medical Board to redefine the term “authorized prescriber” to allow privileged clinical pharmacists (Clinical Pharmacist Practitioners) to write orders pursuant to the drug therapy management agreement

• Sought out and developed a process that integrated into existing processes, policies, and procedures
Johns Hopkins Hospital Action Steps

• Established the nature and language of the delineated clinical privilege to be granted by the Credentials Committee
• Established criteria for clinical pharmacists who may engage in drug therapy management agreements
• Created checklist for Clinical Pharmacist Practitioner Credentialing and Privileging Application Process
• Revised security rights within prescriber order entry system to support pharmacist prescribing
Which pharmacists do you think should possess clinical privileges as part of the medical or allied health staff?

A. Clinical Specialists
B. Retail Pharmacists
C. College of Pharmacy Faculty
D. Staff Pharmacists
E. All Pharmacists involved in patient care
F. No Pharmacists
Requirements for Participation

MD Regulations

- Pharm.D. or equivalent, *plus*
- Relevant advanced training, *plus*
  - Residency
  - Specialty certification (relevant to protocols)
    - Board of Pharmacy Specialties
    - Other body approved by the Board
- Experience
  - 1000 hours, or 320 hours in a structured program approved by the Board

Johns Hopkins

- Pharm.D. or equivalent, *plus*
- Relevant advanced training
  - ASHP-accredited PGY1 or equivalent, and
  - ASHP-accredited PGY2 in related area of practice or equivalent
Example DTMA

I. The undersigned collaborating physician delegates authority to “your name here”, PharmD in concurrent practice for assumption of monitoring and management of drug therapy in the CVSICU as per the following protocol(s).
   a. Renal Dose Adjustment
   b. Therapeutic Drug Monitoring
   c. Antithrombotics
   d. Parenteral Nutrition

II. Authority is limited to patients admitted to the following unit/service/floor: CVSICU

III. Communication, documentation, and guidelines for use of protocols

IV. Signatures
   a. Pharmacist
   b. Chief of Pharmacy
   c. Collaborating Physician(s)
Protocols – Defines scope

- Condition or diseases-state specific
- List medications and lab tests that can be used
- May authorize: modification, continuation, and discontinuation of drug therapy, and ordering of lab tests
- List circumstances requiring contact with physician(s)
- List of circumstances where pharmacist may change dose, modify regimen, or switch the agent
**Example Protocol – Renal Dose Adjustment**

**Section I.** This scope of practice document covers the following condition:
• Patients requiring dose adjustments as a result of renal impairment or fluctuating renal function.

**Section II.** The pharmacist may modify, continue, or discontinue the following medications according to current standards of care for the conditions listed in Section I of this scope of practice document:
• A long list of meds that can be renally adjusted…

**Section III.** The pharmacist(s) will monitor the patient(s) covered by this agreement using the following laboratory tests and evaluation procedures, including ordering the following laboratory tests:
• List of labs that can be ordered here…

**Sections IV-V.** Documentation and communication, other provisions, technical modifications
Institutional Authority:
JHH Medical Staff Bylaws

1. Medical Department Credentials Committee
2. Chief of Service
3. Credentials Committee of JHH
4. Medical Board of JHH
5. Board of Trustees of JHH
<table>
<thead>
<tr>
<th>Request</th>
<th>Description</th>
<th>Physician Advisor Recommendation</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Established Privileges at JHH</strong></td>
<td></td>
</tr>
<tr>
<td>☐</td>
<td>Renal Dose Adjustment: Prescribe medications and order labs for patients requiring dose adjustments as a result of renal impairment or fluctuating renal function, pursuant to the scope outlined in the pharmacist's drug therapy management agreement and scope of practice documents.</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>Therapeutic Drug Monitoring: Prescribe medications and order labs for patients requiring a medication as determined by the physician, which requires therapeutic drug monitoring, pursuant to the scope outlined in the pharmacist's drug therapy management agreement and scope of practice documents.</td>
<td>☐</td>
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<tr>
<td>☐</td>
<td>Antithrombotics: Prescribe antithrombotic medications and order labs, pursuant to the scope outlined in the pharmacist's drug therapy management agreement and scope of practice documents.</td>
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<tr>
<td>☐</td>
<td>Parenteral Nutrition: Prescribe orders for parenteral nutrition and order labs, pursuant to the scope outlined in the pharmacist's drug therapy management agreement and scope of practice documents.</td>
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</tr>
<tr>
<td>☐</td>
<td>Pain Management: Prescribe orders for management of pain and related side effects associated with their pain syndromes and associated therapies and order labs, pursuant to the scope outlined in the pharmacist's drug therapy management agreement and scope of practice documents.</td>
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<tr>
<td>☐</td>
<td>Oncology Supportive Care Management: Prescribe orders to manage symptoms and side effects related to their oncologic disease state and related therapies, pursuant to the scope outlined in the pharmacist's drug therapy management agreement and scope of practice documents.</td>
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</tbody>
</table>
JHH framework

Pharmacy

- Pharmacist works with their Division Director and collaborating physician(s) to develop DTMA and relevant SOPs
- Collaborating physician(s) review and sign off on pharmacist's DTMA and SOPs
- Credentialing, Privileging, and Protocols Subcommittee reviews/approves (Clinical Practice Council - informational)
- Chief Pharmacy Officer
- DTMA and its SOP submitted to Md Board of Pharmacy
- Md Board of Pharmacy acknowledges acceptance

Medical Department

- Department requests that the CCO provide a DOP request to the pharmacist
- Application and credentials are verified by CCO, and file is sent to the hospital Department for review
- Application and supporting materials reviewed by Department, who makes recommendation to the Chief of Service or designee
- Chief of Service submits recommendation for delineated clinical privilege to Medical Staff Administration for transmittal to JHH Credentials Committee

Hospital Credentialing

- JHH Credentials Committee reviews and approves or remands
- JHH Credentials Committee submits recommendation to the Medical Board
- Medical Board submits recommendation to JHH Board of Trustees
- Privileges Granted / Activated
Focused Professional Practice Evaluation (FPPE)

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

Ongoing Professional Practice Evaluation (OPPE)

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

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

Health System Challenges – More Than One Approach

• Johns Hopkins Community Physicians
  – 1 Privilege:
    • Participate in a Drug Therapy Management Agreement in which he/she has been named.
  – Multiple Protocols
    • Diabetes
    • Hypertension
    • CV Risk Reduction
    • Smoking Cessation
More than one right way – Truman Medical Center

– All pharmacists credentialed
  • Necessary for collaborative practice agreements
– All-encompassing criteria-based core privilege list
  • Instead, of developing a specific list of privileges that need to be requested and monitored individually
– Hospital protocols approved by the medical executive committee provide the detailed scope of privileges

More than one right way – OSUMC

Drivers

• All pharmacists practicing at top of their license
• Improve efficiency of physicians and pharmacists
• Ambulatory care – pharmacist billing
• State law allows for expanded scope, but requires institution credentialing, delineated privileges, and quality-assurance
• Pharmacist autonomy… not protocol/algorithm-driven practice

All pharmacists participating in direct patient care with responsibility for clinical coverage are required to complete the privileging process (clinical specialists and generalists)

Core Privileges written broadly (order labs, TDM, PN, etc.)

• Example: “following prescriber initiation, monitor and adjust medications based on renal, hepatic, antithrombotic indications and hematologic parameters”.

Optional privileges (Anticoag, CV risk reduction and lipid mgmt., Antiarrhythmic)

Where are we now?

Number of Clinical Pharmacist Practitioners at JHH

<table>
<thead>
<tr>
<th>Specialty Area</th>
<th>Done</th>
<th>To Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICU/Surgery</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Oncology</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Transplant</td>
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<td>1</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>7</td>
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<tr>
<td>Pediatrics</td>
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<td>1</td>
</tr>
<tr>
<td>ED</td>
<td></td>
<td>3</td>
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<tr>
<td>Internal Med</td>
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<td>4</td>
</tr>
<tr>
<td>Hematology</td>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Cardiology</td>
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<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>18</td>
<td>19</td>
</tr>
</tbody>
</table>
Impact on Practice – Qualitative Feedback

• Being a CPP has made my job much more satisfying and allowed me to do things officially myself, that I was always doing behind the scenes with someone else’s assistance in the ordering process.
• It makes me feel that I have a system in place and a trust with my providers that they are confident I will act accordingly to ensure our patients receive appropriate drug therapy management.
• It has significantly improve my ability to improve patient care because orders and changes that were often delayed, I can act on immediately.
• I often am saving myself countless hours of follow up with MDs, and communication issues, etc.
• It has actually further enhanced my rapport with all of the teams I am a part of, and I feel has opened the eyes of others to just how effective a pharmacist can be in optimizing patient care.
Impact on Practice – Qualitative Feedback

• The credentials validate me as an independent practitioner, which also allows me to take more responsibility for my patients. It puts me in a position where I am forced to have the highest understanding of my patients prior to making changes or even recommendations to the team.

• It allows me to be more efficient, more productive, and to use my skillsets at the highest levels. This results in higher job satisfaction for me personally.

• It allows me to be more efficient when implementing therapy and monitoring plans, but then also requires additional documentation. However, I think the documentation can be good because it allows others to see more tangibly see what we’re contributing.

• It’s allowed me to make needed changes quicker and more safely. For example, I don’t run the risk of forgetting to ask someone to make a change or a recommendation getting lost in communication if I’m able to do it myself then communicate what was done to the team. Things can happen in real time without waiting on someone else.
Key Takeaways

• Understand
  – Your state laws and other relevant regulations
  – Your institution's process for credentialing and privileging providers

• Identify
  – Key stakeholders and decision makers across your institution (e.g., medical leadership, board, legal, regulatory)
  – Key stakeholders outside your institution (MPA, Board of pharmacy, legislature)
  – Activities should be delineated privileges (expanding scope of practice)
  – Credentials required for those privileges

• Execute
  – A strategy to develop an efficient system that adheres to state laws and fits within your health system’s existing processes
If not currently, do you believe that pharmacists *should* be privileged as part of your institution’s Medical or Allied Health or Affiliate Staff in the future?

1. Yes
2. No
3. I am still not sure
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