

Clinical pharmacist prescribing activities in the Veterans Health Administration

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Purpose. A comprehensive overview of clinical pharmacist prescribing authority and collaborative drug therapy management activities within the Veterans Health Administration (VHA) is presented.

Summary. In VHA terminology, “scope of practice” (SOP) denotes authorization to perform as an advanced practice provider, autonomously or collaboratively managing all facets of a patient’s disease or condition; VHA clinical pharmacists with an SOP have prescribing authority. National policies outline the broad requirements for conferral of an SOP to VHA clinical pharmacists and processes for SOP development and oversight, as well as the responsibilities of facility and clinical pharmacy leaders to support the role of the clinical pharmacist within the VHA healthcare system. The limits of each pharmacist’s SOP are determined at the facility level, with prescribing and other patient care authorities granted according to demonstrated competence. There are approximately 7700 VHA clinical pharmacists, of whom about 3200 (41%) have an active SOP. During fiscal year 2015, VHA clinical pharmacists accounted for more than 5 million patient encounters and 1.9 million prescriptions for chronic disease–targeted medications, generating at least 20% of prescriptions for hepatitis C therapies, hypoglycemic agents, and erythropoiesis-stimulating agents and 69% of prescriptions for anticoagulants systemwide.

Conclusion. Clinical pharmacists with an SOP constitute a rapidly expanding workforce within the VHA system, as illustrated by tremendous growth in their numbers since 2010. These individuals play a key role as advanced practice providers, helping to improve access to high-quality chronic disease and medication management for the nation’s veterans.

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Collaborative drug therapy management (CDTM) can be globally defined as an agreement between one or more physicians and a clinical pharmacist wherein the clinical pharmacist assumes professional responsibility to perform patient assessments, order relevant laboratory tests, monitor medication therapy, and initiate, modify, and discontinue medication regimens.¹ CDTM has roots reaching back to the 1960s and 1970s, when it was first introduced by the Indian Health Service (IHS), and the practice spread within other federal agencies, culminating in formalized advanced practice roles for clinical pharmacists cement-

ed within agency policies. In 1995 the Veterans Health Administration (VHA) established national policy providing for the authorization of clinical pharmacists in advanced practice roles to prescribe medications. IHS followed by recognizing clinical pharmacy specialists as primary care providers with prescribing authority in 1996.²

CDTM has spread widely outside the federal sector, albeit with a high level of variability in the content of collaborative practice agreements.³ At the time of writing, 48 states had authorized some form of pharmacist prescribing. However, there remain barriers to full integration of pharma-

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cists with prescribing authority into healthcare delivery models, including issues of policy and legislation, compensation for services, and access to health information technology systems.⁴ These barriers persist despite widespread recognition that maximizing the scope of pharmacists' activities and expanding successful practice models that include clinical pharmacist prescribing would improve the provision of care within the U.S. healthcare system.⁵

The Department of Veterans Affairs' Pharmacy Benefits Management Services (PBM) recognized a need for transformational change and expansion of clinical pharmacy practice within VHA; responding to that need, in 2010 PBM's Professional Practice Office formed the Clinical Pharmacy Practice Office (CPPO). The creation of this program office was perfectly timed to align with VA's new commitment to and rollout of the Primary Care Medical Home, which uses a team-based care approach with a strong emphasis on interdisciplinary care delivery and with members of each discipline functioning "at the top of their license." PBM identified the highest function and best use of a clinical pharmacist in this team-based, patient-centric setting to be that of a midlevel or advanced practice provider whose primary focus would be chronic disease and medication management, including population health roles.

Since its inception, CPPO has executed a transformational plan focused on expanding, standardizing, and fully integrating clinical pharmacists with a VHA-defined scope of practice (SOP) across multiple VHA practice settings. This strategy leverages the clinical pharmacist's unique education and training to solve medication-related problems and address both quality and access gaps in care while improving medication safety and cost outcomes for our nation's veterans.

CPPO has employed a multidimensional approach consisting of education and training, policy and guidance deployment, support and infrastruc-

KEY POINTS

- Clinical pharmacists with a Veterans Health Administration (VHA)-defined scope of practice are advanced practice providers who improve access to care through the provision of comprehensive medication and disease state management services.
- VHA clinical pharmacists had over 5 million patient care encounters and generated 1.9 million prescriptions in fiscal year 2015.
- A multidimensional approach consisting of education and training, policy and guidance deployment, support and infrastructure, data collection systems development, and granular data collection and analysis has proved to be successful in expanding clinical pharmacy practice throughout the VHA system.

ture, data collection systems development, and granular data collection and analysis to support and expand clinical pharmacy practice throughout the VHA system. To facilitate the expansion and standardization of pharmacists' role as advanced practice providers with an SOP, CPPO developed and conducted face-to-face and virtual "Clinical Pharmacy Boot Camp" training programs in 2011 and 2013. These programs provided clinical pharmacists with focused training in disease state pharmacotherapy management. The initial 2011 face-to-face programs provided four hours of training in each of the following areas: diabetes, hypertension, hyperlipidemia, pain management, hepatitis C, smoking cessation, and clinical pharmacy practice management. The virtual programs conducted in 2013 of-

fered supplementary training in some of the primary care disease states covered in 2011 in addition to training that included very specific instruction related to specialty care areas. The content for the virtual programs is outlined in Table 1. The programs prepared clinical pharmacists to transition from "siloed" disease state- or medication-specific SOPs to global and practice area-based SOPs that include prescribing authority. This report provides a comprehensive review of clinical pharmacist prescribing authority within the VHA system, including SOP development and oversight, credentialing and privileging, quality assurance programs, and pharmacist prescribing activity.

Scope of practice

The term "Scope of practice" refers to the types of services a healthcare professional is authorized to provide to patients, under what conditions those services may be provided, and within what practice settings they may be provided. Depending on the context in which this term is used, it can, and often does, have different meanings. SOP may be defined in state or federal regulations, by employers, or by professional organizations. When referring to a pharmacist prescribing within the VHA system, SOP has a very specific meaning that reflects an authorization to perform as an advanced practice provider with the ability to autonomously or collaboratively manage all facets of a patient's disease, condition, and medication use. All pharmacists within VHA are considered clinical pharmacists and therefore do not need an SOP to perform routine or traditional pharmacy activities, including dispensing, patient counseling, medication reconciliation, teaching, conducting chart reviews, and monitoring and assessing drug therapy to provide recommendations to prescribers. An SOP is required, however, for a pharmacist to take autonomous actions as the designed service provider. Clinical pharmacists may perform some or all

Table 1. VHA Virtual “Clinical Pharmacy Boot Camp” Curriculum Overview^a

Practice Setting	Topic	Training Module
Primary care	Hepatitis C	Hepatitis C Treatment
		State of Hepatitis C Care in VA
	Hyperlipidemia	Understanding Lipoprotein Metabolism
		Therapeutic Lifestyle Changes
		VA–DoD 2006 Lipid Guidelines Summary
		Chronic Coronary Heart Disease and Acute Coronary Syndrome
	Managing the Metabolic Patient	The Dysmetabolic Patient
		Management Case Studies
	Pain Management	Aberrant Behavior
		Acute Versus Chronic Pain
Musculoskeletal Pain		
Neuropathic Pain		
Tobacco Cessation	Integration of Tobacco Cessation in Primary Care	
	Managing Drug Interactions and New Tools for Patients	
	Tobacco Cessation and Mental Illness	
	Tobacco Cessation in Female Veterans	
Specialty care	Cardiology—Heart Failure	Advanced Heart Failure With Reduced Ejection Fraction
		Atrial and Ventricular Arrhythmias in Heart Failure
		Heart Failure With Preserved Ejection Fraction
		Stable Heart Failure With Reduced Ejection Fraction
	Hematology–Oncology	ESAs and Anemia in Cancer Patients
		Nononcologic Indications
		Oncologic Emergencies
		Oral Chemotherapy Management
	Mental Health	Adverse Effect Management of Chemotherapy and Radiation Treatment
		Attention Deficit/Hyperactivity Disorder and Substance Use Disorders
Bipolar Disorder and Schizophrenia		
Depression and Dementia		
Nephrology	Posttraumatic Stress Disorder and Anxiety	
	Assessment of Kidney Function	
	Complications of Chronic Kidney Disease	
	Primary Care Pharmacist’s Role in Preventing Progression of Chronic Kidney Disease	
Respiratory Care	Asthma Management	
	Controversies in Asthma Management	
	Chronic Obstructive Pulmonary Disease Assessment and Treatment	
	Respiratory Overview	
Women’s Health	Abnormal Uterine Bleeding	
	Contraception	
	Menopause Management	
	Preconception Counseling and Teratogens	

^aVHA = Veterans Health Administration, VA = Veterans Affairs, DoD = Department of Defense, ESA = erythropoiesis-stimulating agent.

aspects of comprehensive medication management; this can include authority to prescribe medication regimens, order related laboratory tests and diagnostic studies, perform physical measurements and objective assessments, make referrals for additional care needs, and perform other necessary activities to facilitate patient care. The clinical pharmacist functions with a high level of autonomy and engages in independent clinical decision-making while engaged in activities included in the SOP. The clinical pharmacist works collectively with the healthcare team to provide care of the veteran patient.

There are approximately 7700 clinical pharmacists in VHA, of whom nearly 3200 (41%) have an active SOP. Since 2010, the number of clinical pharmacists working under an SOP has risen an astonishing 63%, pri-

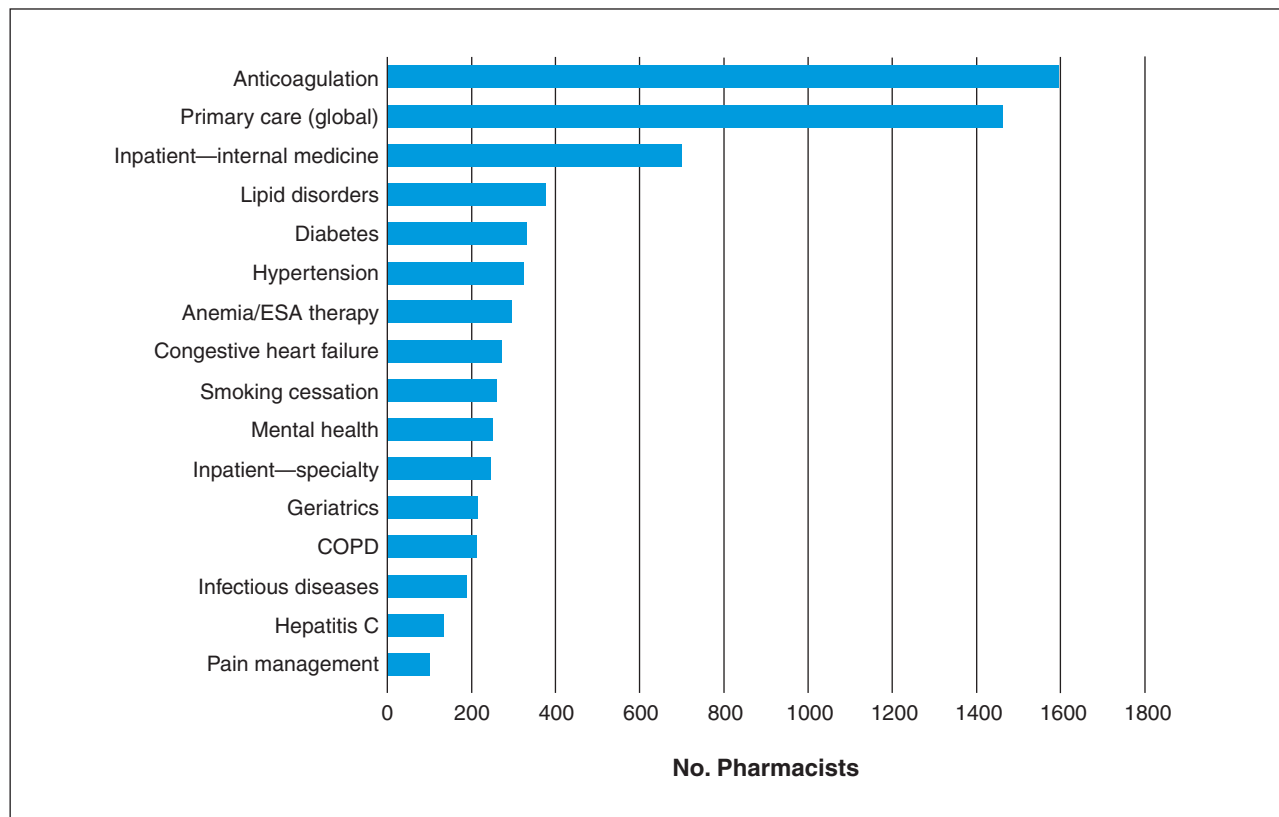
marily due to focused promotion of this role coupled with the VHA movement toward team-based care. VHA pharmacists are granted the authority to work under an SOP in all practice settings, including ambulatory, acute, and residential care settings, participating in the management of a vast array of conditions. Within their respective SOPs, clinical pharmacists perform over 5 million patient care encounters annually at VHA facilities and play a key role in improving access and quality of care. Figure 1 outlines the most common practice areas for clinical pharmacists with an SOP. VHA policy stipulates that, in most instances, a clinical pharmacist’s SOP covers a specified practice area in an all-inclusive manner, allowing the pharmacist to fully integrate into the team providing comprehensive disease state management rather than

being focused on single disease states or medications. An example of this comprehensive SOP approach is seen in the primary care practice setting, where a “global” SOP encompasses a variety of chronic disease states, including but not limited to diabetes, hypertension, hyperlipidemia, hepatitis C, and osteoporosis, as well as pain management and smoking cessation services. A sample clinical pharmacist SOP is provided in the appendix. The clinical pharmacist SOP is determined at the local facility level through the credentialing and privileging process, and authority is granted to the individual practitioner based on areas of demonstrated competence.

Program implementation and policy

VHA-issued handbooks describe mandatory VHA policy, processes,

Figure 1. Practice activities of Veterans Health Administration pharmacists with a scope of practice, by practice area or disease state. ESA = erythropoiesis-stimulating agent, COPD = chronic obstructive pulmonary disease.



and operational requirements. In July 2015, “VHA Handbook 1108.11, Clinical Pharmacy Services” was released.⁶ This handbook provides comprehensive policy and procedures relating to clinical pharmacy practice. The handbook incorporates the contents of two previous VHA policies pertaining to SOPs and prescribing authority and delineates policy related to pharmacy professional practice, staffing models, and clinical pharmacy workload, among other topics. The handbook also outlines specific processes related to SOP oversight under the Professional Practice Evaluation (PPE) Program—essentially, VHA’s peer review program—and includes elements providing for both focused and ongoing monitoring of the quality of care delivered by clinical pharmacists. As well, the handbook describes requirements and responsibilities for senior facility leaders and clinical pharmacy leadership that support the role of the clinical pharmacist across the healthcare system.

Detailed and thorough stipulation of policies and procedures ensures the consistent and standardized adoption of facility processes that support clinical pharmacy programs. Individual VHA medical centers are required to have written policies that encompass all aspects of the clinical pharmacist SOP and its oversight. The SOP must be standardized throughout the facility so that it applies to individuals with similar areas of responsibility, and the processes for approval, renewal, and monitoring must be consistent with facility medical staff procedures and bylaws for other prescribers. With the SOP defined according to the practice area of the individual pharmacist, it is important that the practitioner’s role in the area be clearly defined, which may involve the use of service or care coordination agreements, although they are not mandated. These agreements should describe specific elements of practice, such as the clinical needs of the patient population, the required care resources, the care to be delivered (and the SOP appropriate

for delivering that care), and criteria for assessing the clinical pharmacist’s capacity to perform care activities. The delineation of the clinical pharmacist’s role, including specifying when the clinical pharmacist will provide services and what services will be provided, allows for accountability of the clinical pharmacist and fosters independent performance. To facilitate and minimize barriers in practice, clear and standardized processes for referring patients to pharmacy-managed clinics or care must be established at the VHA facility level. The referral process may include a formal consultation, “warm handoffs,” population health management activities, identification of patients by team members, and patient self-referrals. (A warm handoff occurs when a team member directly introduces a patient to the clinical pharmacist at the time of the patient’s visit, often resulting in a brief patient-pharmacist encounter.)

Credentialing and privileging

A clinical pharmacist with an SOP is credentialed via the same processes and infrastructure as a licensed independent practitioner (LIP), as described in VHA Handbooks 1100.19⁷ and 1108.11; however, such a pharmacist may not always be considered an LIP, as defined within VHA policy. Clinical pharmacists have a locally defined SOP or privileges defined at the facility level by the institution’s Executive Committee of the Medical Staff (ECMS). Prescribing authority and responsibility are defined within the SOP for the practice areas in which the clinical pharmacist has experience and expertise; documentation of appropriate competency assessments for the critical duties outlined within the SOP document is required. The credentialing process includes a comprehensive review of skills, training, education, and licensure. While clinical pharmacists are not generally considered LIPs, the applicable process for SOP development and oversight, as defined in VHA Handbook 1108.11, is the same as that for LIPs.

All clinical pharmacists with an SOP must participate in a PPE process that allows for continuous oversight of the quality of care provided to patients. The clinical care review is a component of the PPE process performed by a pharmacy peer with similar scope and responsibilities. Selecting a pharmacist peer with the appropriate qualifications facilitates the review process and strengthens the effectiveness and credibility of the results. While it is preferred that a review be conducted by a pharmacist peer, a physician practicing in a similar practice area may also serve as a peer reviewer. Focused Professional Practice Evaluations (FPPEs) must be completed within a specified time period immediately after the approval of a new or revised SOP (e.g., within 90 days) or when a “triggering” event or finding (e.g., a performance issue identified during quality assurance or peer review activities) occurs. Ongoing Professional Practice Evaluations (OPPEs) provide for persistent monitoring of the SOP. OPPE results must be reviewed by the VHA facility chief of pharmacy at least biannually. The requirement for reporting OPPE results to the ECMS is established pursuant to facility-specific requirements. Cumulative OPPE data are presented every two years in support of SOP reappointment and renewal.

The clinical pharmacist SOP is overseen by the facility ECMS, reflecting a recent change in policy intended to bolster the credibility and accountability of clinical pharmacists functioning as advanced practice providers; previously, oversight may have been assigned to a pharmacy committee or the institution’s chief of staff, and processes for peer review may have differed from those applicable to other prescribers. FPPE and OPPE results must be reviewed, considered, and approved by the facility’s ECMS, as is the case for any other prescribers. In addition, as described in the Centers for Medicare and Medicaid Services conditions of participation, the chief of pharmacy has membership

on the ECMS and authority to provide insight and recommendations related to pharmacist SOP and professional practice elements. Furthermore, clinical pharmacists with an SOP are designated as members of the medical staff in accordance with the facility bylaws.

Results of pharmacist prescribing activities

Prescribing authority is one of the central tenets of a clinical pharmacist's SOP within the VHA system. In fiscal year (FY) 2014, clinical pharmacists ordered over 1.7 million distinct prescriptions constituting 2.6% of the annual total of over 66.5 million prescriptions systemwide. Data from FY 2015 show that clinical pharmacists ordered approximately 1.9 million distinct prescriptions—a 9.8% increase from the previous year. Clinical pharmacists with an SOP exercise their prescribing authority in many practice settings within the VHA system. During development of this article, we examined pharmacist prescribing at the national, Veterans Integrated Service Network (VISN), and facility levels. Data on pharmacist-written prescriptions for agents in the seven most

commonly used drug classes during FY 2014 and FY 2015 are presented in Table 2.

To better characterize VHA pharmacists' involvement in prescribing and medication management, we analyzed a sample of data on specific medication-related interventions by VHA clinical pharmacists in the ambulatory care setting reflecting the experience of 2215 pharmacists practicing at 84 medical centers throughout the country during FY 2015. While not reflective of total pharmacist prescribing interventions across the VHA system, the data provided insight into the most common interventions related to pharmacist prescribing, which included making medication dose or frequency adjustments ($n = 304,099$), initiating medications ($n = 36,924$), and changing or discontinuing medication regimens ($n = 71,107$).

With regard to pharmacists' share of overall VHA prescription volume, anticoagulant prescribing is the highest-volume area, with clinical pharmacists having written 69.1% of all distinct VHA-issued anticoagulant prescriptions in FY 2015, a 7.2%

increase over the previous year. At 17 facilities collectively representing 12% of the total number of facilities in the VHA system, pharmacists accounted for at least 90% of distinct anticoagulant prescriptions; considering only warfarin prescriptions, that number increased to 53 facilities (38%).

For pharmacists practicing in primary care as members of VHA Patient Aligned Care Teams, diabetes, hypertension, and hyperlipidemia are the most commonly treated disease states. In working with diabetic patients, pharmacists play an active role in not only prescribing agents to treat hyperglycemia but also in addressing adverse events such as hypoglycemia. Our review of data for FY 2015 indicated that clinical pharmacists wrote 16% of all insulin orders and 6.2% of all prescriptions for oral hypoglycemic agents along with 19.8% of orders for antihypoglycemic agents. In addition, clinical pharmacists accounted for 2.3% of all prescriptions for antilipemic agents systemwide.

High volumes of pharmacist prescribing are also apparent in several

Table 2. Distinct Prescriptions by VHA Clinical Pharmacists in Fiscal Years 2014 and 2015, by Drug Class^{a,b}

Drug Class	FY 2014		FY 2015	
	<i>n</i>	% of VHA System Total ^c	<i>n</i>	% of VHA System Total ^c
Anticoagulants	632,335	68.0	678,105	69.1
Erythropoiesis-stimulating agents	7,539	28.1	6,944	28.6
Hypoglycemic agents				
Oral	83,682	5.0	104,690	6.2
Other	853	19.2	1,766	22.2
Hepatitis C agents	8,542	17.7	30,291	24.9
Antihypoglycemic agents	11,026	17.1	14,241	19.8
Insulin	163,805	14.0	193,869	16.0
Antilipemic agents	80,978	2.5	69,617	2.3
Total	1,721,617	2.6	1,890,431	2.7

^aVHA = Veterans Health Administration, FY = fiscal year.

^bDistinct prescriptions include new and renewal prescriptions (refills excluded).

^cAll prescriptions by all VHA prescribers.

specialty areas of clinical pharmacy practice. One of those areas is anemia management and prescribing of erythropoiesis-stimulating agents (ESAs). Clinical pharmacists prescribed 28.6% of all ESA prescriptions written in FY 2015, which was consistent with the level observed in FY 2014. Within six VISNs, clinical pharmacist prescribing accounted for over 40% of the overall ESA prescriptions written; at 10 facilities collectively representing 7% of the VHA network, greater than 90% of ESA prescriptions were written by clinical pharmacists.

Treatment of hepatitis C infection is a practice area marked by increasingly high-volume pharmacist prescribing as VHA expands treatment initiatives targeting infected patients.⁸ Clinical pharmacists prescribed 25% of all prescriptions written for hepati-

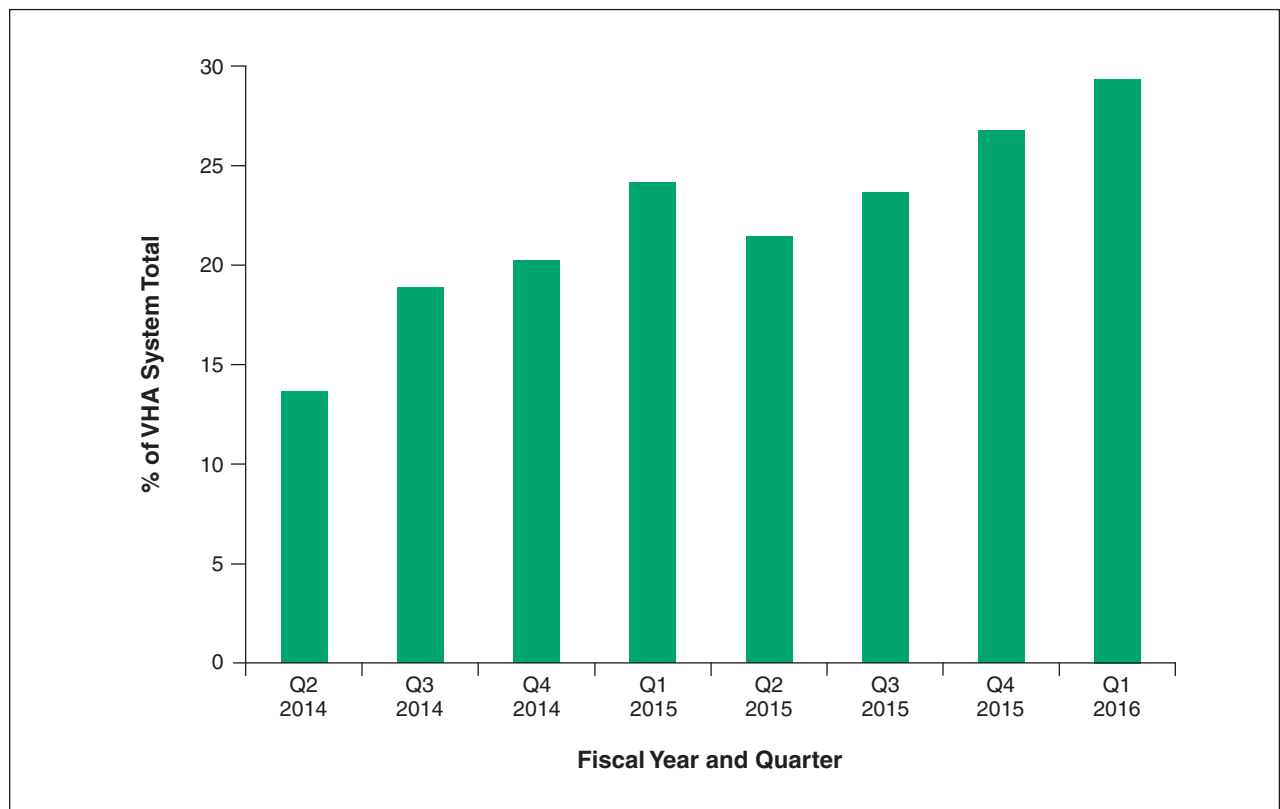
tis C treatment in FY 2015, a significant increase from 18% in FY 2014; preliminary data showed an increase to 29% in the first quarter of FY 2016 (Figure 2). Hepatitis C infection management is an area in which a tremendous expansion of clinical pharmacy practice has been realized, and that trend is reflected in the 255% increase in pharmacist-prescribed prescriptions for hepatitis C–targeted drug therapies from FY 2014 to FY 2015. Within several VISNs, clinical pharmacist prescribing accounted for over 40% of all prescriptions written for hepatitis C treatment; at 15 VHA facilities, over 90% of prescriptions for treatment of hepatitis C infection were written by clinical pharmacists. This increase in prescribing comes as a result of specific programming launched by the VHA Office of Population Health Ser-

vices and CPPO to increase the number of clinical pharmacists trained and granted an SOP for the management of hepatitis C infection. This programming has resulted in an increase of clinical pharmacists with an SOP in hepatitis C from 68 to 132 (a 94% increase) since 2011.

Strategies for overcoming practice challenges

As practitioners within the nation's largest integrated healthcare system, we are cognizant of the need to advance clinical pharmacy practice with national guidance and policy in support of standardization while maintaining the flexibility to adapt the clinical pharmacy practice model to meet the needs of the veteran population at the facility level. Ensuring that our clinical pharmacy workforce

Figure 2. Hepatitis C treatment prescribing by Veterans Health Administration (VHA) clinical pharmacists as a percentage of total prescriptions for hepatitis C therapies by all prescribers throughout the VHA system.



is ready and primed to take on these roles is essential. To further this objective, CPPO officials believed it was imperative to have a means of bidirectional communication between clinical pharmacists practicing on a day-to-day basis and CPPO. To that end, in 2012 CPPO developed an infrastructure for support and communication through the creation of a Clinical Pharmacy Practice Council (CPPC) representing all VISNs. The council provides alignment of integral clinical pharmacy professional practice elements, serving as a conduit for communication pertaining to clinical pharmacy practice issues among CPPO, the VISNs, and individual VHA facilities and as a source for identifying strong practices that can be shared systemwide. In addition, representatives of a national CPPC (NCPPC) meet monthly through virtual teleconferences to discuss key issues and share practices. In support of NCPPC efforts, VHA facilities and VISNs also create their own local-level CPPCs as a mechanism for communication, dissemination, and discussion of clinical pharmacy practice issues. The overarching objective of NCPPC activities is to assist pharmacy leaders in ensuring proper alignment of clinical pharmacy practice components, which has had a positive impact on the alignment of facility practices with initiatives that promote, spread, and expand the roles of clinical pharmacists with an SOP systemwide. This highly motivated workforce of clinical pharmacy practice leaders has assisted CPPO in identifying existing practice barriers, creating a clinical pharmacy community of practice, and joining together new and evolving leaders who will serve to advance clinical pharmacy practice into the future.

Conclusion

Clinical pharmacists with an SOP constitute a rapidly expanding workforce within the VHA system, as illustrated by tremendous growth in their numbers since 2010. These individu-

als play a key role as advanced practice providers, helping to improve access to high-quality chronic disease and medication management for the nation's veterans.

Disclosures

The authors have declared no potential conflicts of interest.

Additional information

The views expressed are those of the authors and do not necessarily reflect the views or policies of the U.S. Department of Veterans Affairs.

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Appendix—Sample scope of practice for Veterans Health Administration clinical pharmacist

CLINICAL PHARMACIST SCOPE OF PRACTICE

Clinical Pharmacist Scope of Practice Statement for Comprehensive Medication Management

I. PROFESSIONAL QUALIFICATIONS

The clinical pharmacist is trained in clinical pharmacy practice and comprehensive medication management, to include but not limited to clinical pharmacokinetics, therapeutics, and clinical pharmacology. A clinical pharmacist has the unique mix of knowledge, skills, and abilities in addition to education, training, and experience to function under a scope of practice. The clinical pharmacist has a current unrestricted pharmacist license and is in good standing with the pharmacist's licensing body.

II. CLINICAL FUNCTIONS

- a. The clinical pharmacist with a scope of practice is an individual in a highly specialized practice area in which there is documented evidence of knowledge, skills, and abilities based on the individual clinical pharmacist's education, training, and experience. The scope of practice, as part of collaborative medication management, allows the clinical pharmacist to function with a high level of autonomy and independent clinical decision-making for activities included in the scope of practice and collaboratively with the healthcare team for the overall care of the veteran. The clinical pharmacist is responsible and accountable for the disease states and conditions managed under the clinical pharmacist's scope of practice. Prescribing, administering, or dispensing controlled substances may be included in the scope of practice only if the

clinical pharmacist is authorized by his/her state license to do so and complies with the limitations and restrictions on that authority. The clinical pharmacist is responsible for evaluating medication therapy through direct patient care assessment. Through clinical assessment, the clinical pharmacist relates patient responses to medication therapy, communicates and documents those findings, makes recommendations to appropriate individuals and in appropriate records, and implements and monitors pharmacotherapeutic care plans. It is expected that the minimum primary care practice areas encompass the management of patients with chronic diseases, including but not limited to diabetes, hypertension, and hyperlipidemia; and provision of anticoagulation therapy. The clinical pharmacist with a scope of practice is responsible for the decisions made under his/her scope of practice. This includes the selection of the most appropriate medication for disease state management, monitoring of patient outcomes, analysis of adverse drug events, and medication reconciliation. The clinical pharmacist's non-direct patient care activities include formulary management, teaching and research (as applicable), quality assurance, medication utilization review, and staff development.

- b. A clinical pharmacist with a scope of practice can perform all duties that are considered routine of a clinical pharmacist without a scope of practice. The clinical pharmacist with a scope of practice will work in concert with the healthcare team in his/her assigned practice area. The chief of pharmacy and clinical service chief of alignment ensure that the clinical pharmacist scope of practice aligns with the medical staff process, as defined in the facility bylaws. A clinical pharmacist with a scope of practice may carry out functions in his/her advanced practice role under an approved scope of practice, to include
- (1) Executing therapeutic plans using the most effective, safest, and most economical medication treatments.
 - (2) Ordering, performing subsequent review, and taking action on appropriate laboratory tests and other diag-

nostic studies necessary to monitor, support, and modify the patient's drug therapy.

- (3) Prescribing medications, devices, and supplies, to include initiation, continuation, discontinuation, monitoring, and altering of therapy.
- (4) Performing the physical measurements and objective assessments necessary to ensure the patient's appropriate clinical responses to drug therapy.
- (5) Ordering medications, patient care supplies, and vaccines as necessary for the provision of pharmaceutical care.
- (6) Identifying and taking specific corrective action for drug-induced problems according to protocol, procedure, guideline, or standard of care.
- (7) Ordering consults (i.e., dietician, social work, specialty provider), as appropriate, to maximize positive drug therapy outcomes.
- (8) Providing clinical pharmacy expertise, comprehensive medication management, and monitoring for practice-based areas, to include clinics and wards in conjunction with the attending physician or team/service (e.g., home-based primary care, internal medicine, critical care, community living center).
- (9) Obtaining and documenting informed consent for treatments and procedures for which the clinical pharmacist is responsible. The clinical pharmacist scope of practice authorizes the ability to obtain informed consent for the treatment or procedure being performed, including those circumstances in which the clinical pharmacist is the prescriber of a treatment that requires consent or when he/she is providing medication management services on behalf of the original prescriber. **Note:** *The clinical pharmacist must have sufficient knowledge and training in the treatment or procedure, its indications, risk and benefits, complications, and alternative treatments, to effectively counsel the patient.*

- (10) Clinical pharmacists with a scope of practice may prescribe controlled substances only if authorized by the facility and the state of licensure (i.e., the statutes and regulations that define the terms and conditions of the pharmacist's license) and they perform this function in accordance with federal law and regulations and Veterans Health Administration (VHA) policy.

Note: *The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 defines requirements for the prescription of controlled substances (Schedules I-V, as defined under the Controlled Substances Act) via telemedicine. Questions regarding the authority under the Ryan Haight Act should be directed to VHA TeleHealth Services. All prescribers of controlled substances must ensure compliance with the regulations of this act and all applicable federal law and VHA policy.*

III. APPLICANT REQUEST

- a. In completing an application for the aforementioned scope of practice, I agree to abide by the policies and procedures set forth by the Veterans Affairs medical center and all applicable practice standards within my scope. I will limit my performance to the boundaries described and within the functions requested. I certify that I am qualified and competent to perform the functions as requested.
- b. The professional practice evaluation results will be reviewed at least biannually by the Executive Committee of the Medical Staff and the chief of pharmacy and amended when necessary to reflect changes in the clinical pharmacist's duties and responsibilities and/or medical center policy.

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V. COLLABORATION

The clinical pharmacist with a scope of practice functions as a healthcare provider with a high level of autonomy and exercises independent decision-making within his/her scope of practice. A collegial relationship, with mutual consultation and referral, exists with the collaborating provider(s) and the clinical pharmacist with a scope of practice. Consultation with a physician or appropriate provider is required for advanced patient care management beyond the applicant's scope of practice, when changes occur in the patient's condition, and when referrals to higher levels of care are required, as outlined in medical center policy. A collaborating provider(s) is available at all times by telephone or in person for consultation.

VI. SCOPE OF PRACTICE

Part 1. General area of responsibility for activities to be performed under the scope of practice (must choose at least one):

- Medical center
- Community-based outpatient clinic

- Contracted locations
- Domiciliary
- Telemedicine (or teleconsultation) within the healthcare system and at designated locations in accordance with facility processes (specify any locations outside the main facility below):

- Other location (specify below):

Part 2. The clinical pharmacist scope of practice includes the following practice areas or diseases or conditions (must choose at least one):

- Comprehensive disease state management, inpatient
- Internal medicine
- Specialty care, such as surgery, infectious diseases, critical care, psychiatry, hematology–oncology, and community living center services (define specialty care):

- Focused scope of practice for the following diseases/conditions in the inpatient setting:

- Comprehensive disease state management, outpatient
 - Primary care
 - Specialty care, such as infectious diseases, cardiology, mental health, and hematology–oncology services (define specialty):

- Focused scope of practice for the following diseases/conditions in the outpatient setting:

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