



San Francisco Health Network of San Francisco Committee on Interdisciplinary Practice

STANDARDIZED PROCEDURE FOR AMBULATORY CARE CLINICAL PHARMACIST

Medication Therapy Management Clinics at:

Castro Mission Health Center
Chinatown Health Center
Ocean Park Health Center
Maxine Hall Health Center
Curry Senior Center
Potrero Hill Health Center
Silver Avenue Family Health Center
Southeast Health Center
Tom Waddell Urban Health Center
Family Health Center
[Richard Fine People's Clinic](#)
[General Medicine Clinic](#)
Positive Health Program
Children's Health Center
Community Health Programs for Youth
Special Programs for Youth

I. Policy statement

- A. It is the policy of the San Francisco Health Network and [Zuckerberg](#) San Francisco General Hospital and Trauma Center that all standardized procedures are developed collaboratively by health professionals, including physicians, pharmacists, and registered nurses.
- B. A copy of the signed procedures will be kept in the Medical Staff Office and the respective clinics.

II. Functions to be performed

The clinical pharmacist, in accordance to the California Business and Profession Code 4050 to 4052, who has standardized procedures conforming to Title 16, California Code of Regulations, Section 1474, Standardized Procedure Guidelines, may perform the following procedures or functions to provide health care services in a clinic as part of a multidisciplinary group that includes physicians and registered nurses.

- A. Performing patient assessment
- B. Ordering and interpreting drug therapy-related tests

- C. Referring patients to other health care providers
- D. Participating in the evaluation and management of diseases and health conditions in collaboration with other health care providers
- E. Initiating, adjusting, or discontinuing drug therapy; the patient's treating prescriber may prohibit, by written instruction, any adjustment or change in the patient's drug regimen by the clinical pharmacist.
- F. Administering drugs and biologicals by injection pursuant to a prescriber's order (the administration of immunizations under the supervision of a prescriber may also be performed outside of a licensed health care facility).
- G. Initiating and administering vaccine listed on the routine immunization schedules recommended by the federal Advisory Committee on Immunization Practices (ACIP), in compliance with individual ACIP vaccine recommendations, and published by the federal Centers for Disease Control and Prevention (CDC)
- H. Providing consultation, training, and education to patients about drug therapy, disease management, and disease prevention.

III. Circumstances under which a clinical pharmacist may perform function

A. Setting

The clinical pharmacist may perform the following standardized procedure functions in the listed clinics consistent with their experience and training.

B. Scope of supervision required

1. Clinical pharmacists are responsible and accountable to the Chief Pharmacy Officer, and the medical directors of clinics where they provide clinical pharmacist services.
2. [UCSF University of California-San Francisco](#) pharmacists practicing in SFHN primary care clinics are under the direct supervision of the clinic medical director. They are responsible and accountable to the DPH Chief Pharmacy Officer to provide clinical services consistent with the needs and expectations of the DPH and SFHN. Performance appraisals and other professional oversight are the joint responsibility of the [mMedical dDirector](#), and Chief Pharmacy Officer [or designee](#).
3. Overlapping functions are to be performed in areas which allow for a consulting provider to be available to the clinical pharmacist, available by phone, in person or other electronic means at all times
4. Provider consultation is to be obtained under the following circumstances:
 - a) Medical conditions requiring prompt medical intervention
 - b) Acute decompensation of a patient
 - c) Medical problems not resolving as anticipated
 - d) Unexpected historical, physical or laboratory findings
 - e) Before ordering invasive laboratory procedures other than venipuncture needed to assess pharmacologic therapy

Commented [DS1]: Do we need to specifically call out if the pharmacist can perform this function on any type of patient? Specifically adult vs. pediatric ? Or is this only patients who are seen in the clinic (thus could be either)?

Commented [JK2R1]: See that in NP/PA SPs they have specific protocol for specific age groups in their Core protocols (eg HCM: Primary Care, HCM: prenatal). Isn't the age specific requirements covered in this SP by IV. Experience Education, A. #4 (sites Pediatrics or geriatric course)?

Commented [DS3R1]: Agreed – covered in A #4. No need to add more here.

- f) Early requests for controlled substance refills based upon pain agreement between a provider and the patient
- g) Upon request of patient, provider or clinical pharmacist
- h) Violent or verbally abusive patient behavior

IV. Requirements for the clinical pharmacist

A. Experience and education

1. Active California pharmacist license
2. Possession of a Doctor of Pharmacy degree, and completion of an American Society of Health-System Pharmacists or American College of Clinical Pharmacy accredited one- year pharmacy residency program; OR

Possession of a Doctor of Pharmacy degree and completion of a one year pharmacy fellowship program; OR

Possession of a Baccalaureate of Pharmacy degree, completion of a one year pharmacy residency program, and one year of verifiable post-graduate work experience performing clinical functions in medication management.

(Two years of verifiable post-graduate work experience performing clinical functions in medication management, or certification as Board Certified Pharmacotherapy Specialist may be substituted for the one year residency or fellowship experience requirement)

3. Completion of immunization training program endorsed by the CDC or the Accreditation Council for Pharmacy Education if initiating or administering vaccines under section II, G.
4. Completion of an annual pediatric and/or geriatric competency relevant to the pharmacist's professional practice

B. Evaluation of the clinical pharmacist competence in performance of standardized procedures

1. Initial: At the conclusion of the standardized procedure training, the Chief Pharmacy Officer or designee will assess the clinical pharmacist's ability to practice utilizing feedback from consulting providers, and review ten charts or the equivalent number of 10 direct f direct observations that include medication changes made by the clinical pharmacist. Documentation will be reviewed and signed off by the clinic medical director or designee.
2. Annual: Chief Pharmacy Officer or designee will evaluate the clinical pharmacist's competence by reviewing five charts, or the equivalent number of direct observations, 10 chart reviews or 10 direct observations every 2 years to align with the 2 year reappointment window for Medical Staff Office credentialing. Documentation will be reviewed and signed off by the clinic medical director or designee.

Commented [LC4]: The accreditation requirement ensures that the program attended meets the standards, and provide assurance to our institution of the quality of the training.

Commented [LC5]: Per ACCP follow-up guidelines, the training focuses on research instead of clinical practice that is relevant in this SP. However, most pharmacists who opt to do a fellowship should have the relevant practice skills, generally obtained through prior practice experience or residency training, in which case the experience requirement can still be fulfilled. This change serves the purpose of excluding individuals who may have completed a non-ACCP-accredited fellowship with no or very limited prior clinical practice experience.

<https://www.accp.com/resandfel/guidelines.aspx>

Commented [LC6]: The removal of the Board Certification requirement is based on the fact that sitting for the BCPS exam requires the candidate to have a minimum of three years of practice experience (at least 50% time spent in pharmacotherapy)

<https://www.bpsweb.org/specialty-exams/candidates-guide/>

Page 20, last section of eligibility requirement under Pharmacotherapy.

Commented [JK7]: CIDP member asked if this happens. Per David Smith, yes, there are annual courses in Pharmacist electronic learning management system

Commented [JK8]: CIDP meeting - suggested picking one number e.g. 10 direct observations and 10 consecutive chart reviews

Commented [JK9]: CIDP suggested to utilize a number like five chart reviews or 5 direct observations or change to 10 chart reviews or 10 direct observations every 2 years to cover for the Pharmacist q 2 year reappointment time period in the MSO.

3. Follow-up: areas requiring increased proficiency as determined by the initial or annual evaluation will be re-evaluated by the Chief Pharmacy Officer or designee at appropriate intervals until acceptable skill level is achieved.

V. Development and approval of standardized procedure

A. Method of development

Standardized procedures are developed collaboratively by health professionals, including physicians, pharmacists, and registered nurses, and should conform to the Standardized Procedure Guidelines promulgated by the Medical Board of California and the Board of Registered Nursing in Title 16, California Code of Regulations, Section 1474

B. Approval

All standardized procedures must be approved by the Committee on Interdisciplinary Practice, Credentials Committee, Medical Executive Committee, and Joint Conference Committee prior to use.

C. Review schedule

The standardized procedures will be reviewed every three years by the clinical pharmacist and medical director, and as practice changes.

D. Revisions

All changes or additions to the standardized procedures are to be approved prior to use.

VI. Standardized procedures in Medication Therapy Management Clinic

- A. Definition: This protocol describes the pharmacist management of patients referred to medication therapy management clinic at one of the following clinics: Castro Mission Health Center, Chinatown Public Health Center, Ocean Park Health Center, Maxine Hall Health Center, Curry Senior Center, Potrero Hill Health Center, Silver Avenue Family Health Center, Southeast Health Center, Tom Waddell Urban Health Center, Family Health Center, ~~General Medicine Clinic~~ Richard Fine People's Clinic, and Positive Health Program, Children's Health Center, Community Health Programs for Youth, Special Programs for Youth (see page 1).

The patient must meet the following criteria:

- a. is a registered patient at the clinic
- b. has previously been evaluated by a DPH/UCSF licensed provider

Commented [BL10]: Since on campus clinics are included?

Commented [DS11R10]: Agree

B. Assessment

1. Subjective

- a. Chief complaints
- b. History of present illness including relevant medication history
- c. Signs and symptoms related to the patient's medication therapy or underlying illnesses
- d. Medication reconciliation, adherence and concordance

e. History of allergy and medication intolerance

2. Objective

- a. Physical assessment
- b. Drug-therapy related test results
- c. Medication coverage based on insurance or other coverage plan.

C. Evaluation

1. Evaluate medication response in relation to pertinent diagnosed chronic diseases
2. Evaluate patient's understanding of chronic diseases and therapy
3. Evaluate the appropriateness of patient's drug therapy, drug interactions, allergies and adherence
4. Evaluate the need for provider consultation as outlined under section III, B, 3.
5. Evaluation to ensure that, whenever possible, prescribed or recommended medications are consistent with the patient's insurance or medication plan coverage.

D. Management

1. Educate patient on the pathophysiology of chronic diseases, and medication therapy including indications, efficacy and side effects.
2. Initiate, adjust or discontinue medication(s) for documented diagnosed chronic conditions to enhance medication adherence and efficacy, decrease risks for adverse effects and drug interactions, and to meet formulary requirements with respect to the patient's pharmacy benefits, with consideration of the most recent edition of SFDPH-based and/or nationally recognized guidelines, ~~including (but not limited to):~~
 - ~~i. 2014 Evidence-based Guideline for the Management of High Blood Pressure in Adults; Report From the Panel Members Appointed to the Eight Joint National Committee (JNC 8)~~
 - ~~ii. American Diabetes Association, Clinical Practice Recommendations~~
 - ~~iii. American Association of Clinical Endocrinologist, Medical Guidelines for the Management of Diabetes Mellitus~~
 - ~~iv. 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults~~
 - ~~v. American Thyroid Association Guidelines for Management of Hypothyroidism and Hyperthyroidism~~
 - ~~vi. Antithrombotic Therapy and Prevention of Thrombosis: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines~~
 - ~~vii. Global Strategy for the Diagnosis, Management, and Prevention of Chronic Obstructive Pulmonary Disease~~
 - ~~viii. National Asthma Education and Prevention Program Expert Panel Report: Guidelines for Diagnosis and Management of Asthma~~
 - ~~ix. Global Strategy for Asthma Management and Prevention, Global Initiative for Asthma~~

Commented [LC12]: We are excluding the inclusion of specific guidelines as the revision schedule does not allow for frequent updates to account for these changes.

- ~~x. Evidence-based guidelines for migraine headaches, American Academy of Neurology~~
- ~~xi. Treatment of Patients With Major Depressive Disorder, American Psychiatric Association~~
- ~~xii. American Association for the Study of Liver Diseases; Diagnosis, Management, and Treatment of Hepatitis C~~
- ~~xiii. American College of Rheumatology Guidelines for Management of Gout~~
- ~~xiv. Department of Health and Human Service Panel on Antiretroviral Guidelines for Adults and Adolescents.~~
- ~~xv. Department of Health and Human Service Panel Guidelines on Opportunistic Infections on HIV-Infected Adults and Adolescents~~
- ~~xvi. ACCF/AHA Guideline for the Management of Heart Failure~~
- ~~xvii. American Geriatrics Society Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults~~

3. Recommend over-the-counter medications based on signs and symptoms.
4. Educate on self-management techniques to improve chronic disease management.
5. Order tests for monitoring and managing drug therapy, in coordination with the patient's primary care provider or specialty providers.
6. Refer patients to other members of the multidisciplinary team for additional services or consultation as needed, such as nutritional consults and behavioral health services.
7. Schedule follow-up appointments with patient's primary care provider or specialty providers
8. Schedule follow-up appointments to medication therapy management clinics based upon patient's treatment plan.
9. Consult with provider as outlined under section III, B, 4.

E. Record keeping

1. Progress notes are completed within ~~7248~~ hours of patient visits.
2. All drug therapy initiations, adjustments and discontinuations are entered in the electronic health record within 24 hours.
3. Vaccinations are entered in the electronic health record within 24 hours.
4. All prescriptions, including those requiring a paper prescription, are entered in the electronic medical record.

Commented [LC13]: This is to align the requirement with that of our providers on locking notes using eCW. There are also separate OPPE standard on timely locking of notes.

Figure 1

Medication Therapy Management Clinic

