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Innovative Strategies to Move Emergency Medicine Forward

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Disclosures and Disclaimers

- I do not have any specific conflicts of interest related to the material presented today

- Much of this is based on my understanding and interpretation
- Anything not included was not intentional, simply an oversight

- There will be polleverywhere questions
- Please log in at pollev.com/emp

Objectives

- Discuss the evolution of emergency medicine (EM) pharmacy practice
- List current legislation, organizational policies and changes to practice impacting EM pharmacy practice
- Describe priorities for the future of EM pharmacy and residency programs

Before Emergency Medicine...

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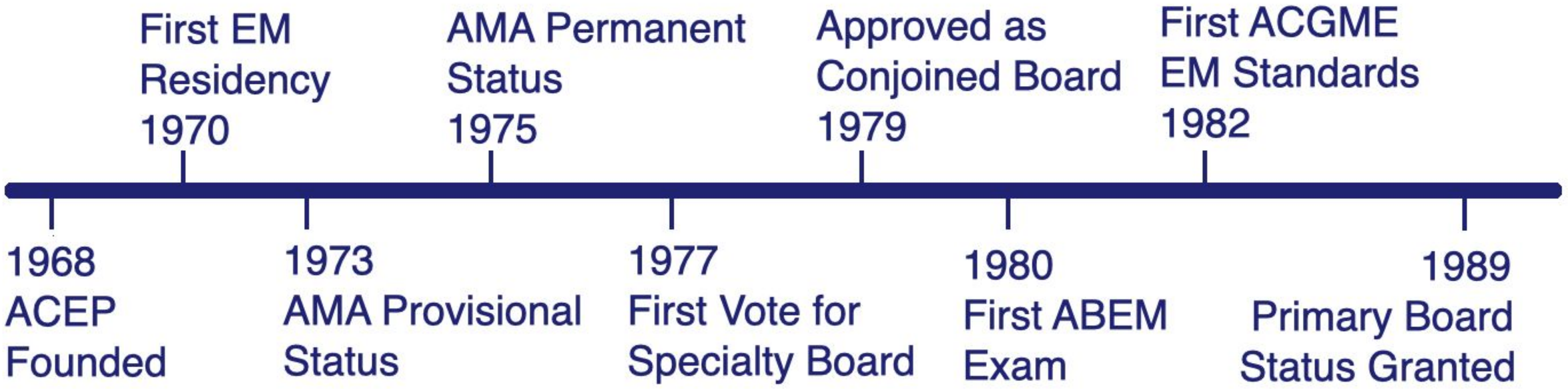
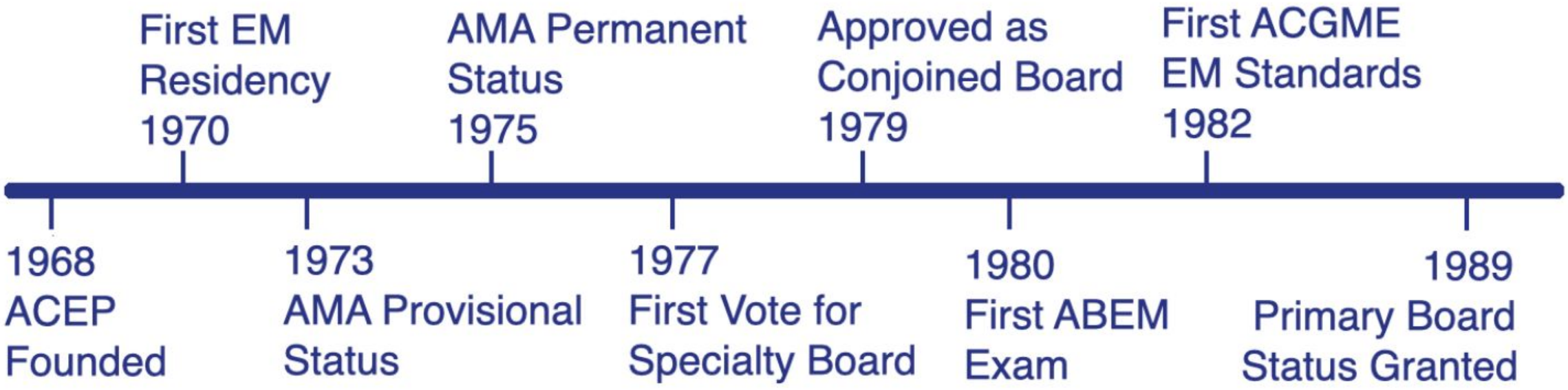
A Brief History of Emergency Medicine



American Academy of Emergency Medicine. (n.d). AAEM History. https://www.aaem.org/about-us/our-values/history.

When was the first description of an EM pharmacy service published?



American Academy of Emergency Medicine. (n.d). AAEM History. https://www.aaem.org/about-us/our-values/history.

The Clinical Pharmacist in Emergency Medicine

Robert M. Elenbaas, Joseph F. Waeckerle and W. Kendall McNabney

The functions of a pharmacist in emergency medicine, encompasing clinical practice, education and research, are described, and an evaluation of physicians' and nurses' attitudes toward pharmacist involvement in these areas is presented.

Reference: Elenbaas RM, Waeckerle JF, McNabney WK. The clinical pharmacist in emergency medicine. Am J Hosp Pharm. 1977 Aug;34(8):843-6. PMID: 900137.

1. Physician-nurse consultation—pharmacotherapeutic and pharmaceutic consultation to design, implement and monitor a patient-specific therapeutic plan using the most efficacious, least toxic and most economical drugs available;
2. Patient education—directed toward increasing patient understanding and appreciation of medication use to assure minimal therapeutic failure, toxicity or noncompliance;
3. Medication use—assists in maintaining emergency department compliance with pharmacy procedures and assists in developing and maintaining an appropriate formulary of medications in the emergency room (although drug distribution functions are not a part of this activity);
4. Drug therapy management—directly initiates and continues the drug therapy of selected patients within the emergency department (i.e., drug overdoses, asthma, seizures, etc.); and
5. Committee service—the pharmacist is active on both hospital and community agency committees concerned with emergency drug use. The Mid-America Regional Council for Emergency Rescue (a community agency coordinating prehospital emergency health care) has been developing policies regulating infield, paramedic drug administration, and the pharmacist has served as a consultant to this agency in developing these and other policies.

1. Medical staff and residents—in addition to daily informal educational encounters, the department has a structured conference program for its members and students, which the pharmacist regularly participates in and conducts;
2. Nursing staff—scheduled inservice programs are offered for the nursing personnel;
3. Medical students—through the design of the University of Missouri-Kansas City, School of Medicine, the clinical pharmacy faculty are largely responsible for medical student education in pharmacology and therapeutics,[10] and the pharmacist holds a joint faculty appointment in the schools of pharmacy and medicine;
4. Emergency medical technicians (paramedics)—the Department of Emergency Health Services conducts a 500-hour paramedic training program, and the pharmacist is responsible for the pharmacology portion of the curriculum;
5. Continuing education—extramural physicians and nurses may participate in organized continuing education programs in emergency medicine offered through the department; and
6. Pharmacy students (B.S. and Pharm.D.) and pharmacy residents—activities of the pharmacist in the educational programs of pharmacy students and residents have been extensively described elsewhere.[10]

Reference: bps Board of Pharmacy Specialties. (February 21, 2020). Emergency Medicine Pharmacy Recognized as New Specialty. https://www.bpsweb.org/2020/02/21/emergency-medicine-pharmacy-recognized-as-new-specialty/.

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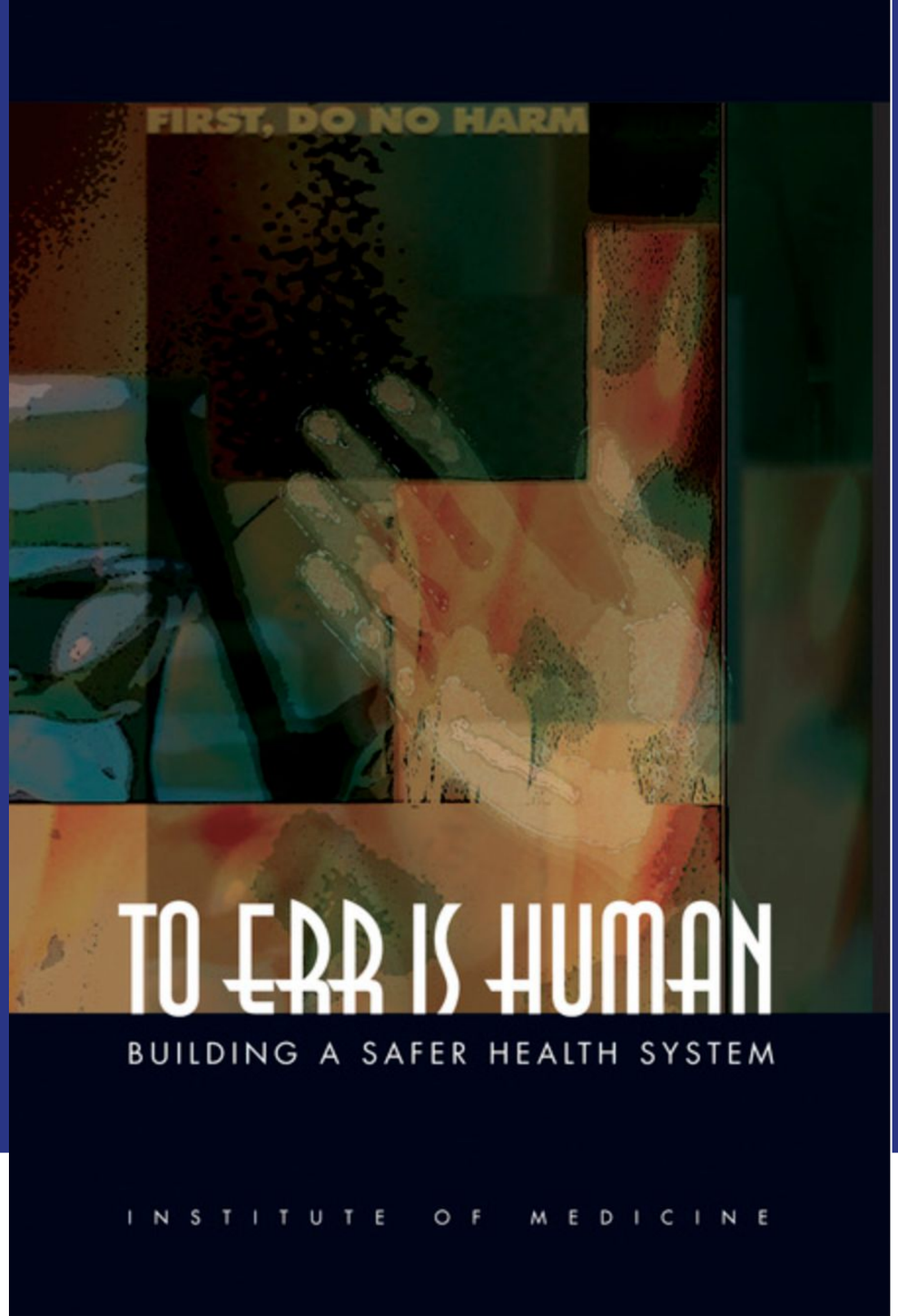
https://www.accp.com/report/index.aspx?iss=0813&art=1



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Institute of Medicine. 2000. To Err Is Human: Building a Safer Health System. Washington, DC: The National Academies Press

Clinical pharmacy services in an emergency department

ROLLIN J. FAIRBANKS, DANIEL P. HAYS, DAVID F. WEBSTER, AND LINDA L. SPILLANE

Am J Health-Syst Pharm. 2004; 61:934-7

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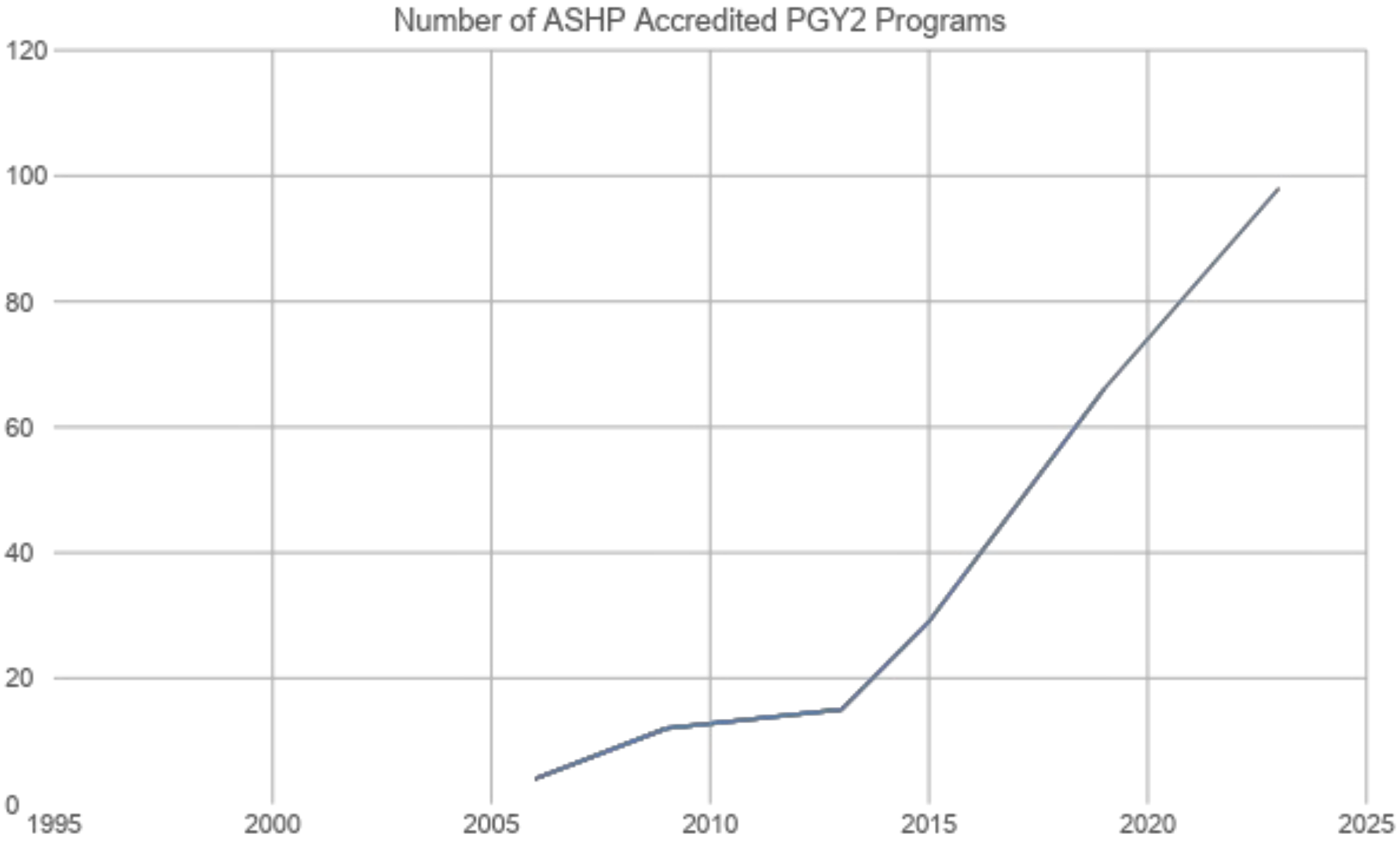
Reference: Fairbanks, R., Hays, D., Webster, D., Spillane, L., (2004).”Clinical pharmacy services in an emergency department” .*Am J Health-Syst Pharm*. 61:934-7.


Number of ASHP Accredited PGY2 Programs
120
100
80
60
40
20
0
1995
2000
2005
2010
2015
2020
2025

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https://emcrit.org/

What was the first FOAMED account you followed?

Top

Modern Era

https://www.bpsweb.org/

Have you heard of the EM Model?

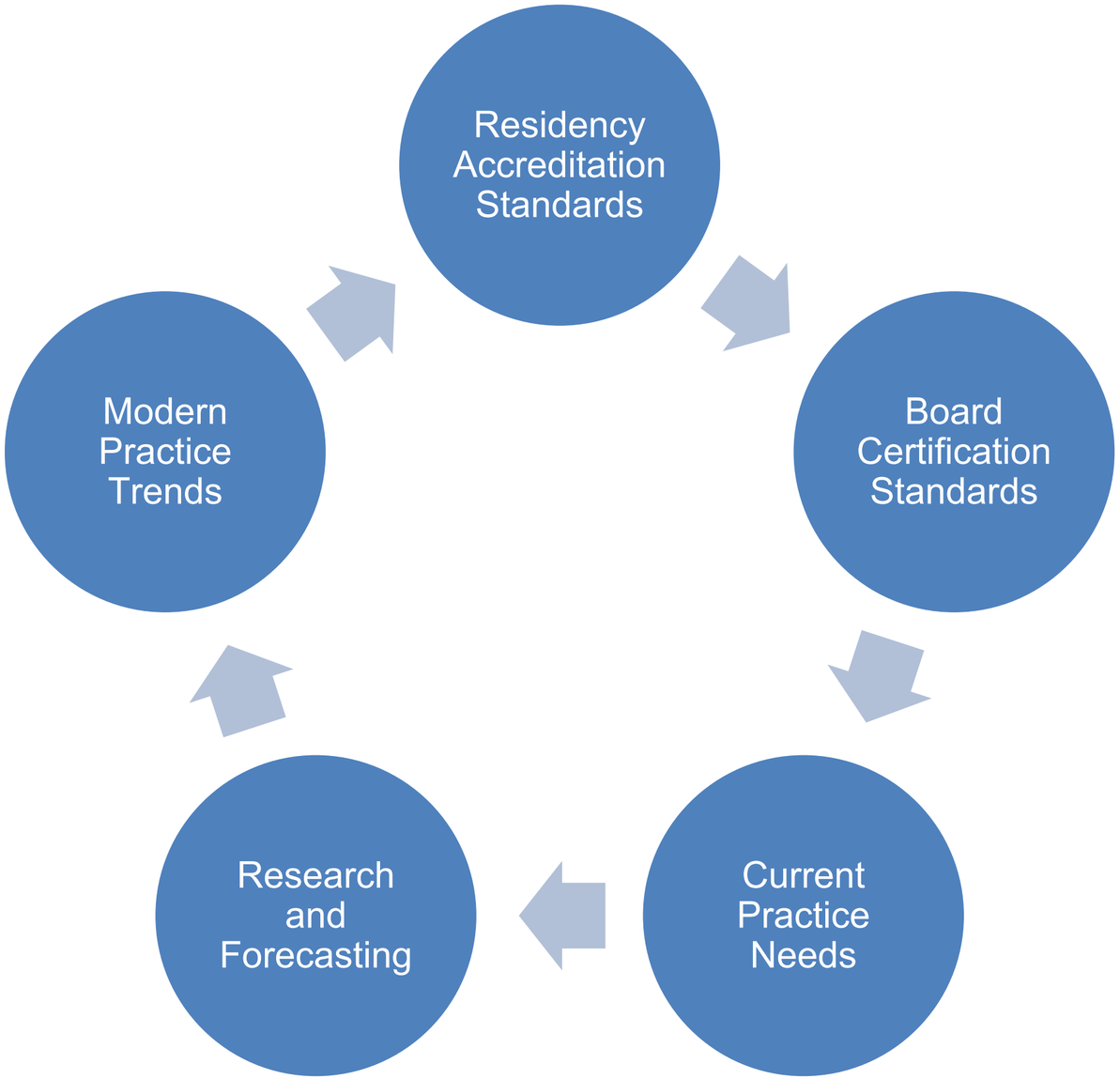
Yes

No

I stopped paying attention

The EM Model

The EM Pharm Model?


Residency Accreditation Standards
Board Certification Standards
Current Practice Needs
Research and Forecasting
Modern Practice Trends

BCEMP Maintenance – Opportunities

- Shift from CE or re-examination based maintenance
- Continuing professional development will count toward maintaining certification
- Potential dissemination mechanism for best practices, minimum standards, key advances
- Can high quality FOAMED/FOAMED-inspired projects fill this need? Inform this need?
- What are those best practices, key advances, etc?

Research in EM Pharmacy

- Current state
- Needs?
- Future goals?

Research in EM Pharmacy

- Integration of resident workforce into large scale research
- Decreasing redundancy while increasing quality
- Pharmacists impact on core measures and throughput
- Intentional timing and direction of practice surveys and forecasting to inform standards

Advocacy in EM Pharmacy

- Current state
- Needs?
- Future goals?

Advocacy in EM Pharmacy

- Centralized development of legislative priorities for EM pharmacists
- Monitoring for successful legislation at state level
- Actionable policy recommendations that can be added to the agenda of state and national organizations

Advocacy – Billing for EM Pharmacy Services

- Outpatient vs inpatient billing
- Most advocacy efforts focused on outpatient
- Potential for EM to bill during outpatient portion of stay?
- Billing in DRG based reimbursement model?

Collaboration with Non-Pharmacy Organizations

- SAEM, SCCM very welcoming
- ACEP Statement on EM Pharmacy Services is promising
- Lots of organizational support for BCEMP
- Opportunities?

Collaboration with Non-Pharmacy Organizations

- EMPs should have a voice in maintenance of EM board certification for physicians
- EMPs have a voice in creating policy relating to EM pharmacotherapy
- EMPs should be easily accessible
- EMPs should be able to speak with a unified voice to major issues facing the profession

Closing Thoughts

- Exciting things are happening across a variety of organizations
- There is need for better coordination and alignment of these activities
- The EM Model is a shining example how to coordinate these efforts
- There is a need for an organization of emergency medicine pharmacists to coordinate these initiatives
- We should call it the Society of Emergency Medicine Pharmacy

What do you think we should do to move EM pharmacy forward?

Top

Learning Assessment Question

- Which was the first PGY2 Emergency Medicine Pharmacy Residency Program accredited by ASHP?
  - A. Detroit Receiving Hospital
  - B. University of Illinois Chicago
  - C. Rutgers
  - D. Strong Memorial

Learning Assessment Question

- Which was the first PGY2 Emergency Medicine Pharmacy Residency Program accredited by ASHP?
  A. Detroit Receiving Hospital
  B. University of Illinois Chicago
  C. Rutgers
  D. Strong Memorial

  Answer: A

- Explanation: Detroit Receiving Hospital established the first ASHP-accredited PGY2 emergency medicine pharmacy residency program. The other programs were accredited in the following years. This is an important milestone for the growth and advancement of emergency medicine pharmacy.

Learning Assessment Question

- In what year were the first batch of Board-Certified Emergency Medicine Pharmacists certified?
  A. 2020
  B. 2021
  C. 2022
  D. 2023

Learning Assessment Question

- In what year were the first batch of Board-Certified Emergency Medicine Pharmacists certified?
  A. 2020
  B. 2021
  C. 2022
  D. 2023

  Answer: D

- Explanation: The first examination for Board Certified Emergency Medicine Pharmacist (BCEMP) certification was administered in 2023. Pharmacists who passed this inaugural exam will be the first to achieve board certification in this new specialty. The establishment of BCEMP certification is an important step towards advancing emergency medicine pharmacy practice.

Learning Assessment Question

- How does the profession of pharmacy ensure all residency programs are training pharmacists to achieve a minimum standard of competency prior to entering clinical practice?

A. Board certification
B. Residency accreditation standards
C. Quality of their posts
D. Vibes

Learning Assessment Question

- How does the profession of pharmacy ensure all residency programs are training pharmacists to achieve a minimum standard of competency prior to entering clinical practice?

A. Board certification
B. Residency accreditation standards
C. Quality of their posts
D. Vibes

Answer: B

Explanation: Residency accreditation standards set by ASHP (American Society of Health-System Pharmacists) help ensure a baseline level of competency for pharmacists completing ASHP-accredited residency programs. These accreditation standards specify requirements for areas such as program goals and objectives, preceptors, learning experiences, and evaluations. By meeting these national standards, residency programs can prepare pharmacists with the competencies needed to enter clinical practice.

Thank You!

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