Impact of COVID-19 on Pharmacy Education and Practice: Strategies to Boost Advocacy and Unity among Health care Organizations


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COMMENTARY

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ABSTRACT

The global COVID-19 pandemic impacted pharmacy education and changed the pharmacists’ scope of practice at the federal and state levels. Based on the Amended Public Readiness and Emergency Preparedness Act, pharmacists were authorized to provide essential services, including testing, treatments, and immunizations at various practice settings. Specifically, the FDA issued emergency use authorization (EUA) for several medications, vaccines, and medical devices. The pandemic also affected the regulatory landscape for pharmacists, pharmacy education, access to care, and delivery of pharmacy services in person and through telehealth. The pandemic’s specific impact on pharmacy education heightened awareness of the well-being of the Academy. This commentary will highlight the impact of COVID-19 on both pharmacy education and practice. It will also provide strategies that educators, researchers, and practitioners can take into future research and action to help promote advocacy and unity among pharmacy organizations.

Keywords:
Scope of Pharmacy Practice Expanding the Scope of Pharmacy Practice Advocacy for the pharmacy profession

INTRODUCTION

The COVID-19 global pandemic has impacted pharmacists’ scope of practice (scope) at the federal and state levels. Amendments to the Public Readiness and Emergency Preparedness Act (PREP Act) authorize pharmacists to provide testing, treatment, and immunization services. The FDA also issued emergency use authorization (EUA) for drugs, vaccines, and medical devices for use during the
COVID-19 pandemic. The pandemic affected the regulatory landscape for pharmacists, as well as access and delivery of pharmacy services. The pandemic’s specific impact on pharmacy education heightened awareness of the well-being of the Academy. This commentary will highlight the impact of COVID-19 on both pharmacy education and practice, and provide strategies that educators, researchers, and practitioners can take into future research and action to help promote advocacy and unity among pharmacy organizations.

Pharmacists are the medication therapy experts. They have been educated to provide clinical advice, administer immunizations and treatments, and dispense medications to patients. Yet, they are not recognized nationally as health care providers. States passing legislations to expand the scope of pharmacy practice are still facing many challenges in the workplace. The impact on COVID-19 in the curriculum has affected both curricular delivery and the methods used to engage learners in classrooms and experiential settings. COVID-19 has had multifaceted impacts on pharmacy practice and education. Practitioners were faced with new challenges to implement social distancing in their practice settings. Consequently, current new practices rely more heavily on building rapport through virtual means, including telehealth.

Additional challenges include the lack of recognition of pharmacists as health care providers at the federal level and lack of standardization of pharmacy practice at the state level. Therefore, pharmacists are not able to receive reimbursement for their services at the federal level and are excluded from recent legislation to prescribe medications. In many states, without collaborative practice agreements, pharmacists can only dispense medications following another prescriber’s orders. Finally, pharmacy workflow is not always conducive for pharmacists to provide the needed quality services to patients.

Consequently, there is a need for unity among pharmacy and health care organizations to advocate for the profession at the federal and state levels. The current scope of practice rewards pharmacists based on the quantity, rather than the quality, of patient care services. Therefore, pharmacists must collaborate with other health care professional associations to advocate for rewarding their contribution to health care teams. This will empower pharmacists to enhance patients’ economic, clinical, and humanistic outcomes.

Impact of COVID-19 on Pharmacy Education

At the start of the pandemic, university administrators prioritized the safety of students, staff and faculty. Many universities adopted remote learning and disrupted experiential education schedules hoping the pandemic would resolve in a matter of weeks. Initially, programs suspended in-person curricula, resulting in altered and delayed progression for their students. As the pandemic continued, educators realized that new methods for effective pedagogy would need to be adopted to ensure students progressed towards their development into health care providers.
As the pandemic showed no signs of resolution, universities adopted innovative and creative ways to continue to enroll students, support their matriculation, and forge ahead with their programs. Pharmacy education followed suit as faculty and staff quickly adopted new technology, increased their teaching toolkits to include online education, and redesigned their material to meet the diverse needs of their learners. COVID-19 negatively affected curriculum delivery, student progression, community health and wellness, and student success. The impact on the curriculum brought forth an increased interest in “hyflex” education and access, as well as concern about ensuring equity among learners of different socioeconomic backgrounds. The impact on student progression was pronounced, as universities had to pause instruction and disrupt experiential clinical rotations. The isolation and introspection from the pandemic also surfaced the increased physical and psychological health care needs, which highlighted scarcities in support systems and structures. Finally, student success was impacted as some students stayed in programs and struggled academically or took leaves of absence from their programs thus delaying their graduation. Consequently, there is a need for unity among pharmacy educators to advocate for equity among learners in all health care professions.

Impact of COVID-19 on Pharmacy Practice

Kraus, et al. identified over 40 state Medicaid programs that reimburse pharmacists for services, with all 50 states expanding pharmacists’ ability to provide care. They presented that 11 states passed laws expanding immunization, 22 states permit pharmacists to independently order and administer immunizations, and 3 states established statewide prescribing protocols. The National Alliance of State Pharmacy Associations’ 2021 midyear report provides similar information showing 43 states with 213 provider status-related bills in the legislative process with 108 to codify emergency COVID measures. The American Pharmacists Association (APhA)’s 2021 legal review showed several states enacted “test-and-treat” legislation for conditions such as influenza, streptococcal pharyngitis and COVID-19. While several other states acknowledged the benefit of pharmacists to patient care by passing legislation expanding scope and payment. Finally, The Pharmacy and Medically Underserved Areas Enhancement Act is before the US Congress to recognize pharmacists as providers under Medicare Part B. The limitations to the bill notwithstanding, it is a starting point. As the benefits offered by the profession to patient care are realized, this legislation will expand to cover all beneficiaries. Zhang and colleagues estimated the United States will have a shortage of 139,160 physicians and pharmacists are uniquely poised to fill this void by 2030 by providing point-of-care testing (POCT), prescribing, and providing telehealth.

For a change to be permanent, it needs to be consistently applied without the possibility of returning to its prior state. Lewin’s Theory of Change recognizes that for change to occur, existing processes, beliefs, and cultural systems must unfreeze
from their current state of being. These cultural and systems changes require an adaptive leadership approach that incorporates various stakeholders in developing the solution. This helps to create change advocates and leaders who implement, share information, facilitate buy-in, and develop strategies that influence undergoing the work and potential loss associated with change. For a change to be permanent, Lewin’s Theory also recognizes that “refreezing” of the new mindsets and systems needs to occur.

APhA describes a pharmacist’s scope as limits of professional practice and are quick to highlight that these limits are established differently at the state level. The national scope for pharmacists is thus not uniform and in a consistent state of evolution as new ideas and approaches to practice and patient care expand to neighboring states and regions before becoming fully adopted. Rather than change, the COVID pandemic merely expanded the scope of pharmacy practice. Prior to the pandemic, pharmacists were already immunizing, POCT, prescribing, and providing telehealth. The ASHP Pharmacy Forecast 2022 suggests the need to expand scope, recognizing that pharmacists were already doing these activities to varying degrees based on their education and training. It also suggests expansion of the public health role of pharmacists, and expansion to full provider status including billing. AACP's strategic plan (https://www.aacp.org/article/strategic-plan) recognizes the need for ongoing transformation of pharmacy practice. It highlights elements such as “leading in a culture of change” and “fostering a sustaining a culture of transformation.” The ASHP Forecast also suggests expanding collaborative relationships with pharmacists to provide robust Comprehensive Medication Management Services, that allow pharmacists to be reimbursed at the full provider level. This includes the provision of telehealth which has long been used in rural settings as well as other pandemics to manage patients with limited access to pharmacists and other health care providers. These services were expanded and supported during the pandemic with “direct supervision” being allowed remotely. Additionally, billing for these services by providers was expanded. However, pharmacists are not able to take full advantage of the opportunity created by the physician shortage in the United States because they can only bill at Current Procedural Terminology (CPT) and Transitional Care Management codes (TCM) levels. Without changes in reimbursement models and appropriate payment for services, pharmacy continues to be challenged for sustainability.

Call to Action for Advocacy

The authors recommend advocating for recognizing pharmacists as health care providers at the federal level as an action item. During the pandemic, pharmacists were the most accessible health care team members providing essential services to patients both in-person and through telehealth. Studies during COVID-19 pandemic recognized hospitals as the major workplace for pharmacists and addressed services which targeted acute care settings including drug information, and patient education at the time of discharge. It is important to also focus on community
settings where pharmacists provide a significant number of services including testing and vaccination. Pharmacists must be recognized as health care providers at the federal level to continue to provide primary, secondary and tertiary services during public health pandemic and beyond.

Another action item is to empower pharmacists to expand their scope in public health through pharmacy professional organizations advocacy initiatives. Since the 1990s, both government and pharmacy professional organizations have been expanding the pharmacists’ scope to improve their role in public health. Specifically, pharmacy services and preventative medicine have been expanded, including pharmacist-provided immunization, HIV PEP and PrEP, Streptococcus and influenza testing.

President Biden unveiled the Test-to-Treat initiative to boost early and effective treatment of nonhospitalized cases of COVID-19 to prevent hospitalization. Based on this action, patients can be tested at the pharmacy and receive treatment immediately and free of charge. This means the test and treatment can get started in very early stages of the disease and save many patients from progressive disease and hospitalization. The major drawback to this initiative is the EUA only allows “physicians, advanced practice registered nurses and physician assistants” to prescribe the medication if authorized under applicable state laws. Since pharmacists are not able to prescribe these medications, they will only available at pharmacies within the estimated 2,000-3,000 clinics in the U.S. Millions of Americans will therefore be excluded from this type of care.

A key advocacy action item is for health care professional organizations to unite for advocating to expand pharmacists’ scope at both the national and global level to enhance public health initiatives. Collaborating with key stakeholders (decision makers, other health care providers and patients) to transform the pharmacy workflow to provide improved patient care in all practice settings.

An important action item is related to creating an efficient workplace. Recently, conditions have created systems-based errors, due to multiple responsibilities of providing vaccination, point-of-care testing, and prescription filling services. This has resulted in increases in filling errors because of increased prescription numbers, extended working hours, and decreases in pharmacist well-being.

The pandemic has emphasized the importance of self-care, especially with the expanded scope that pharmacists now have. Pharmacists are speaking up about workplace concerns, resulting in increased advocacy for pharmacists’ well-being. AACP added Well-Being to its strategic plan. However, pharmacists are not able to take full advantage of the opportunity created by the physician shortage in the United States because they can only bill at CPT and TCM levels.

An essential action item is to have a safe, conducive, and streamlined work environment. This will enable pharmacists to provide quality and safe services while maintaining their own well-being.
Transforming pharmacy education to fit the expanded pharmacists’ scope. COVID-19 has changed pharmacy education. Preceptors and institutions collaborated to provide innovative remote APPEs. More schools are looking to start online PharmD programs with an increase in the resources provided to students to address well-being. Pharmacists play an integral role in public health and the pandemic has emphasized the need to provide adequate pharmacy education in emergency preparedness and response.

Modifications need to be made to curricula, research conducted, and the continuing professional development education offered, to equip pharmacists as outstanding providers and public-health advocates.

**SUMMARY**

When analyzing the impact of COVID-19 on our professional education and practice, it is important to realize the difference between invention and innovation. Both elements lead to disruptive novelty and are sources of lasting change in pharmacy. Pharmacists must continue to advocate for the expansion of already-existing services, including telehealth and pharmacist prescriptive authority, that persist through regulatory consideration from stakeholders and communities. The COVID-19 pandemic started the conversation anew about professions classified as essential and non-essential. It also fueled conversations about wider workforce demands with professionals wanting more leadership, mentorship, opportunities for growth, and ongoing flexibility to engage in their roles as valued knowledge workers. While the pandemic provided opportunities for change, we need ongoing advocacy to turn these initial efforts into lasting change. Pharmacists and pharmacy educators work within their communities to promote the desired future for the profession and take a permanent place within the federal laws in the United States.

**REFERENCES**


