

The State of Pharmacist Credentialing and Privileging in Wisconsin

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The healthcare system is changing at a rapid pace and continues to increase in complexity. In order to meet the needs of patients, some organizations have established a credentialing and privileging process in order to validate pharmacist's competence and capabilities in providing patient care services. Credentialing and privileging of pharmacists is gaining traction as the profession expands direct patient care and specialized roles amidst provider status and reimbursement for services.

Founded in 1999, the Council on Credentialing in Pharmacy (CCP) is a coalition of 10 national pharmacy organizations committed to providing leadership, guidance, public information, and coordination for credentialing and privileging programs relevant to the pharmacy profession. Credentialing is defined by the Council on Credentialing in Pharmacy as the process of granting a credential, or the process by which an organization or institution obtains, verifies, and assesses an individual's qualifications to provide patient care services.¹ This can vary by institution or organization. The concept of credentialing pharmacists is well described by Jordan et al. For example, the pharmacy department credentials its staff by requiring and validating a pharmacist's pharmacy degree and license.²

Privileging allows for an expanded scope of pharmacist practice that is recognized at the institutional level and formally elevates the pharmacist to that of a non-physician provider. Privileging is defined by the Council on Credentialing in Pharmacy as the process by which a healthcare 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

Abstract

Background: Credentialing and privileging are known mechanisms for establishing pharmacists in direct patient care and specialized roles. The need to understand the current state of credentialing and privileging practices across Wisconsin, as well as identify successes and barriers to implementing these practices, was a primary focus for PSW's Pharmacy Advancement Leadership Team from 2017-2018.

Methods: A descriptive survey was developed and distributed to Wisconsin pharmacy leaders to evaluate the current state of credentialing and privileging of pharmacists across the state. Results were analyzed and discussed with stakeholders at the 2018 PSW Educational Conference.

Results: Survey results illustrate that Board of Pharmacy Specialties certification is the most common post-graduate licensure credential, with cost being the most commonly cited barrier to obtaining certification credentials. Survey respondents indicated collaborative practice agreements as the most common method of pharmacist privileging, with lack of structure for required activities reported as the most common barrier. Discussion with subject matter experts at the 2018 PSW Educational Conference confirmed these survey results.

Conclusions: Our review of the state of pharmacist credentialing and privileging in Wisconsin demonstrated variable benefits and challenges of utilizing these mechanisms, based on the practice environment and availability of financial resources. Despite this variability, there is opportunity to standardize how pharmacists define clinical competence beyond licensure. Credentialing and privileging not only enables pharmacists to provide advanced clinical services, but also ensures that they are providing the best possible care to patients. It is imperative that this be a focus of pharmacy organizations across the country, as the profession continues to establish means for pharmacists to practice at the top of their license.

that organization.¹ Clinical privileges are both facility specific and individual specific. For example, some institutions might elect to have a well-defined list of clinical privileges (e.g., renal dosing adjustment, anticoagulation management), whereas

others may have a general all-encompassing privilege.²

The need to better understand the current state of credentialing and privileging practices across Wisconsin, as well as identify successes and barriers

became a primary focus of the Pharmacy Advancement Leadership Team (PALT) for the 2017-2018 year. PALT is the Pharmacy Society of Wisconsin (PSW) team comprised of administrative pharmacy residents from across the state of Wisconsin. This group focuses on select priorities, annually, to make contributions to the advancement of pharmacy practice within the state.

Survey Methods

Questionnaire

PALT developed a descriptive survey to assess the current practices related to credentialing and privileging of pharmacists throughout the state of Wisconsin. This survey was distributed to Wisconsin pharmacy leaders via PSW email listservs. Survey recipients represented various practice settings such as academic medical centers, non-academic medical centers, community teaching hospitals, critical care access centers, government medical centers, ambulatory care clinics, and community pharmacies. Survey items included: facility demographics, current state of credentialing practices, current state of privileging practices, and the perceived institution culture and potential barriers surrounding pharmacist credentialing and privileging. Questions were structured as multiple choice, multiple selection, yes-no, Likert-scale, and open-ended response.

Credentialing

Survey recipients were asked 8 questions with regard to credentialing practices at their institution. Questions focused on the makeup of credentialed and non-credentialed pharmacists within their practice site, requirements for credentialing that may be in place for particular practice settings, and the potential for financial support to obtain credentials. Because the Board of Pharmaceutical Specialties (BPS) offers widely recognized certifications, questions centered on the frequency of BPS and non-BPS credentials.

Privileging

The Council on Credentialing in Pharmacy identifies examples of pharmacist privileging such as collaborative practice agreements (CPA) to facilitate team-based patient care.¹ Types of privileging options

included in the survey were chosen based on services provided through CPAs at local health systems. Given the variable nature of pharmacist roles throughout practice sites, the survey sought to identify current privileging practices through the state (Figure 1). Common areas of pharmacist privileging surveyed included laboratory monitoring, inclusion of ordering labs per protocol based on disease state/current medication, medication initiation or dosing services, such as warfarin or vancomycin, and medication adjustment services, like renal dose adjustment or route conversion. Other options within the survey included: medication order verification (chemotherapy), transitions of care to include medication reconciliation review and medication history, patient education such as high-risk medication counseling or disease state specific counseling, emergency response services (cardiac arrest, rapid response), prescribing medications, as well as a free text option.

Survey Results

Demographics

A total of 52 responses were received after survey distribution from November to December of 2017. Responses were geographically dispersed across the state (Figure 1) and represented a variety of practice settings (Table 1).

A majority of respondents, 96%, identified their practice setting as a hospital or health-system, with 13% having a pharmacist presence within an ambulatory care clinic. Eighty-nine percent of respondents were from a practice with 49 or less pharmacist full-time equivalents.

Credentialing

The results of the survey illustrate that Board of Pharmacy Specialties (BPS) is the most common post-graduate credential. Six percent of respondents indicated that more than 75% of their pharmacists are BPS certified, while 69% indicated less than 25% of pharmacists hold BPS certification. Moreover, most organizations provide financial support for initial certification, but not for recertification. Additionally, non-BPS certifications are less common – 96% of respondents report having 25% or fewer pharmacists holding these certifications, with the remaining 4%

FIGURE 1. Distribution of Survey Respondents across Wisconsin



TABLE 1. Summary of Survey Respondents across Wisconsin

No. of Participants	Facility
21	Ascension
9	Advocate Aurora
1	Bellin Memorial Hospital
1	Children's Hospital of WI
1	Cumberland Healthcare
1	Fort Healthcare
2	Froedtert Hospitals
1	Gundersen St. Joseph's Hospitals
1	HSWS Eastern Wisconsin Division
1	Madison VA
2	Mayo Clinic
1	Memorial Hosp Inc.
1	Mercyhealth
1	Southwest Health
1	SSM Health St. Clare Hospital
1	St. Croix Regional Medical Center
1	UW Health
1	Vernon Memorial Healthcare
1	Westfields Hospital

TABLE 2. Summary of Responses Regarding Experience with Inter-professional Support

<i>Please comment on interprofessional support that has been provided for pharmacists at your institution related to pharmacist credentialing and privileging</i>	
Responses	n (%)
Physician Champions	9 (75%)
Pharmacy and Therapeutics Delegation Protocols	2 (16%)
Continuing Education sessions sponsored by pharmacy department	1 (8%)

reporting more than 75% of pharmacists holding additional certifications. Financial support from employers for non-BPS certification and recertification is not common.

Privileging

Survey respondents indicated collaborative practice agreements as the most common method of pharmacist privileging, followed by internal departmental privileging. While

interprofessional support was not found to be a common practice, responses do indicate that the use of physician champions to promote pharmacist credentialing and privileging was successful for 9 institutions (Table 2).

Still, 36% of respondents indicated a lack of privileging methods for pharmacists at their institution (Figure 2). Figure 3 summarizes pharmacist privileging areas. Finally, results do not lend to a clear association between the institution's current

state of pharmacist privileging and the perception of pharmacist level of practice (Figure 4).

Barriers

The most commonly cited barrier to pharmacists obtaining credentials beyond licensure was cost (24%), followed by lack of educational support (18%) and lack of recognition of advanced credentials by other professions (18%) (Table 3). Some respondents commented on the lack of board exams in their area of practice, as well as the large need for pharmacists to fill more traditional roles in their institution.

Regarding pharmacist privileging, the most common barrier is a lack of structure for activities that lead to privileging (22%), followed by lack of reimbursement (15%) (Table 4).

Discussion

For sharing and discussion of these survey results at the state level, it was decided to bring this topic to the 2018

FIGURE 2. Pharmacist Privileging Method by Practice Setting Type

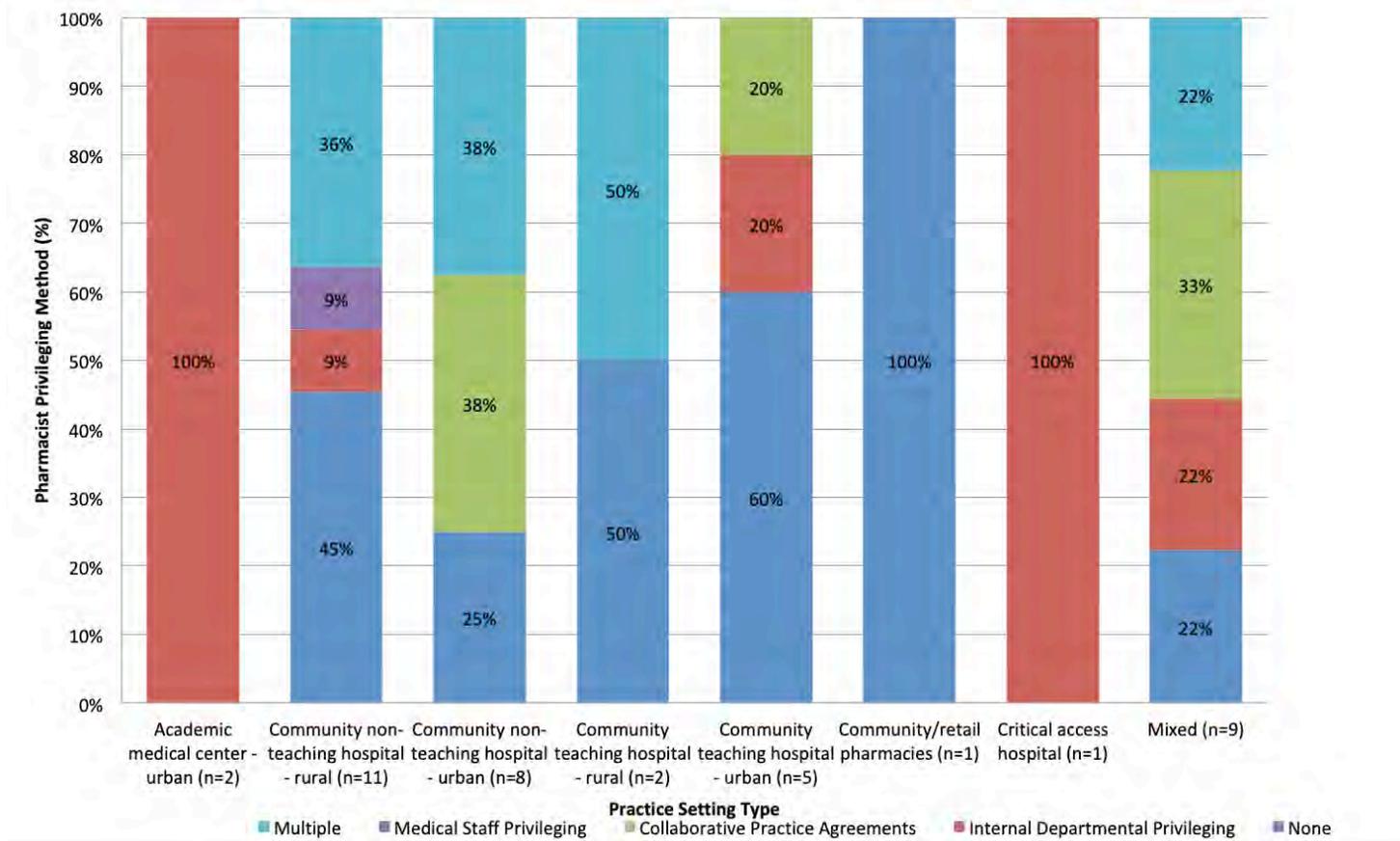
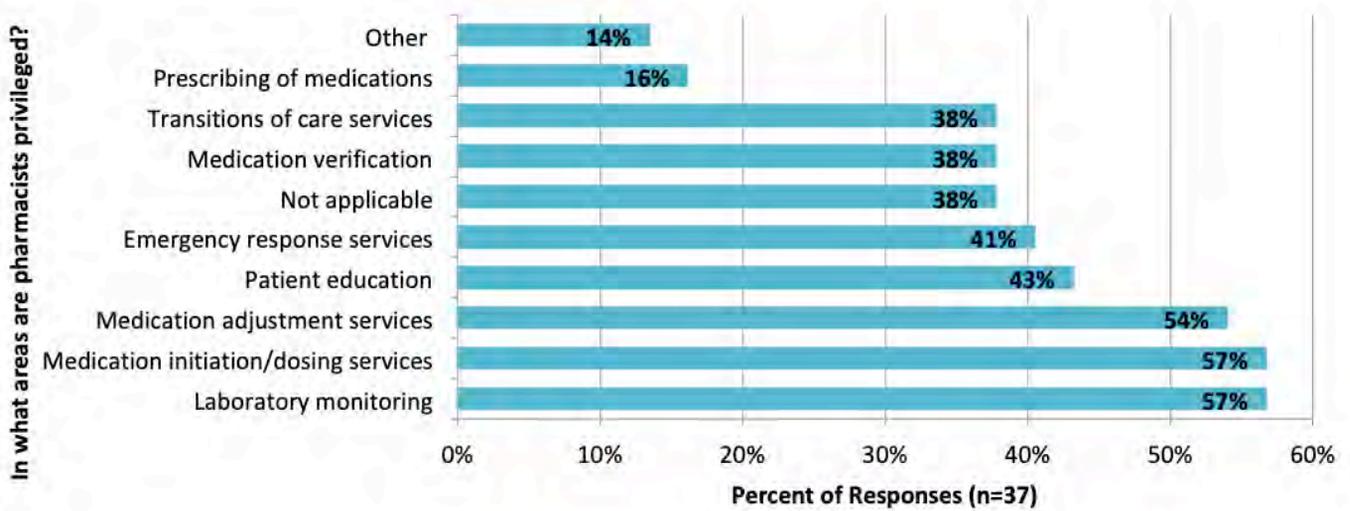


FIGURE 3. Summary of Pharmacist Privileging Areas



PSW Educational Conference for discussion at the Health-System Leadership Forum. Along with survey results, a panel of leaders representing best strong practices across the state were gathered to share their insights on credentialing and privileging. This panel included: Diane Erdman, PharmD, BCPS, CDE, CPPS, BCACP (Ascension Wisconsin), David Hager, PharmD, BCPS (UW Health) and David Grinder, RPh, MS (Monroe Clinic).

The panelists were asked a series of questions to help facilitate discussion and

compare the practices at their institutions. Questions regarding pharmacist credentialing explored: (1) processes that other providers (i.e. physicians, nurse practitioners) use to become credentialed, (2) specific credentials that may be required for pharmacists in different practice settings, and (3) handling of pharmacist competencies within respective institutions. Regarding pharmacist privileging, the group discussed: (1) how their respective organizations allow pharmacists to pursue privileging, (2) what activities are associated

with those privileges, (3) what barriers are faced to pursue privileges including differences from physician and advanced practitioner privileging processes and (4) the motivation to pursue privileging for pharmacists.

Several current practices and future visions were brought forth in the panel discussion. Discussion surrounding credentialing was robust, however, board certification was considered by the clear majority as a crucial step for practicing at the top of a pharmacist's license. Making

FIGURE 4. Perception of Pharmacist Practice Compared to State of Privileging

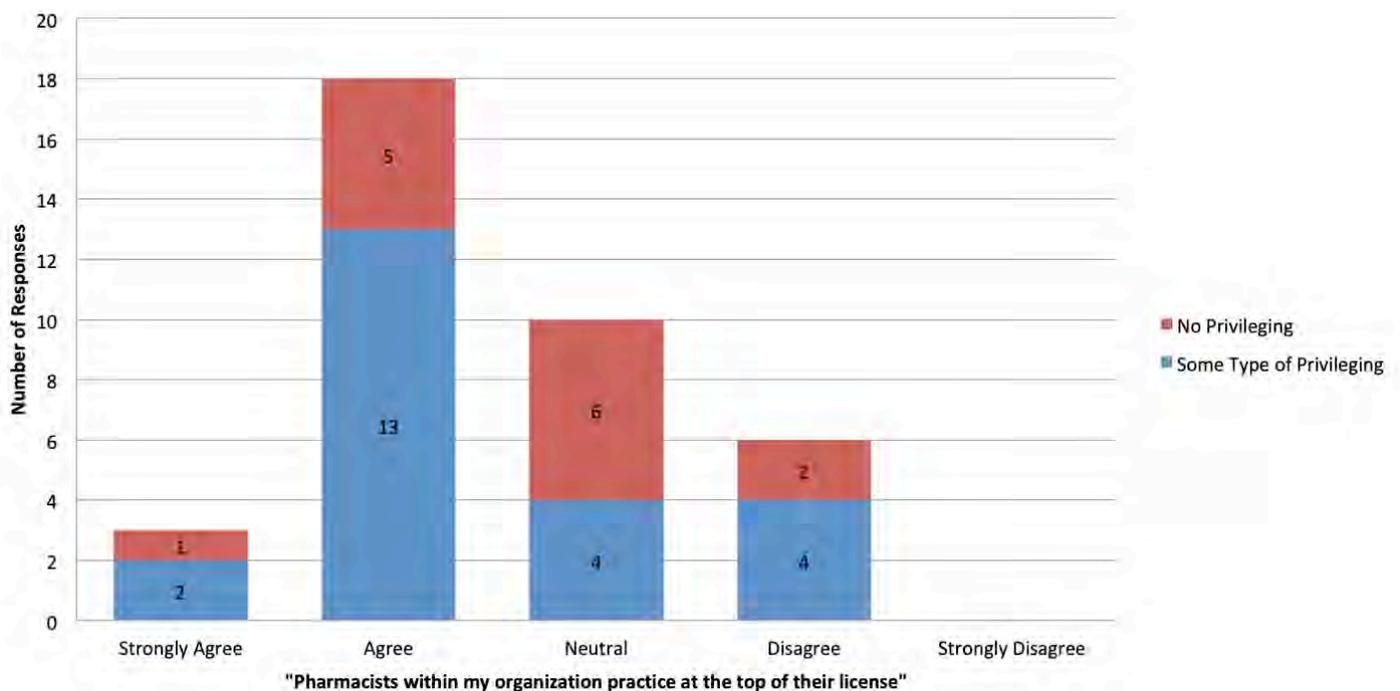


TABLE 3. Summary of Responses Regarding Barriers for Credentialing

<i>What barriers exist within your organization that prevents your pharmacists from obtaining advanced credentials (beyond licensure)?</i>	
Responses	n (%)
Financial	21 (24%)
Lack of educational support (CE/educational opportunities)	16 (18%)
Recognition of advanced pharmacist credentials among other health care disciplines	16 (18%)
Non-pharmacy leadership support	9 (10%)
Lack of front-line pharmacist interest	13 (15%)
No barriers	5 (6%)
Other	7 (8%)

TABLE 4. Summary of Responses Regarding Barriers for Privileging

<i>What barriers exist within your organization that prevents your pharmacists from obtaining privileges?</i>	
Responses	n (%)
No current structure developed for privileging pharmacist activities	21 (22%)
Inability to bill for services	14 (15%)
Recognition of benefits of pharmacist privileging by other health care disciplines	13 (14%)
Financial	11 (12%)
Lack of educational support (CE/educational opportunities)	8 (9%)
Lack of individuals with advanced credentials to support privileged activities	8 (9%)
Non-pharmacy leadership support	7 (7%)
No barriers	6 (6%)
Inability to complete the medical staff privileging process	4 (4%)
Other	2 (2%)

this a requirement was primarily a concern for large hospitals given the challenges surrounding cost of certification.

More diversity in current practices was discovered when discussing privileging pathways. The two primary mechanisms expressed by the panel and members of the audience were delegation protocols (e.g. pharmacists dosing vancomycin) and through the medical staff office. Several pharmacists were challenged with the flexibility or rigidity of pharmacy scope of services defined through these

pathways. It was also identified that leaders within health-systems had fewer concerns with reimbursement strategies and were primarily focused on patient safety as well as developing and maintaining competence of their privileged staff. As such, administrative burden associated with competency audits and maintaining privileging pathways was cited as an additional barrier.

Panelists and members of the audience voiced the need for additional resources in pharmacist credentialing and privileging

activities, particularly according to the size and type of the hospital (critical access hospitals <25 hospital staffed beds, academic medical centers, small and large community hospitals). The group expressed a vision in which these activities are benchmarked against peer hospitals or medical centers. The ideas discussed during the educational conference align with survey responses to resources needed for achieving pharmacist credentialing and privileging (Table 5).

Overall, there is agreement on the benefit of credentialing and privileging within the state of Wisconsin; yet, the process to set up pharmacist privileging individualized to institutional culture is time consuming to manage and requires leadership approval for making rapid change. The interest in optimizing and leveraging the credentialing and privileging processes in order to raise the level of patient care, combined with the barriers that have been encountered by the organizations that have already tied to leverage credentialing and privileging demonstrate a need for standardized materials and benchmarking tools for institutions to implement and monitor the success of their privileging and credentialing efforts. State and national pharmacist professional organizations could positively impact pharmacist practice and patient care by dedicating resources to exploring credentialing and privileging pathways for pharmacist across the continuum of pharmacy practice.

Conclusion

This review of the state of pharmacist credentialing and privileging in Wisconsin has demonstrated that the benefits and challenges of utilizing these mechanisms will vary, based on the practice environment and availability of financial resources of the organization. Despite this variability, it is clear that there is an opportunity to provide standard resources to PSW members pursuing credentialing and privileging systems in their institutions. Based on our findings, the pharmacy profession in Wisconsin is interested in pursuing further discussion and exploring the most effective ways to leverage credentialing and privileging to provide advanced clinical services, ensuring quality

care for patients. It is imperative that further exploration of credentialing and privileging be a concrete focus of pharmacy organizations across the country as the profession continues to establish means for pharmacists to practice at the top of their license.

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TABLE 5. Summary of Responses Regarding Resources Needed Across the State

<i>What resources from state and/or national pharmacy organizations would enable you to advance credentialing/privileging within your organization?</i>	
Responses	n (%)
Examples of Credentialing and Privileging Best Practices <ul style="list-style-type: none"> Example pathway to privileging Templates from other sites Sample privileging packet Training requirements prior to practicing in specialized areas 	8 (42%)
Provider Status	7 (37%)
ROI on privileging pharmacists	1 (5%)
Licensing of technicians	1 (5%)
Group membership for access to CE	1 (5%)
None: barriers related to organizational culture	1 (5%)

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