

Special Issue—COVID-19

This month's NCAP E-News is solely devoted to COVID-19. In modern history, this virus is, without a doubt, the most contagious and an unprecedented global public health crisis. The past couple of weeks, much of what NCAP has been working on behind the scenes is related to COVID-19. On Monday, March 16th, we implemented an all-staff remote work policy, in order to do our part towards the mitigation and containment of this virus. The NCAP office will be closed to visitors until further notice, but we are continuing to conduct business, on behalf of our members and partners, during this time using a virtual environment. The entire NCAP staff and our Board of Directors extends best wishes for continued health and safety for our members, their families and the patients they treat.

General COVID-19 Information Resources

NCAP Action Update

NCAP has been appointed to the

North Carolina COVID-19 Health Care Coalition. This group began meeting this week and will have frequent conference calls to provide important information. The Coalition plans to use partners like NCAP to disseminate information and to help gather data. Please watch email and future news from NCAP for requests to help with data. What you are seeing and experiencing on the frontline of this pandemic can be extremely helpful to the state's emergency operations center and the NC Department of Health and Human Services.

NCAP has signed on to a number of letters to CMS and the White House regarding the need for necessary concessions for pharmacists to be able to provide care while under a state of emergency for COVID-19. We have provided a letter specifically to Mark Meadows, previous U.S. Congressman from NC District 11, and who is now the Chief of Staff for President Trump. In addition, we have provided a letter to Governor Cooper and Secretary Cohen, specifically calling attention to acute and chronic patient care that pharmacists can provide during this crisis, but we need help with waiving regulations and holding at bay unnecessary and costly distractions such as PBM audits during this pandemic. Finally, we

plan to send similar information to each NC legislator. We will keep you posted as we learn more.

Helpful Links and Resources

Our friends at Avance Care shared a Powerpoint PDF that provides some general but important information about COVID-19. [Click here](#) to view. In addition, Avance is happy to share their [COVID-19 Toolkit for Primary Care Practices](#). Some of the resources within this toolkit may be helpful to community pharmacies.

The US DHHS Public Health Emergency site can be found at: <https://www.phe.gov/emergency/news/healthactions/phe/Pages/2019-nCoV.aspx>

The NC Department-wide DHHS COVID 19 site can be found at: <https://www.ncdhhs.gov/divisions/public-health/coronavirus-disease-2019-covid-19-response-north-carolina>

The [North Carolina Board of Pharmacy](#) staff is doing an amazing job posting frequent updates, on their home page, regarding pharmacy regulations and operations-related issues impacting our profession during this state of emergency.

The American Society of Health System Pharmacists has created a [Coronavirus 2019 Resource](#) landing page that includes such things as: an assessment tool for health system pharmacy departments, sterile compounding information, use of face masks and respirators, and links to government agency COVID-19 resources such as the CDC, NIOSH and the FDA.

COVID-19 and Childcare Options

Pharmacy staff are considered essential workers. When others can work from home, many pharmacists and pharmacy technicians must remain on the frontline, providing care for patients. As of March 17th, a report from the state, indicated that about 50% of childcare programs had made the decision to close during this pandemic. Many of our state's essential workers have been impacted by these closures. Under the direction of Gov. Roy Cooper, the North Carolina Department of Health and Human Services and the NC Department of Public Instruction are working with our network of partners across the state to provide child care options to children of essential workers. DHHS encourages families who have flexible working arrangements to use that flexibility to stay at home with their children. Parents and families with urgent child care needs may call 1-888-600-1685 to find high-quality, safe child care for infants and children through age 12. If you have employees or patients who are struggling to find childcare, please feel free to share

the hotline number or [click here](#) to post this flyer.

Telehealth

CMS Telehealth News

On March 17, 2020, the Centers for Medicare & Medicaid Services (CMS) expanded the waiver for telehealth in a few areas. The waiver of the existing rules is not restricted to existing patients, but is open to new patients for the diagnosis and treatment of COVID-19, as well as other conditions unrelated to the public health emergency. However, it does not open up telehealth billing to new practitioners.

Under the new law, the Health & Human Services Secretary may waive certain restrictions on telehealth during a declared public health emergency. For instance, the Secretary can waive the "originating site" requirement for identified geographic areas designated an "emergency area." Under normal conditions, a beneficiary must travel to an actual site of care – the originating site – to receive telehealth services, but the waiver authority allows beneficiaries to receive services wherever they are. Currently, because of the COVID-19 public health emergency declaration, the Secretary has waived the originating site and geographical site restrictions on Medicare telehealth services to allow all areas and locations within the country delivery of these services, including the patient's home. The Secretary has also allowed services to be provided by phone or tablet, provided that the

beneficiary has both audio and visual feeds to the provider. Practitioners are able to use everyday communication technologies such as FaceTime or Skype during the COVID-19 public health emergency without breaking HIPAA rules. The waiver is expanded to both new and existing patients. Although the beneficiary must initiate the encounter and give informed consent prior to telehealth treatment, practitioners are able to educate beneficiaries on the availability of the service prior to patient initiation. All other telehealth regulations, including the list of "qualified providers" remain in effect.

Because the "qualified provider" definition remains unchanged, pharmacists can provide telehealth services incident to a Medicare-eligible provider, but cannot directly bill Medicare for these services. Additionally, any state restriction on telehealth services, such as scope-of-practice or licensure requirements, remains in effect. Thus, restrictive state laws could impede expansion under the federal waiver. Finally, although [CMS has created codes specific to coronavirus testing](#), it has not provided explicit guidance as to which telehealth codes should be used for beneficiaries seen under the telehealth waiver authority.

NC Telehealth News

On March 17th, NCAP reached out to North Carolina Medicaid to ask some specific questions regarding patient care and clinical services offered by pharmacists through telehealth mechanisms. The following is a synopsis of that conversation.

NCAP: As you know, many health systems, clinics, and physician practices utilize pharmacists to provide clinical services for patients. During this time when citizens are fearful and physicians are overwhelmed with acute illness needs, I am starting to hear from pharmacists that patients are missing their follow-up care appointments for chronic illnesses such as diabetes, hypertension, congestive heart failure, and coagulopathies. For Medicaid beneficiaries are Clinical Pharmacist Practitioners (CPPs) able to provide care using telehealth visits and bill Medicaid directly? What about non-CPP pharmacists, are they able to provide patient care through telehealth services and bill incident-to the physician?

NC Medicaid: I have always been an advocate for pharmacist-based services. There continue to be challenges, not just the immediate one, that I feel could be aided by increased pharmacist interaction with our health care system as a whole. Regarding your question about Telehealth, the best site where everything related to the Medicaid COVID 19 response (including Telehealth) is located at: <https://medicaid.ncdhhs.gov/about-us/coronavirus-disease-2019-covid-19-and-nc-medicaid>. This site will be continuously updated with the most recent information from NC Medicaid going forward. There you will see the Special Medicaid Bulletins and the Telephonic code rate list.

I haven't heard "en masse" reports of patients not following up with their providers, but I will say we are certainly trying to assist the field with many options that

help to ensure beneficiaries are following up with their providers and getting the treatment they need. Of course, while pharmacists have some emergency provisions available to them related to medication continuance, we absolutely want beneficiaries to be following up with their providers on their chronic health conditions, in spite of the current challenges.

NCAP: What about during this state of emergency, when our health care is overwhelmed with the pandemic, has there been discussion of opening up the ability for pharmacists, in general, to provide and bill for chronic disease management, assessment, and consultative services (whether in person at the pharmacy or via Telehealth method) and to document and communicate care with the patient's primary care provider?

NC Medicaid: We are actively pursuing utilizing CPPs and their skill-set during the pandemic, along with several other provider types. Please keep watching the Special Medicaid Bulletins and Special Pharmacy Newsletters for updated information on CPPs. We are also looking into ways non-CPP pharmacists could possibly assist in the COVID 19 response and are in contact with the Board of Pharmacy to keep apprised of their emergency declarations as well. I will say "everything is on the table" with regard to this pandemic and we are looking at MANY different types of services that would assist our beneficiaries with their overall health.

Social Distancing and Pharmacy Operations

I do not think we can actually call the following suggestions best practices since these have not been tested per se, but I do think we can perhaps call these common sense practices to consider in helping mitigate COVID-19 exposure at the pharmacy. Here is some of what I'm hearing from our colleagues working in pharmacies.

- Consider changing your operation to drive-thru, delivery and mail only
- Consider using duct-tape to mark out six foot distances on the floor for any lines that might form
- Consider separating waiting area chairs by six feet.
- Consider limiting the number of patients in the pharmacy at any one time. However, make sure to put measures in place that deter congregating at the door, while waiting for their turn to enter. You may want to consider marking out six-foot distances on the sidewalk outside, too.
- Consider wiping down door handles, counter tops, pens, credit card machines, signature pads, waiting area chairs with disinfectant every hour.
- Consider making the offer to sign 'things that need signing' on behalf of the patient so they do not have to touch clipboards, touch pads, pens, etc.
- Consider on calls with patients to ask if they or anyone in their

household is symptomatic and if so to use delivery or mail option.

- Consider limiting the number of staff who are used to run errands, do deliveries, retrieve lunch vs. taking turns.

Have any other helpful ideas submit them to rhonda@ncpharmacists.org.

CMS Addresses Minimizing Face-To-Face Contact During Dispensing and Delivery

CMS encourages Part D sponsors to work with their first tier, downstream, and related entities to identify means of ensuring that medication is delivered to patients without requiring face-to-face contact, which could result in transmission of the coronavirus. Medicare Part D regulations require Part D sponsors and their first tier, downstream, and related entities to make their books and records available to HHS to permit audits, including the review of any information needed to determine compliance with Part D requirements. These audits can include a review of documentation of medication delivery or dispensing, including evidence of the patient's signature. However, requiring a patient signature for receipt of medication could undermine current public health efforts to combat the spread of the coronavirus. We are making clear that HHS does not require and will not audit for patient signatures as proof of delivery for any medications, including for controlled substances. Part D

sponsors should work with pharmacy benefit managers and other entities to continue to utilize tools at their disposal to make sure beneficiaries are receiving controlled substances appropriately. If you have any questions or need additional information, please contact us via email at CPIMedicarePartD_data@cms.hhs.gov.

Drug Shortages Anticipated

NC Public Health and other state agencies are closely monitoring pharmaceutical market shortages. NC Medicaid has specifically called for your assistance with reporting any critical shortages. Please report any shortages, potentially related to COVID 19, or other critical shortages that will affect patient care by emailing Medicaid.PDL@dhhs.nc.gov.

In addition, the American Society of Health System Pharmacists has created a [Real-Time Drug Shortages](#) resource for checking on and reporting drug shortages. You do not have to be an ASHP member to use this resource.

Compounding & Personal Protective Equipment

In light of the rapidly evolving COVID-19 pandemic, the demand for garbing and personal protective equipment (PPE) and alcohol-based hand sanitizer is expected to outpace available supply. During this pandemic, USP supports State Boards and

other regulators using risk-based enforcement discretion related to the implementation of USP compounding standards and the compounding of alcohol-based hand sanitizers for consumer use.

The USP Compounding Expert Committee developed the following informational resources that may be of assistance during this public health emergency:

USP Response to Shortages of Garb and Personal Protective Equipment (PPE) for Sterile Compounding During COVID-19 Pandemic
Compounding Alcohol-Based Hand Sanitizer During COVID-19 Pandemic

Additional questions may be directed to the USP Healthcare Quality and Safety staff at CompoundingSL@usp.org.

The NC Board of Pharmacy has also [posted guidance](#) on personal protective equipment during this pandemic. Pharmacies impacted by this PPE supply issues should definitely review this content.

NC DHHS has also recommended that healthcare providers experiencing supply issues, please reach out to your regional healthcare emergency preparedness & response coalitions, which provide operations and boots on the ground support during a crisis. North Carolina has eight regional coalitions. Maps indicating which counties fall under which region as well as contact information can be found [here](#).

Guidance for Compounding Hand Sanitizer

The FDA placed second guidance, [Policy for Temporary Compounding of Certain Alcohol-Based Hand Sanitizer Products During the Public Health Emergency](#), in effect for the temporary compounding of certain alcohol-based hand sanitizers by pharmacists in state-licensed pharmacies or federal facilities and registered outsourcing facilities. Compounding is generally a practice in which a licensed pharmacist, a licensed physician, or, in the case of an outsourcing facility, a person under the supervision of a licensed pharmacist, combines, mixes, or alters ingredients of a drug to create a tailor-made medication. The temporary policy outlined by the agency does not require compounders to obtain a patient-specific prescription. The FDA's guidance documents apply only to handrub products prepared using the United States Pharmacopoeia or Food Chemical Codex grade ingredients specifically described in the guidance, consistent with World Health Organization recommendations. The guidance documents also discuss product labeling and certain manufacturing methods and reporting requirements, such as that manufacturers must have a way to accept and submit adverse event reports to FDA for any products they manufacture. The agency realizes that manufacturers and compounders will need time to ramp up production as they obtain the ingredients needed to make these hand sanitizers. During this time the FDA will work to assist them as they develop hand sanitiz-

ers to make available for the American public.

John Locke Foundation Coronavirus Pandemic Series

The John Locke Foundation (JLF) released the first in a series of policy recommendations this week. Their position is that with the virus spreading in North Carolina, state officials can, and should remove even more barriers. Jordan Roberts, Health Care Policy Analyst for the Foundation, has included, "grant(ing) pharmacists the ability to test and prescribe medication for non-chronic conditions", among their recommendations to increase our supply of much-needed medical expertise. Roberts has emphasized that over-regulation impedes access to care, and common-sense reform is greatly needed at this time. If you are interested, JLF will be hosting their next online-only Q&A session, on Monday, March 23rd, with Senior Vice President Becki Gray, Senior Fellow Joe Coletti, and Director of Regulatory Studies Jon Sanders. They will be taking questions via their Facebook livestream on COVID-19 and our economy, medical care and education. RSVP at johnlocke.org and tune in at <https://www.facebook.com/pg/johnlockefoundation/videos>.

Message and Upcoming Webinars from ASCP

Pharmacists represent a critical

line of defense for our nation's medically complex and older adult patient populations. Many of these patients live in congregate care environments. This makes them especially vulnerable to infectious diseases. For pharmacists and pharmacies who provide important medication management services to skilled nursing and assisted living facilities, ASCP has been keeping up to date with each COVID-19 development and posting information and resources at www.ASCP.com/disaster. ASCP is also offering access, for all pharmacists, to two upcoming webinars:

Latest Guidance for Pharmacists from CMS and the National Task Force

Monday, March 23, 2020 at 12:00 PM ET

Comprehensive update to the guidelines that impact pharmacies and pharmacists serving our vulnerable older adult population. CMS and the leading nursing home organizations are working to clarify the role of pharmacists in nursing and assisted living facilities as it relates to drug security, replenishment, delivery and the completion of medication regimen reviews. Learn more and register for the webinar at www.ascp.com/disaster.

Drug Shortages: The Crisis within the Crisis

Friday, March 27, 2020 at 12:00 PM ET

FDA is already implementing contingency plans for 23 medications identified as likely to be shorted during the COVID-19 response. Many of these are antibiotics used

for secondary infections. ASCP will provide the latest update on the potential for shortages, as well as any insight into which medications could be implicated. Learn more and register for the webinar at www.ascp.com/disaster.

Special Offer From ASHP

ASHP Executive Director, Paul Abramowitz, is appreciative of the collective response that pharmacy is providing during this COVID-19 pandemic. Therefore, effective now, all pharmacists, technicians and student pharmacists have access to many previously member-only ASHP.org resources, including their emergency preparedness and COVID-19 related resources, and relevant webinars and online programming for infectious diseases, disaster and mass casualty preparedness, and resiliency. In addition, public access to AHFS Drug Information will be available for sixty days with the username ahfs@ashp.org and password "covid-19".

COVID-19 & Impact on NCAP Events

First it is important to note that we were extremely fortunate in the timing of our spring conference which took place early March, before our state became affected by COVID-19. Other state pharmacy associations have not been as fortunate and are facing having to cancel their spring conferences. Our thoughts go out to them as

they work through alternate plans for their meetings. Our Chronic Care and Health System Spring Conference was very successful and the programming was stellar. We appreciate everyone who turned out for the event.

Regarding future NCAP events, well we are all aware that COVID-19 is driving many decisions. With your health and well-being in mind, we want to do everything we can to follow the guidelines and mandates that our government has put in place to help slow and eventually end the spread of this virus. Therefore, it is expected that we will face the need to cancel some of our events, but we will be looking for opportunities to reschedule or offer programming virtually, whenever possible.

Due to the venue, where we host the Catawba Valley Society of Pharmacists continuing education programs, closing until June, we have made the difficult decision to cancel both the April 19th and May 17th meetings. We will continue to monitor the situation and if we can offer a virtual option in May, we will do so. Regardless we will work with this group on rescheduling so as to provide necessary continuing education hours. For now no other NCAP planned events have been canceled or changed; however, these are ever-changing times due to COVID-19. Therefore please check the NCAP website and monitor your email regarding event cancellations, changes or postponements.

Closing Comments

If there are concerns, barriers, issues, or ideas that you have regarding our profession and patient care during this pandemic, please contact our Executive Director, Penny Shelton at penny@ncpharmacists.org or (984) 439-1649.

We thank you for your tireless efforts on the front lines of this growing health emergency. Stay safe!

Upcoming Events

May 7th & 8th
NC MPJE Class
Chapel Hill

May 13th & 14th
NC MPJE Class
Buies Creek

June 9th
Pharmacy Legislative Day
Raleigh

July 17th
Residency Conference
Winston-Salem

October 29th and 30th
Annual Convention
Winston-Salem



An advertisement for Mutual Drug. On the left, text reads 'Opening doors for Independent Pharmacists.' with a small Mutual Drug logo below it. Below that, it says 'Mutual Drug has been assisting pharmacists in declaring their independence for 65 years.' On the right, there is a photo of a smiling female pharmacist in a white lab coat standing in a pharmacy aisle. A large red and white '65 YEARS OF SERVICE' logo is overlaid on the photo. At the bottom right, the website 'www.mutualdrug.com' is displayed.