

# Summary of ASHP Virtual Roundtables on Business Recovery and COVID-19

Considerations for Pharmacy Leaders  
and Healthcare Executives

# INTRODUCTION

As part of ASHP's effort to support hospitals and health systems' post COVID-19 pandemic business recovery journey, virtual roundtables were conducted in the first week of May 2020 with pharmacy leaders from across the United States to share early efforts in business recovery planning. Ideas and observations shared are captured in this toolkit. Advisory groups and committees of the ASHP Section of Pharmacy Practice Leaders also discussed emerging issues on business recovery from the COVID-19 pandemic. The compilation of the discussions, ideas, and actions being considered by pharmacy leaders is captured in this resource to assist the profession as we successfully recover from this pandemic and leverage the strengths of our profession to care for patients and support fiscal health for the most optimal outcomes possible.

## BACKGROUND

Our nation's hospitals and health systems have provided heroic measures in caring for our communities and patients throughout the preparation for the COVID-19 pandemic, patient surges, and response to the required physical distancing necessary to bend the curve towards recovery. The expense of treating COVID-19 patients and ensuring our communities were safely prepared for realized and expected patient volumes has been unprecedented. According to a [report from the American Hospital Association \(AHA\)](#), the estimates of the total financial impact are "\$202.6 billion in losses resulting from COVID-19 expenses and lost revenue for hospitals and health systems over the four-month period from March 1, 2020 to June 30, 2020 – or an average of over \$50 billion in losses a month."<sup>1</sup>

Hospitals and health systems experienced the economic impact on both ends of the realized and expected patient volume spectrum. Organizations hit by massive patient surges incurred tremendous expenses for emergent patient care needs, surge expansion, and lost revenue for "normal" patient care services and volumes. Organizations that were not overwhelmed by COVID-19 patients incurred expenses in preparation and halting of elective surgeries and non-essential medical and surgical procedures and decreased patient volume. The combination of all these issues, even with the federal government support, has placed our healthcare system in a precarious situation.

Hospitals and health systems had to start reacting by making heart-wrenching decisions affecting their employees and took many approaches to prolong as much as possible the stability of their workforce. Organizations utilized furloughing, salary cuts at all levels, reduced hours and job-sharing, and downsizing. An [ASHP survey](#) found that "Two-thirds of respondents have reduced staffing during the pandemic. The most common mechanisms of decreased staffing were reduced hours (79%), not

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<sup>1</sup> "Hospitals and Health Systems Face Unprecedented Financial Pressures Due to COVID-19"; <https://www.aha.org/system/files/media/file/2020/05/aha-covid19-financial-impact-0520-FINAL.pdf>

backfilling vacant positions (49%), staff furloughs (31%), and temporary reductions in positions (31%).”<sup>2</sup> In the month of April 2020, hospitals reported 134,000 job cuts. Job losses in the healthcare marketplace also impacted other areas of the industry as “dentists’ offices (-503,000), physicians’ offices (-243,000), and other outpatient care venues (-205,000) accounted for the bulk of the losses for April, which saw a record 20.5 million job losses in the larger economy for the month, the worst in U.S. history, as the unemployment rate rose to 14.7%”<sup>3,4</sup>. It has been reported that through April 2020 191 hospitals and health systems have announce furloughs.<sup>5</sup>

The resilience and dedication of our healthcare leaders and workforce runs strong and deep, although we must ensure that persistent attention, support, and resources are available to our patient care providers and all healthcare workers are readily available. The fatigue from the battle with COVID-19 is palatable and the strain of managing the economic toll and business recovery is just beginning.

ASHP members have demonstrated tremendous collaboration and willingness to [share solutions throughout the COVID-19 pandemic](#), a strength of our profession for decades. We must now prepare for leading through two fronts of business recovery and the impending, hopefully, full recovery to patient volumes while also carefully managing resources along with the projections for a fall 2020 patient surge. New paradigms have been created that must be taken into account including continued physical distancing safety precautions, utilization of telehealth, increased demands for an already taxed behavioral health infrastructure, patient concerns for safety, and the needs and expectations of our healthcare workforce.

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2 ASHP COVID-19 Pharmacy Resources Biweekly Survey Findings (Survey conducted April 21-24, 2020); <https://www.ashp.org/-/media/assets/pharmacy-practice/resource-centers/Coronavirus/docs/4-0-status-of-pharmacy-resources-pdf.ashx?la=en&hash=82B8EF4D9A2819341798E85D8D76BDD95F3B394D>

3 Report: Health care lost 1.4M jobs in April; <https://www.healthleadersmedia.com/covid-19/healthcare-sector-hemorrhages-14m-jobs-april>

4 Hospital jobs decline by 134,900 in April; <https://www.aha.org/news/headline/2020-05-08-hospital-jobs-decline-134900-april>

5 Decrease in Routine Medical Care for Hospitals Leads to Furloughs and Pay Cuts; <https://www.policymed.com/2020/05/decrease-in-routine-medical-care-for-hospitals-leads-to-furloughs-and-pay-cuts.html>

# SPECIAL ACKNOWLEDGEMENT

ASHP would like to acknowledge the facilitators for the series of virtual roundtables addressing COVID-19 Business Recovery conducted May 1 - 7, 2020. The participants included multi-hospital health system pharmacy vice presidents and chief pharmacy officers and the discussion was guided by a series of questions supporting the creation of this toolkit. Additionally, an [advisory group and committees of the ASHP Section of Pharmacy Practice Leaders](#) discussed emerging issues on business recovery from COVID-19. The compilation of their discussions, ideas, and actions being considered are captured in this resource.



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# ACTIONS FOR BUSINESS RECOVERY

## PHARMACY'S ROLE IN HOSPITAL AND HEALTH SYSTEM PATIENT CARE STRATEGIES

1. Develop, at minimum, an executive summary of how pharmacy provided leadership in maintaining the highest level of patient care services, responded to patient surges and surge area development, managed essential drugs and supplies, and advocated at state and federal levels.
2. Ensure that there is pharmacy involvement within incident command centers and strategic planning for re-establishment of elective surgeries and re-opening of emergency departments. There is growing variability as to how state mandates are being interpreted (i.e. what is categorized as an emergency procedure) and rolling back of state-based executive orders has occurred.
3. Plan for the return of elective procedures by:
  - A. Considering 7-day per week elective procedures in direct response to patient demand, physician needs to catch up with backlog, and to generate revenue lost between February and May 2020
  - B. Developing pharmacy criteria for plans to phase in elective procedures, e.g. different criteria for each phase-in stage and/or develop risk criteria to assign risk to COVID-19 and non-COVID-19 patients
  - C. Developing quick response pharmacy models for anticipated and unanticipated surges.
  - D. Anticipating sicker patients to ED as community fears are allayed and acute care beds become overwhelmed
  - E. Establishing line of site into other service line variables that may impact timing and volume of recovery (PPE supply, workforce, etc)



Pharmacy leadership and the critical role our pharmacy teams fulfilled during COVID-19 was heroic! However, we have significant challenges in front of us as our organizations rebuild and prepare a future that will include several calls to action: (1) a renewed demonstration of the value of pharmacy services, (2) engaging with our communities, (3) sharing of ideas and successes, and (4) staying nimble as our environment adapts and recovers from COVID-19.



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4. Develop a pharmacy service plan for growing interest in “hospitals at home” as health systems develop plans to maintain patient volumes.
5. Proactively engage in clinical care pathways that may have not been fully embraced in past (e.g. telehealth pharmacy services and “Meds to Beds” program [for IP and OP settings] as fiscal stewardship may require health systems to implement strategies to aggressively reduce length of stay to increase volume and launch revenue-producing value-added patient services).
6. Actively determine how pharmacy will utilize the research and data of the racial healthcare disparities emphasized during the COVID-19 pandemic and develop solutions to support and/or lead organization’s initiatives; opportunities will exist to leverage outpatient, ambulatory, and population health strengths of pharmacy.
7. Utilize and be aware of resources such as the [Kaiser Permanente COVID-19 Return to Work Playbook](#).
8. Evaluate the role of health system’s outpatient/retail pharmacists as COVID-19 testing sites for surgery patient testing or future vaccination efforts.
9. Ensure pharmacy is part of discussions with discharge planning to nursing homes. It was reported some nursing homes are requiring two negative COVID-19 tests before accepting patients. Optimize opportunity to improve and/or expand medication reconciliation and patient education at discharge.
10. Prepare for necessary pharmacy services if health system decides to pursue conversion of patient care spaces to expand ICU or medical-surgical bed capacity or develop long-term care units to mitigate negative impact of nursing homes not accepting patients, transitions of care, and the impact on length of stay.
11. Be attentive to the impact of high U.S. unemployment on U.S. healthcare system, the organization and the community served. This may provide opportunities for pharmacy to provide critical services as part of a potentially taxed healthcare workforce.
12. Ensure disaster plan is up to date, incorporate lessons learned from COVID-19 patient surge and preparation, and ensure tools to assist with redeployment of staff are available.

## REINFORCING PRACTICE MODEL AND PHARMACY VALUE

1. Leverage present-day changing environment to lead therapeutic decision-making in health systems and advance pharmacy practice in areas by:
  - A. Leading development and ongoing updating of drug therapy guidelines based on evolving evidence (e.g. COVID-19 treatment, anticoagulation needs, etc.)
  - B. Enhancing scope of practice to direct drug therapy. Rationale: experience with COVID-19 has enabled pharmacists to manage sedation, inhalers, remdesivir, anticoagulation, and cardiac monitoring for drugs such as hydroxychloroquine, azithromycin, etc.

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- C. Establishing antimicrobial expertise in virology
  - D. Establishing a Medication Resource Review Panel to review formulary changes, investigational drugs, off-label drug use, and to preserve critical medications for both inpatient and outpatient settings
2. Ensure pharmacy leaders are involved in the realignment of strategic goals and budgets.
  3. Invest in analytics to project budget and resource modeling. Most participants in our virtual roundtable discussions reported their organizations expect at least six months to one year before the hospital fully recovers from impact of the pandemic during the February-May 2020 period.



COVID-19 demonstrated how our pharmacy profession and our organizations rose to the occasion to provide excellent care for our communities under great duress. The recovery of our organizations will take the same tenacity and ingenuity to re-establish our fiscal stability and adapt our patient care services to a promising future that continues to rapidly evolve.



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4. Provide data-driven executive summary to leadership demonstrating pharmacy’s ownership and accountability during the COVID-19 pandemic and proactive approach to supporting patient and organizational quality as well as safety and financial priorities for 2020-2021.
5. Gather data on outcomes and benefit to organization for pharmacy residency training.
6. Begin process of re-evaluating the pharmacy enterprise’s strategic plan and integration with the projections and changes within organization.
7. Develop models incorporating the rapid emergence and expectation to use remote and virtual health technologies in different patient settings, i.e., remote ICU and ambulatory care, virtual rounds, and patient education and teaching for new diagnosis and device training.
8. Anticipate higher patient demand and expectations and sicker patients to the ED. Expect health system leadership to require improved efficiencies and staffing flexibility with lowered exposure risk.
9. Lead pharmacy financial stewardship initiatives by:
  - A. Developing system and local level metrics to evaluate effective staffing levels throughout each area of the department to support shifting of staff if needed due to financial constraints, e.g. downsizing, flexing or increased census
  - B. Determining productivity of remote staff
  - C. Increasing focus on measuring impact of target drug programs on reducing costs

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- D. Increasing focus on revenue enhancement, ( e.g. specialty pharmacy, clinical prior authorization, and denial prevention
  - E. Reviewing previous care plans for possible efficiencies
  - F. Training and leveraging pharmacy technicians to reduce costs
10. Demonstrate leadership role in medication safety by showcasing examples of safe systems and patient cases.

## PHARMACY BUSINESS PARTNERS AND DRUG SUPPLY MANAGEMENT

1. Reassess all contracts with business partners. It was noted that pharmacy business partners are being engaged by most health system pharmacy leaders, but it should not be a deterrent to evaluate opportunities.
2. Diversify supply chain to include sourcing from smaller vendors; ensure contracts and financial mechanisms are in place before need arises.
3. Explore a Just-In-Time/Real-Time Inventory to increase efficiency and reduce inventory costs.
4. Evaluate essential medications for future potential pandemics and/or resurgence of COVID-19 and unanticipated surges.
5. Develop a cost-benefit model for necessary drugs inventories.
6. Obtain necessary capital equipment, specifically refrigeration, to store expected medications to treat COVID-19, vaccines for COVID-19, and other increased volumes of drugs.
7. Ensure all dashboard and analytics are secure and operational. Plan for severe micro-management of drug supplies.
8. Review drug utilization related to emergency department and elective procedures — both outpatient and inpatient related drug utilization - and ensure drug supply is adequate to meet demands.
9. Complete and fine-tune modeling of COVID-19 patient drug needs to ensure adequate drug supplies in place for potential second wave. Make determinations of extra inventory for essential drugs.
10. Plan for fall flu season and anticipate shortage of IV fluids and vaccines when second peak of COVID-19 is also projected.
11. If not in place already, review all options for a regional strategy to borrow/loan and distribute medications to hospitals within region (both under common ownership and not).
12. Create supplies in-house, such as sanitizer and other needed supplies.

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## DRUG UTILIZATION OPTIMIZATION AND AMBULATORY CARE OPPORTUNITIES

1. Revisit and pursue adoption of biosimilars with a heightened emphasis on all opportunities to reduce drug cost without compromising patient care. Past barriers may no longer exist to considerations for biosimilar formulary decisions.
2. Ensure that treatment guidelines are updated weekly and disseminated through health system.
3. Re-evaluate existing or develop internal systems to project drug utilization for surge volumes and strategy to quickly move to alternative agents as defined by the health system when needed. Assess impact and needs on inventory.
4. Establish or grow home infusion services. A number of systems of systems reported this is a strategy to pursue revenue opportunities and respond to increased demand for patient care (e.g. patients will likely desire to seek care at home versus outpatient hospital infusion clinics).
5. Consider drive-up or drive-through care such as vaccinations, lab draws, and providing select injections at curbside to avoid unnecessary exposure to our most vulnerable (e.g. Leuprolide for oncology patients).
6. Initiate and coordinate efforts with health system's efforts to regain confidence by patients that hospital is safe for care and integrate into all pharmacy and patient points of contact. Provide specific examples.
7. Recommend to add addition of or expansion to Outpatient Parental Antibiotic Therapy (OPAT) as a method of fiscal stewardship. (Essentially what our drug replacement program does to facilitate earlier discharge)
8. Evaluate patients on oral oncology and other specialty medications for potential for new or improved patient capture for specialty or retail/outpatient pharmacy service or mail order for employee prescriptions.



It was critical to patient care that our pharmacies had the necessary medications available to patients during COVID-19. As we continue further into our recovery phase, it is important that we leverage our strength as an organization. The innovations of yesterday will need to become our practice models of tomorrow. This includes rapid implementation of telehealth and other distance-based patient care modalities. Pharmacy leadership will be required more than ever to reach our vulnerable populations, be prepared for future high-volume scenarios, and help bring our organizations back to fiscal health.



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9. Optimize specialty pharmacy and retail/outpatient revenue with a focus on prescription retention by growing mail order and providing value-added services, i.e., curbside medication pickup.
10. Continue, and if not established, consider implementing curbside INR and other point of care testing. This may allow the continued ability to bill for the facility fee associated with the service, which will offset the follow-up telehealth visit by a pharmacist.
11. Re-evaluate service levels in refill management (i.e. prescription loss).
12. Re-evaluate the use of contract pharmacies if a federal 340B Drug Pricing Program-covered entity.
13. Work proactively to ensure medication compliance with at-risk patients.
14. In consideration that payment for telehealth visits is likely to end by July for Medicare patients, create projections for patient ambulatory care volumes with schedule and additional cleaning time and impact of physical space and logistics of limited waiting or no-waiting areas for patients.

## WORKFORCE MANAGEMENT AND STAFFING MODEL RESPONSES

1. To quell staff apprehension, reassure staff with increased leadership presence, visibility, and routine team huddles (empathetic). Develop staffing models that mitigate need for layoffs, are inclusive of summer vacations, possible COVID-19 surges, the potential for continued school closures, impact of health systems' COVID-19 healthcare worker testing policies, and impact of possible slow re-boarding of staff that may have been furloughed
2. Develop a versatile and nimble workforce by cross-training and retraining pharmacists and technicians in essential areas, including but not limited to, supply chain, investigational drugs, sterile compounding, critical care, outpatient infusion, retail pharmacy, and OR/procedural areas. This may require professional development resources.
3. Explore other sources of staffing, such as training medical assistants to become certified pharmacy technicians and working with faculty from schools of pharmacy for PRN pharmacists.
4. Begin the process of evaluating practice model and how services and staffing models will be aligned in order to optimize patient care with anticipated general reduction in FTEs. Expectation will be two-fold of reducing expenses quickly and making use of technology to improve efficiencies.
5. Evaluate outcomes of remote/virtual rounding models used during COVID-19 surge and preparation on what worked and can work in the future as a new model. Initiate outcomes measures if not already in place.
6. Adopt multifaceted strategies to manage staff expense, such as:
  - A. Required five days off for staff each month
  - B. One to two week furloughs
  - C. Elimination of staff bonuses

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- D. Shorter work weeks for all staff (e.g. 32-hour work week)
  - E. Job sharing
  - F. Layoffs
  - G. Elimination of contract labor
  - H. Elimination of overtime
  - I. Reduction of full-time employee hours
  - J. Reduction in salaries for management
7. Engage staff in well-being and resilience strategies by promoting a supportive and safe work environment. Consider the impact of PTSD for those staff impacted by significant COVID-19 populations.
  8. Train pharmacy leadership to identify and evaluate team members for signs of burnout and distress, whether from workload or impact of financial circumstances for self, peers, and family.
  9. A key lesson learned from the patient surges was having a complete list of pharmacy staff and ability to cross-coverage patient care areas. Formalize these models and perform competency gap analysis for future possible surges. This will also aid in responding to incremental uploading of staffing needs as health systems reopen.
  10. Continue models to routinely communicate (transparently, clearly, and consistently) and create a platform for Q&A (e.g. virtual town hall conference lines, FAQ posted on intranet).
  11. Begin evaluation of skill set of pharmacy staff, both new skill sets to operate in a more telehealth and remote patient care environment and to cover the necessary services due to changing patient volumes and disease states. Examples include critical care, IRB, virology, and essential technology, dispensing, and compounding functions.
  12. Consider developing a centralized staffing pool that accounts for skill sets and workplace flexibility.
  13. Continue evaluation and long-term impact on staff if pharmacy implemented cohort models (e.g. teams/groups of staff that work on opposing shifts) to avoid cross-exposure.
  14. Actively engage and assess new job opportunities that may arise within organization to support displaced workers.
  15. Maintain models of daily huddles with teams to communicate and cascade information, do not underestimate the need for information for team members as well as the speed of changes and adaption that will be required for successful business recovery.
  16. Evaluate the impact of PPE availability on being able to “bring staff back.” This was mentioned as a continued concern for whole health system.

17. Evaluate opportunity to utilize pharmacists and technicians remotely and delineate which tasks would be appropriate. For technicians managed remotely, determine the technology and levels of supervision needed.
18. Plan for reintegration of students and residents. Proactively redesign new resident programs and explore options on how existing residents can meet graduation requirements; residents may need to participate in using PTO to contribute to staffing expense reductions.
19. Evaluate preceptor and residency and student training models, anticipating the need to utilize virtual and other remote technology uses and how it applies to meeting the requirements as well as ensure well-trained future practitioners.

## EVALUATION OF LONG-TERM PHYSICAL PLANT AND TECHNOLOGY NEEDS IMPACTING PHARMACY SERVICES

1. Expect space management challenges as health systems reopen, such as returning retrofitted COVID-19 patient areas back to original patient care areas and reconfiguring work spaces for pharmacy workforce.
2. Plan for re-engineering of clinical and procedure waiting areas and prescription pickup to have significantly restricted volume capacity. One hospital eliminated patient waiting areas. This may require extending hours of operation to accommodate volume demands that will subsequently affect pharmacy staffing models.
3. Evaluate new technologies and procedures needed to communicate with patients for activities such as counseling and notification of when prescriptions or appointment time are ready.
4. Evaluate near-term and long-term need for portable devices and remote access by pharmacy staff. Additionally, as case studies on the viability of processes used during initial COVID-19 crisis have demonstrated, such as virtual pharmacist on clinical rounds, there may be additional need for technology.

# ASHP BUSINESS RECOVERY RESOURCES

## AJHP

1. [AJHP: Creating organizational value by leveraging the multihospital pharmacy enterprise](#)
2. [AJHP: National trends in prescription drug expenditures and projections for 2020](#)
3. [AJHP: Optimizing the revenue cycle to promote growth of the pharmacy enterprise](#)



## ASHP GUIDELINES

1. [ASHP Guidelines: Evaluating and Using Home or Alternate-Site Infusion Providers](#)
2. [ASHP Guidelines: Managing Drug Product Shortages](#)
3. [ASHP Guidelines: Medication Cost-Management Strategies for Hospitals and Health Systems](#)

## ASHP WEBINARS

1. [Resource Utilization Oversight for Limited Supply Medications](#)
2. [Integrated Care Delivery Response to COVID-19 in Enterprise Pharmacy at Geisinger](#)
3. [COVID-19: Ambulatory Care Transition to Telehealth](#)
4. [CMS Policy & Regulatory Revisions Affecting Reimbursement for Ambulatory Pharmacist Services in Response to COVID-19](#)
5. COVID-19 Pharmacy Response Across a Multi-Region Health System: Lessons Learned and the Future of Pharmacy (Live event June 16th) **COMING SOON!**
6. Home Infusion: Responding to COVID-19 and Projections for the Future (Live event June 18th) **COMING SOON!**



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# ASHP ADVOCACY FOR HEALTHCARE AND PHARMACY BUSINESS SUSTAINABILITY

1. [ASHP and State Affiliates Letter to Congress Requesting Increased Funding for Medicaid - \(6/4/2020\)](#)
2. [Pharmacy Groups Ask FDA for Enforcement Discretion for Certain Dispenser Requirements - \(5/22/2020\)](#)
3. [FDA Announces Guidance Updates for Compounding Certain Drugs for Hospitalized COVID-19 Patients - \(5/22/2020\)](#)
4. [Pharmacists Authorized to Order and Administer COVID-19 Tests, Regardless of State Law - \(5/20/2020\)](#)
5. [Pharmacy Groups Request Inclusion of Pharmacists in Student Loan Forgiveness for Frontline Health Workers Act - \(5/8/2020\)](#)
6. [ASHP Requests Transparency of Remdesivir Allocations - \(5/7/2020\)](#)
7. [CMS Announces Additional Flexibilities for Telehealth - \(4/30/2020\)](#)
8. [DEA Announces Flexibilities for Opioid Treatment Programs - \(4/29/2020\)](#)
9. [FDA Issues New Guidance for Repackaging and Combining Propofol During COVID-19 Emergency - \(4/24/2020\)](#)
10. [FDA Announces Flexibilities for 503A Pharmacies - \(4/21/2020\)](#)
11. [New CMS Flexibilities for Hospitals and Other Providers - \(4/16/2020\)](#)
12. [DEA Allows Flexibility for Satellite Locations - \(4/12/2020\)](#)
13. [HHS Authorizes Pharmacists to Provide COVID-19 Testing - \(4/8/2020\)](#)
14. [Pharmacy Organizations Ask Congress to Establish Pharmacists as Medicare Part B Providers During Emergency - \(4/8/2020\)](#)
15. [ASHP Memo to Vice President Mike Pence Addresses Drug Shortages for Critical Care Patients - \(4/1/2020\)](#)
16. [ASHP Requests Waiver of the Medicare Disproportionate Share Hospital \(DSH\) Program Adjustment Percentage Requirement - \(4/1/2020\)](#)

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17. [HRSA Removes 340B Hospital Group Purchasing Organization \(GPO\) Prohibition](#) - (4/2/2020)
18. HHS Asks Governors for Expanded Scope of Practice for Pharmacists in COVID-19 Response - (4/2/2020) -- In a recent letter to governors, HHS Secretary Azar asked that states relax their scope of practice requirements for healthcare professionals during the national emergency. This aligns with ASHP's previous recommendations to expand pharmacists' scope of practice in response to COVID-19. To ensure that individuals in the highest-risk groups have access to the full range of pharmacist services, ASHP has asked Secretary Azar to provide Medicare, Medicare Advantage, and Medicaid coverage for services provided under expanded state scopes of practice.
19. [Letter to FDA Requesting Compounding Enforcement Discretion](#) - (4/1/2020)
20. [ASHP Urges DEA to Speed Allocation of CII's to Prevent Shortages](#) - (3/30/2020)
21. CARES Act Signed into Law - (3/27/2020)
  - A. [Telehealth Changes](#)
  - B. [Drug Shortage Recommendations](#)
  - C. [COVID-19 Diagnostic Testing and Immunization Coverage](#)
22. [ASHP Letter to Vice President Mike Pence on Pharmacist Engagement during COVID-19](#) - (3/12/2020)
23. [Joint Pharmacy Recommendations for COVID-19 Response](#) - (3/22/2020) 
24. [Pharmacy Organizations Ask House Leaders to Include Pharmacists and Medically Underserved Areas Enhancement Act in COVID-19 Legislation](#) - (3/20/2020)
25. [Joint Pharmacy Letter to Senate Leaders and Action Alert on including pharmacist reimbursement to COVID-19 Legislation](#) - (3/20/2020)
26. ASHP's Recommendations to Federal and State Policymakers on COVID-19 Response - (3/15/2020)
  - A. [Federal Policymakers](#)
  - B. [State Policymakers](#)

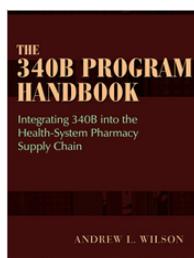


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# ASHP BUSINESS RECOVERY PRODUCTS

## ASHP PUBLICATIONS

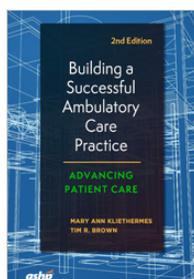
### The 340B Program Handbook: Integrating 340B into the Health-System Pharmacy Supply Chain®



*The 340B Program Handbook: Integrating 340B into the Health-System Pharmacy Supply Chain*, is the comprehensive guide for pharmacy leaders, chief financial officers, business managers, supply chain

professionals, and compliance officers. This practical, clear-cut reference provides the most up-to-date information needed to implement and maintain an effective contemporary supply chain. Available at [store.ashp.org](https://store.ashp.org).

### Building a Successful Ambulatory Care Practice: Advancing Patient Care



*Building a Successful Ambulatory Care Practice: Advancing Patient Care, 2nd Edition* builds on the material presented in Kliethermes and Brown's *Building an Effective Ambulatory Care Practice* by addressing the changes that have occurred in ambulatory

care practice in recent years. It forges ahead into material not covered in the previous book, giving pharmacists both the information they need to make effective plans in the contemporary environment and the tools needed to implement them. Available at [store.ashp.org](https://store.ashp.org).

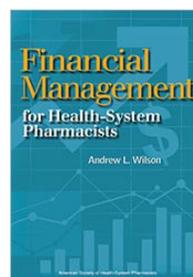
### The Chapter <800> Answer Book, 2nd Edition



Launching in summer 2020, *The Chapter <800> Answer Book, Second Edition* outlines quality-of-practice standards for handling hazardous drugs (HDs). Kienle's updated resource provides guidance and practical advice to health professionals who have

concerns about requirements for implementation, receiving, handling and transport of HDs, ongoing medical surveillance of personnel handling HDs, and establishment of separate negative pressure containment areas for compounding of HDs. Available for preorder at [store.ashp.org](https://store.ashp.org).

### Financial Management for Health-System Pharmacists



*Financial Management for Health-System Pharmacists* provides pharmacy managers with a set of fundamental financial management tools as they relate not only to pharmacy department management, but to the management of the hospital

and healthcare system. Available at [store.ashp.org](https://store.ashp.org).

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## ASHP ELEARNING

### Pharmacy Revenue Cycle Management Certificate



ASHP's self-guided, online program will provide 16.5 hours CE for pharmacists seeking to expand their skills in calculating reimbursement, documentation and billing, Medicare rules and regulations, and revenue compliance and integrity within health-systems.

Upon completion participants should be proficient in navigating regulations and successfully managing the pharmacy revenue cycle for an institution. Available at [ashp.org/certificates](https://www.ashp.org/certificates).

### Medication Reconciliation Certificate



ASHP's self-guided, online program will provide 15 hours CE for pharmacists and pharmacy technicians seeking to expand their skills in conducting the "best possible" medication history, customizing and implementing a medication history-taking

program for their institution, and adhering to legal requirements. Upon completion participants should be proficient in conducting a medication history, and knowledgeable about how to start and implement a medication history-taking program for their institution. Available at [ashp.org/certificates](https://www.ashp.org/certificates).