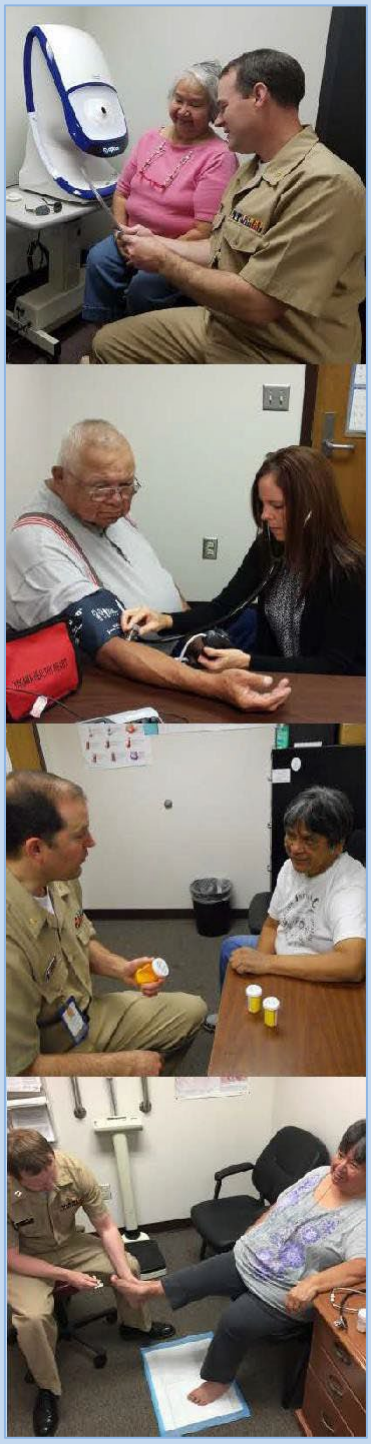
National Clinical Pharmacy Specialist Committee



Comprehensive Pharmacy Services Handbook

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REAR ADMIRAL KELLY BATTESE

CHIEF PROFESSIONAL OFFICER (CPO), PHARMACY

May 9, 2024

A Message from the Chief Pharmacy Officer of the United States Public Health Service

Thank you for your interest in the National Clinical Pharmacy Specialist (NCPS) program! The United States Public Health Service (USPHS) and its respective agencies have a long history of clinical innovation as it relates to the pharmacy profession. The NCPS program has served to recognize the expanded scopes and proficiency of clinical pharmacy specialists for nearly three decades.

Now, more than ever, pharmacists must continue to demonstrate and advocate for their essential role within the healthcare team and system. The universal recognition of pharmacists as providers is the next step to keeping up with the evolving landscape of healthcare. With a greater focus on patient-centered, team-based care, outcomes, and population health, it is time to lean on pharmacists to better meet these goals for our overburdened healthcare systems. Pharmacists have the necessary knowledge and training to lead chronic disease management and treatment services, with proven effectiveness. Furthermore, pharmacists continue to be among the most accessible and trusted health care providers, making us ideally suited to improve access to and continuity of care, all while reducing the cost of care.

The pharmacy profession has the opportunity to embrace this clinical role and better meet the needs of the patients and communities we serve. As your USPHS Chief Pharmacy Officer, this serves as a call to action to help lead your agency and Nation in clinical pharmacy practice and become NCPS certified. The clinical outcomes submitted by NCPS-certified pharmacists and collated by the NCPS Committee (NCPSC) will serve to validate the utility and role of pharmacists as providers. I want to express my appreciation to the NCPSC for their time and continued efforts in overseeing this program.

To all of our past, current, and future NCPS-certified pharmacists and those that paved the way for its existence, thank you for ambitiously setting a higher standard for care and the pharmacy profession, overall!

Sincerely,

RDML Kelly J Battese, Pharm.D., MBA

Chief Professional Officer – Pharmacy – United States Public Health Service
Rear Admiral, U.S. Public Health Service Assistant Surgeon General

NCPS Background and Evolution

The October 18, 1996 memorandum from the Indian Health Service (IHS) Director established IHS pharmacists as primary care providers (PCPs) and allowed privileges to include prescriptive authority. As clinical practices advanced nationwide, the IHS Principal consultant established the National Clinical Pharmacy Specialist Committee (NCPSC) in 1997 in consultation with Centers for Medicare and Medicaid Services (CMS) and other key stakeholders. This committee provides a mechanism to support all National Clinical Pharmacy Specialists (NCPS) across Operating Divisions and the United States Public Health Service (USPHS) a uniform level of competency.

The NCPS certification uniformly recognizes an advanced scope of practice aimed at managing disease states and/or optimizing drug therapy to improve patient outcomes. Pharmacists may practice comprehensive medication and disease state management at a facility after meeting local requirements. NCPS applications are reviewed for completeness and quality of comprehensive care on a quarterly basis. To promote uniform competency and consistency in the certification process, it is strongly recommended all facilities adopt, at a minimum, the national (NCPS) standards for local credentialing of pharmacists for disease state management.

The provision of advanced pharmacy care follows the IHS Pharmacy Standards of Practice as outlined in Chapter 7 of the Indian Health Manual. In 2008, certification of National Clinical Pharmacy Specialists expanded to include clinical pharmacists within the Federal Bureau of Prisons (BOP) in an effort to promote innovation and excellence in professional practice. Further development in the roles of clinical pharmacists across the federal spectrum has resulted in establishing directives and memorandums of agreement (MOU) to permit all Health and Human Services OPDIVs and Public Health Service (PHS) clinical pharmacists to receive NCPS recognition as of 2013.

In 2016, the Chief Pharmacy Officer (CPO) requested the NCPS Committee change its focus on accepting submissions from the field on single disease-state-focused “silo model” clinics to a comprehensive care management program including preventative care services. An additional emphasis on quality of care accompanied this practice change to include the importance of interactions with facility medical staff through adoption of formal pharmacist credentialing and privileging processes. With this official change and history of advanced clinical care spanning nearly 50 years, the scope of NCPS care includes all criteria and responsibilities required for management of disease states for eligible patients in whom medications are the principle method of treatment. Patient care may include a patient interview, chart review, ordering and interpreting of laboratory tests, physical assessment, prescribing medications, comprehensive treatment planning, care coordination, providing patient education, motivational interviewing, and patient follow-up. Treatment and management are performed through collaborative practice agreements (CPA) or protocols approved by the local medical staff.

In recent years pharmacists from multiple USPHS agencies have joined forces as NCPS-certified pharmacists in team-based care models to provide optimal comprehensive care to unique populations throughout the nation. Through the adoption of expanded scope of practice and uniform recognition of healthcare providers within assigned agencies, NCPS pharmacists are providing direct patient care and supporting population health outcomes amidst growing shortages of primary care providers.

Since 2017, all NCPS approved protocols have included privileges or the authority to provide comprehensive care. Comprehensive care entails not only disease-state focused care, but preventative care and care for associated conditions or complications of treatment. ‘Silo clinics’ managing one disease state (vs holistic patient care) such as hypertension or anticoagulation no longer meet the standards for NCPS certification. However, specialty care services such as Infectious Disease, Cardiology, Oncology,

Behavioral Health, etc. are recognized, provided they meet the above conditions of a comprehensive care program.

The scope and impact of NCPS providers continues to expand. In 2021-2022, the NCPSC introduced new certifications for inpatient pharmacists as well as advanced practice pharmacists with diagnostic privileges (NCPS-D). In 2023, NCPSC introduced pathways to certify pharmacists supporting primary care delivered in the medical home model if meeting conditions of a comprehensive care program. NCPS Pharmacists are positioned to provide great care, having the professional knowledge and skills and expanded patient access, to strengthen the health of our nation and serve as mentors to other pharmacists seeking this elite status.

Certification Process

Application Eligibility

Any federal public health pharmacist with an unrestricted pharmacist license and meeting the following criteria is eligible to apply for NCPS certification:

- At least 2 years-experience at a public health facility (IHS, ICE, BOP, CG), 6 months of which consists of practicing as an advanced practice pharmacist at the local facility.
- Postgraduate education/certification(s) verified through at least one of the following:
  - Residency certificate(s)
  - Specialty board certification(s)
  - State issued Clinician's license
  - Disease state management certificate(s) relevant to the area(s) in which the pharmacist has authority to practice
  - Narrative detailing experience (if using clinical experience in lieu of additional certification or licensure)
- Active Immunization Administration Certification/License.
- Completion of ≥ 15 hours of clinically pertinent Continuing Education from the previous year or documentation of an equivalent number of contact hours with a medical staff provider.
- Active collaborative practice agreement(s) or facility policies and protocols demonstrating advanced pharmacy practice, which must include:
  - Comprehensive scope of practice and preventative care privileges
  - Appropriate signatures (Clinical Director, Chief of Pharmacy or designee)
  - Authorizing signatures within the last 3 years
  - Original date approved and any renewal dates, if applicable
- Ability to provide documentation demonstrating comprehensive care completed within the specified timeframe.
  - Outpatient Encounter Log: 45 comprehensive* care patient encounters within the previous 12 months
    - Applicants may include patient encounters where the pharmacist served as a proctor, or preceptor for a trainee. These are cases where the applicant supervised a trainee in clinical decision making and physical examination but may not be the primary author of the note.

        - Applicants may include telehealth encounters that incorporate video and physical assessment components, as appropriate for the disease state(s) being treated.
    - Inpatient Intervention Case Log: 30 therapeutic interventions and 15 mini-case encounters within the previous 12 months
- Documentation of being credentialed and privileged through your agency or local facility's medical staff.
    - If not credentialed and privileged, a waiver must be submitted with the application.
- Ability to provide clinical outcomes data for the most recently completed fiscal year (October 1 through September 30) for the most frequent disease states managed in your clinical practice; 2 or more required.

*Comprehensive encounters for NCPS certification are defined as encounters where the clinical pharmacist addresses more than one disease state, or addresses one disease state and provides a preventative health intervention. A preventative health intervention (PHI) is an intervention made by the pharmacist that provides 1 of the 3 types of disease prevention:

- Primary: Intervening before health effects occur/preventing development of disease
- Secondary: Screening to identify diseases before the onset of signs and symptoms
- Tertiary: Managing disease post-diagnosis to slow or stop progression, including screening for complications

These interventions include but are not limited to: Initiation or ongoing management of medical treatment for nicotine cessation, medication reconciliation with order modifications, initiating referrals or ordering testing for screenings like mammography, STI screening, or ophthalmology for diabetic patients, or ordering/administering vaccinations. Medical readiness assessments for USCG servicemembers and dependents are considered PHIs only if the pharmacist makes an intervention as a result, such as ordering/interpreting a screening lab test, ordering/administering an immunization, or initiating/renewing a medication for travel. The intervention should be listed in the encounter log for clarity.

Conducting medication profile reviews, cardiac risk evaluations without initiating/modifying treatment, and/or providing counseling on nutrition, exercise, and smoking cessation are considered standard pharmacist practice and do not meet the threshold for a preventative health intervention.

**Pharmacists interested in NCPS-Diagnostic (NCPS-D) Certification must meet the following additional criteria for application eligibility:

- Completion of ≥ 30 hours of clinically relevant ACPE- or AMA-accredited Continuing Education within the previous 2 years.
- Completion of an IHS Advancing Pharmacy Practice Committee (APPC)-approved physical assessment training course.
- Ability to provide 500 patient encounters in the 2 years prior to the NCPS-D application date.
    - All encounters should include 2 chronic disease states/diagnoses, 1 chronic condition and 1 preventative health intervention made by the pharmacist, OR 1 acute health condition newly diagnosed by the pharmacist

- 50% or more of the encounters must occur after the physical assessment course completion date
- 10% or more of the encounters must include an acute or chronic condition newly diagnosed by the pharmacist
- 25% of encounters can be telehealth; submitted telehealth encounters must include video and physical examination components, as appropriate for the disease state(s) being treated
- Applicants may include patient encounters where the pharmacist served as a proctor, or preceptor for a trainee. These are cases where the applicant supervised a trainee in clinical decision making and physical examination but may not be the primary author of the note.

- Submission of clinical outcomes data reflecting most recently completed fiscal year (October 1 through September 30) for the most common or frequent disease states managed in your clinical practice; 4 or more required.
- Completion of Professional Contributions in at least two of the following areas: Publications, Presentations, Research, Precepting/Clinical Supervision, or Professional Services. See application form for further details.

Application Process

Applications and Forms are available at the PharmPAC website:
https://dcp.psc.gov/OSG/pharmacy/ncps_certifications.aspx

Completed applications should be submitted as instructed on the application form and are due at least 30 days before the NCPS Committee's quarterly protocol review meetings, scheduled on the second Wednesday of February, May, August, and November. Incomplete applications will not be considered, and late submissions may be deferred to the next quarterly meeting.

NCPS Certification

- Application Form: Review and complete the National Clinical Pharmacy Specialist (NCPS) Application Form, which contains a checklist of all required supporting documents and directions for submission.
  - Supporting documents may be combined with the required NCPS forms as a single pdf or as separate attachments in a single email.
- Collaborative Practice Agreement (CPA) or Privileging: Be sure the protocol you submit has been approved by the facility's Medical Staff (not just one physician). The names and signatures on the protocol(s) must include the Clinical Director (and/or Medical Staff President) and the Chief of Pharmacy Services. In addition, the protocol should contain the date the protocol initially became effective and dates of reviews and/or revisions.
- Letter of Attestation: Your clinical pharmacy supervisor and/or supervising physician should complete the NCPS Letter of Attestation.

- Comprehensive Care Documentation:

    - Outpatient Encounter Log: The NCPS Patient Encounter Log should be completed to document the required number of patient encounters / interventions and must be signed by the supervising pharmacist or collaborating physician, as well as the local or regional chief pharmacist. Encounters must be within 12 months of application date.
    - Inpatient Intervention Case Log: The NCPS Inpatient Intervention Case Log should be completed to document the required number of pharmacist interventions made under the authority of a protocol or CPA granting them privileges to initiate, modify, or discontinue medication therapy, as well as the mini-cases to demonstrate the pharmacist's approach to wholistic care. Inpatient pharmacists are not required to have privileges to implement the recommendations made in the mini-cases; the committee understands and appreciates team-based care while encouraging pharmacists to maintain a comprehensive, whole-patient approach. Interventions and cases must be within 12 months of application date.

- Clinical Outcomes: Each applicant must submit clinical outcomes in at least two areas of care. If the areas of care provided have NCPS-standardized outcomes reporting forms, the applicant must report their data using those forms. If the applicant is providing care in areas where the NCPSC has not standardized reporting requirements, the applicant may report the outcomes he/she tracks, such as baseline and average PHQ-9 scores for depression or days of redundant therapy for antimicrobial stewardship.
- Credentialing and Privileging: NCPS applicants are required to show documentation of being credentialed and privileged through local facility's medical staff. If the pharmacist is not able to meet this requirement, a Credentialing and Privileging Waiver Form is required.

NCPS-Diagnostic (NCPS-D) Certification

- Application Form: Review and complete the National Clinical Pharmacy Specialist - Diagnostic (NCPS-D) Application Form, which contains a checklist of all required supporting documents and directions for submission. All applicants for the NCPS-D certification must have a current, active NCPS certification.
    - Supporting documents may be combined with the required NCPS-D forms as a single pdf or as separate attachments in a single email.
- Collaborative Practice Agreement (CPA) or Privileging: If you are submitting under a protocol, be sure the protocol you submit has been approved by the facility's Medical Staff (not just one physician). The names and signatures on the protocol(s) must include the Clinical Director (and/or Medical Staff President) and the Chief of Pharmacy Services. In addition, the protocol should contain the date the protocol initially became effective and dates of reviews and/or revisions.
- Letter of Attestation: Your clinical pharmacy supervisor or regional pharmacist and supervising physician should complete the NCPS-D Letter of Attestation.
- Patient Encounter Log: The NCPS-D Patient Encounter Log (in Excel format) must be completed to

document the required number of patient encounters and diagnoses.

- Clinical Outcomes: Each applicant must submit clinical outcomes for at least four disease states. If the areas of care provided have NCPS-standardized outcomes reporting forms, the applicant must report their data using those forms. If the applicant is providing care in areas where the NCPSC has not standardized reporting requirements, the applicant may report the outcomes they track, such as baseline and average PHQ-9 scores for depression or days of redundant therapy for antimicrobial stewardship.
- Credentialing and Privileging: NCPS-D applicants are required to show documentation of being credentialed and privileged through national agency process or local facility's medical staff.

NCPS Committee (NCPSC) Decisions

The NCPSC will notify applicants by email of Committee results within 14 days of the Committee's quarterly protocol review meeting. If the applicant is not granted a certification by the Committee, they will receive a detailed explanation of the Committee's decision. The NCPSC will issue an official certificate if the applicant successfully meets the requirements for NCPS certification. The certificate is valid for a period of three years. The pharmacist may apply for recertification at that time. Certified pharmacists must notify the NCPSC in writing if local clinical pharmacist privileging or authority status changes.

Recertification Process

Every three years, the applicant shall reapply for certification using the Recertification Application.

- If the pharmacist's certification has expired for a period greater than 12 months, then they must apply using the initial certification process instead of the recertification process.

Applications and Forms required for recertification are available at the PharmPAC website: https://dcp.psc.gov/OSG/pharmacy/ncps_certifications.aspx

The Recertification Process is similar to the Initial NCPS Application Process mentioned previously, with the following modifications:

- Evidence of at least 45 hours of clinically pertinent continuing education from the previous 3 years (initial application required 15 hours from the previous 1 year).
- Evidence of 45 outpatient encounters OR 30 inpatient interventions and 15 inpatient mini-cases within the past 12 months from NCPS recertification application date.
- Applicant only needs to submit documentation of new certifications/postgraduate education that occurred since the last NCPS approval.
- No need to resubmit Evidence of Immunization Administration Certification/License.

Collaborative Practice Agreements

Collaborative practice agreements (CPAs) create formal practice relationships between pharmacists and physicians. CPAs can benefit collaborative care delivery by identifying what functions, in addition to the pharmacist's typical scope of practice, are delegated to the pharmacist by the collaborating prescriber, under negotiated conditions outlined in the agreement. The protocol is a clinical practice guideline used to assist the practitioner about appropriate healthcare for specific clinical circumstances. The Indian Health Service was the first federal agency to allow pharmacists to collaboratively practice with other health

care providers beginning in the 1960s. A collaborative practice agreement that includes multiple pharmacists practicing in the same care environment is commonly referred to as a protocol. Today many public and private institutions utilize CPAs in the provision of high quality, patient centered care.

A Collaborative Practice Agreement and/or local medical staff credentialing and privileging should be in place for all pharmacists prescribing medications or performing other advanced practice functions in the delivery of patient care.

The NCPSC evaluates CPAs and protocols according to the critical elements checklist, available on the NCPSC webpage here.

Critical elements that should be addressed in a high-quality CPA include, but are not limited to, the following:

1. **Clinic Information** should include the process for obtaining referrals, how clinic eligibility is determined, clinic procedure, and the process for referring patients back to the primary care provider (PCP) for advanced care or upon discharge from the clinic.

2. **Scope of Practice/Comprehensive Care** should be supported with sections describing the process for managing associated comorbidities, including a list of the authorized comorbid conditions to be monitored and treated when appropriate. A section should also be included to describe a preventative care service based on local need. Examples may include, but are not limited to, programs such as immunizations, tobacco cessation and associated screening tests.

3. All CPAs should include a **Clear Statement that the Pharmacist is Authorized to do ALL of the following**:
    a. Order laboratory tests;
    b. Interpret laboratory tests;
    c. Perform limited physical assessment;
    d. Prescribe (initiate, modify, and discontinue) medications or manage patient therapeutic plans as authorized by the CPA;
    e. Provide and document patient education;
    f. Support prevention and health promotion activities including immunization and/or HEDIS core domains;
    g. Provide patient follow-up

4. **Collection and Submission of Outcome Data** is essential to document the impact pharmacists have on patient care and are required when being considered for NCPS initial certification and renewal. The CPA should identify the administrative and clinical outcome measures to be collected and the process for obtaining, documenting and reporting outcomes data. The process for obtaining, documenting and reporting annual outcomes to local leadership and NCPSC should be described and aligned with local needs.

5. **Performance Improvement** programs are considered essential processes for all pharmacist-run clinics in order to identify, track, and improve the future

performance of problem-prone, high-risk and/or high-cost aspects of care. Clinic-specific performance measures (including peer review and professional practice evaluation activities) should be identified and tracked in order to improve future performance. Performance Improvement activities should be reported to local leadership annually.

6. **Training and Certifications** required locally to participate in the pharmacist-run clinic should be described. All relevant training and certifications necessary should also be listed on the CPA. A process for evaluating competencies should be described to promote practice competency and currency.

7. All CPAs will need to include the appropriate signatures with their titles. Required signatures may vary but should adhere to local or agency approved standards. The original CPA approval date and the revision and/or review date(s) should be listed.

Depth and breadth of clinical practice authorized by a CPA may be limited by federal, state, or local regulations.

Various levels of physician oversight and/or co-signature may be required based on state law or facility policy, including but not limited to dispensing medications under the supervising physician's name to ensure proper reimbursement or requiring co-signature of completed encounters, but NCPS requires that pharmacist orders be actionable prior to or independent of a physician co-signature for the protocol to meet the threshold for certification.

Protocols and CPAs that the NCPSC has reviewed and determined to be "gold standard" in their structure and content can be found in the APAN Example Protocol Library.

Credentialing and Privileging

The purpose of credentialing and privileging licensed practitioners in health-care settings is to promote patient safety and quality of care. The process establishes an objective and evidence-based method to verify practitioner qualifications and to monitor performance. Licensed practitioners are generally understood to be individuals licensed and qualified to direct or provide care, treatment, and services.

Agency and/or institutional requirements for credentialing and privileging may differ based upon program needs and should be described in Governing Board and/or Medical Staff bylaws to promote clinical service alignment.

"Credentialing" generally refers to the process to document and verify an applicants' licensure, education, skills, knowledge, training and ability to practice under licensed scope.

"Privileging" refers to the scope and content of professional services the licensed practitioner is authorized to provide within the healthcare facility.

The core responsibilities in the creation of these uniform practices is to promote safe, evidence-based clinical practice and implementation of routine professional practice evaluation. Each federal agency has its own policies and procedures that direct the credentialing and privileging process, as well as procedures for the development and implementation of collaborative practice agreements (CPAs)and clinical protocols.

In practice, most IHS facilities with clinical pharmacists have utilized CPAs and clinical protocols covering multiple pharmacists to delineate privileges on an institutional basis. The Bureau of Prisons,

Immigrations & Customs Enforcement, and US Coast Guard have utilized individual CPAs to delineate specific pharmacist privileges. These CPAs have historically had varying degrees of medical staff review which may range from review and collaboration with a single physician to full review and collaboration with the entire institution or department medical staff. This practice is evolving based upon facility needs and some federal agencies and facilities have implemented clinical pharmacist credentialing and privileging through the same process as any other member of the medical staff.

The NCPSC recognizes the important role of credentialing and privileging procedures to promote the provision of safe, quality care and support uniformity of professional practice evaluations. As of January 2019, NCPS pharmacists are required to be credentialed and privileged through their local medical staff to receive NCPS certification. Pharmacists applying from facilities not in compliance with the requirement may request a waiver be granted. Documentation needed for a waiver includes the following: steps taken to credential and privilege pharmacists; barriers encountered to credential and privilege pharmacists; local procedures established to support core credentialing and privileging responsibilities for CPs. The BOP has completed a standardized credentialing and privileging waiver form for all of its pharmacists, which is available from the agency's NCPS representatives and must be included in BOP pharmacists' application packets. Waiver requests are collected and analyzed to inform future NCPSC procedures.

Credentialing and Privileging Common Terminology:

The following terms are generally used in requesting local privileges and regularly evaluating the performance of new and established medical staff providers:

Initial Privileges Request - Used to request privileges to provide direct patient care within the agency and/or at the local facility. Privileges may be granted on a provisional basis pending Focused Professional Practice Evaluation (FPPE) findings.

- Focused Professional Practice Evaluation (FPPE)
    - The more intense or in-depth of the two professional practice evaluations used to determine the providers clinical competence and ability to perform the requested privileges. The initial FPPE period generally lasts for six months to one year. Generally used for one of three purposes:
        - To evaluate the performance of all individual providers requesting initial privileges.
        - To evaluate the performance of an existing provider (already appointed to the medical staff) requesting new or expanded privileges.
        - To evaluate the performance of a provider when issues are identified that may affect the provision of safe, high quality care.
    - See your facility's or agency's medical staff bylaws for details.
- Ongoing Professional Practice Evaluation(OPPE)
    - Upon completion of the FPPE period, the OPPE is used to evaluate the performance of all providers with privileges on an ongoing basis, generally every six months. See your facilities local medical staff bylaws for details.
- Peer Review
    - The evaluation of the provision of care or clinical practice by a colleague (i.e.

another medical provider with a similar level of training and education).

- Results are generally incorporated into ongoing professional practice evaluations and findings may trigger a focused professional practice evaluation.

Resources

Immunization Delivery

The American Society of Health-System Pharmacists (ASHP) has developed guidelines on the pharmacist's role in immunizations.
(http://www.ashp.org/doclibrary/bestpractices/specificgdlimmun.aspx)

1. American Pharmacists Association (APhA) Pharmacy-Based Immunization Delivery http://pharmacist.com/pharmacy-based-immunization-delivery
2. Pharmacists Prescribing Vaccines - The New Mexico Program https://www.nmpharmacy.org/
3. Arizona Pharmacy Association (AzPA) Immunization Training Program http://www.azpharmacy.org/?page=Immunization
4. Pharmacist Training Program for Immunizations offered by Ohio Pharmacists Foundation (OPF) https://associationdatabase.com/aws/OPA/pt/sp/education_immunization

IHS APPC-Approved Physical Assessment Training Courses (as of June 2024)

1. University of New Mexico

   To take the physical assessment course through the University of New Mexico College of Pharmacy, Office of Continuing Pharmacy Education, contact HSC-COP-CPE@salud.unm.edu or 505-272-0905.

2. Northern Navajo Medical Center (NNMC)

   NNMC generally offers the physical assessment course in the spring and fall of each year. To register and/or add your name to the course waitlist, contact Abisola Tairu at abisola.tairu@ihs.gov.

Definitions

Collaborative Practice Agreements (CPAs): A formal agreement in which a licensed provider authorizes the pharmacist to perform specific patient care functions and supervises their practice. A CPA may be utilized by some agencies to describe and approve scope of practice, credentialing and privileging.

Protocol: A collaborative practice agreement that applies to multiple pharmacists practicing in the same care environment, commonly used in the Indian Health Service.

Credentialing: An ongoing process of collecting and verifying a medical staff applicant's education, training and background. The information is utilized by the medical staff to evaluate an applicant's qualifications and previous experience to determine if he or she is competent for appointment and/or clinical privileges.

Privileging: the scope and content of professional services the licensed practitioner is authorized to provide within the healthcare facility.

Scope of Practice: The procedures, actions and processes a pharmacist is permitted to

undertake, as part of collaborative medication management, includes the clinical pharmacist's medication prescriptive authority, as well as a description of routine and non- routine duties to be performed, expectations, and the general areas of responsibility.

Comprehensive Care: The concurrent prevention and management of multiple disease states or associated co-morbidities. This includes traditional treatment of chronic conditions as well as preventative health measures (see definition below). Comprehensive care considers the 'whole-health' needs of the patient vs. disease state management.

Preventative Health Intervention (PHI): A preventative health intervention (PHI) is an intervention made by the pharmacist that provides 1 of the 3 types of disease prevention:

- Primary: Intervening before health effects occur/preventing development of disease
- Secondary: Screening to identify diseases before the onset of signs and symptoms
- Tertiary: Managing disease post-diagnosis to slow or stop progression, including screening for complications

These interventions include but are not limited to: Initiation or ongoing management of medical treatment for nicotine cessation, medication reconciliation with order modifications, initiating referrals or ordering testing for screenings like mammography, STI screening, or ophthalmology for diabetic patients, or ordering/administering vaccinations. Medical readiness assessments for USCG servicemembers and dependents are considered PHIs only if the pharmacist makes an intervention as a result, such as ordering/interpreting a screening lab test, ordering/administering an immunization, or initiating/renewing a medication for travel. The intervention should be listed in the encounter log for clarity.

Conducting medication profile reviews, cardiac risk evaluations without initiating/modifying treatment, and/or providing counseling on nutrition, exercise, and smoking cessation are considered standard pharmacist practice and do not meet the threshold for a preventative health intervention.

Physical Exam: An assessment of a patient's objective anatomic findings through the use of observation, palpation, percussion, and/or auscultation. Required physical exam components include assessment of the patient's presentation, documenting the presence or absence of relevant physical signs, and obtaining vital sign measurements.

Telehealth Encounter: Telehealth encounters listed on an encounter log for NCPS certification must include video, as well as a physical exam component. Physical exam components should include vital signs and be appropriate to the type of encounter, such as assessing the patient's mood, affect, hygiene, and insight for a psychiatric encounter, and assessing lung and heart sounds, and presence/absence of edema for a cardiac consultation.

NCPSC Members

NCPSC voting members are comprised of one pharmacist from each IHS Area, 3 pharmacists from the BOP, 1 pharmacist each from ICE and the USCG, and two physicians. NCPSC leadership consists of the chair, chair-elect, and executive secretary, in addition to the CPO's designated senior advisor. The list of current NCPSC voting and ex-officio members is listed on the NCPSC webpage here.