



Pharmacy Home Health Services

Janice Dang, Pharm.D.

Chief of Enforcement



Disclaimer

1. The opinions expressed in this presentation and on the following slides are solely those of the presenter and not necessarily those of the California State Board of Pharmacy. The California State Board of Pharmacy does not guarantee the accuracy or reliability of the information provided herein.
2. This presentation, including examples are provided for informational purposes only, the author makes no warranties, either expressed or implied.
3. Information in this presentation is subject to change without notice.
4. This presentation carries no authority and shall not be considered legal advice.

Overview

- Description
- Type of Patients
- Services Offered
- Applicable Laws
- Issues

Description:

In general:

- A **Home Health Agency (HHA)** is any public or private organization that provides or arranges for skilled nursing services for individuals in their home, whether it's a temporary or permanent residence. 22 CCR § 74600
- BPC 4027(c) defines **“Licensed Home Health Agency”** to mean a private or public organization licensed by the State Department of Public Health pursuant to Chapter 8 (commencing with Section 1725) of Division 2 of the Health and Safety Code, as further defined in Section 1727 of the Health and Safety Code.
 - A licensed HHA may have their own pharmacy, a contract pharmacy or have arrangements with a pharmacy to provide pharmaceutical services.
 - A pharmacy providing home health services is:
 - Required to be licensed by the board as a pharmacy.
 - If compounding sterile injectable drugs must also be licensed as a sterile compounding pharmacy.
 - **A pharmacy is not required to be licensed as a HHA unless they employ and utilize their own nurses to provide home care.**



Description: (continue)

- **A pharmacy providing home health service...**
 - Specializes in treating patients in their home or at a residential facility with pharmaceutical products and services that are complex.
 - More cost effective to continue treatment in the home versus in acute care setting.
 - Commonly involves: infusion therapy, administration of injectable drugs, parenteral nutrition and enteral nutrition.
 - Involves coordination of care with nursing, the prescriber, and/or insurance.
 - Provides training to patients, family or caregivers.
 - Requires reviewing, dispensing, and delivering of drug therapies, patient monitoring, assessing proper storage of medications, providing consultation and educating on the proper disposal of unused medication/supplies.
 - Provides the pharmaceutical product, supplies and equipment (infusion or enteral pump).
 - May partner with a HHA or Hospice.

Type of Patients

Patient Referrals:

- Hospital Discharge Planners
- Physicians
- Third-Party Payors (health insurance plans with or without contracts)
- Licensed Home Health Agencies
- Licensed Hospice Agencies
- List of Accredited Pharmacies
 - The Joint Commission (TJC)
 - Community Health Accreditation Program (CHAP)
 - Pharmacy Compounding Accreditation Board (PCAB)
 - Healthcare Quality Association on Accreditation (HQAA)
 - Accreditation Commission for Healthcare (ACHC)
 - Medicare

Services Offered

Type of therapies:

- Infusion therapies (intravenous, subcutaneous, intrathecal, epidural)
 - IV Antibiotics
 - Parenteral Nutrition
 - Chemotherapy
 - Treating pain
- Respiratory therapies
- Hospice medications (pain and comfort medications)
- Medicinal gases and supplies
- Enteral products and supplies
- Ostomy and urological supplies
- Wound care products

Services Offered (continue)

Duties of intake coordinator:

- ▶ Prior to accepting patient:
 - ▶ Obtain patient and billing information, confirms contract pricing or negotiate cost for treatment,
 - ▶ confirms type of service(s) to be provided and duration of care.
 - ▶ confirms nursing agency to provide patient and home assessment, nursing care, education and training; if a licensed HHA with a pharmacy will verify number of visits per day, per week or per duration of care.
 - ▶ Obtain contact information from referring entity, general patient information, copy of discharge orders if applicable,

Services Offered (continue)

Duties of the pharmacist:

- Obtains prescription for treatment, patient history, list of medications, allergies, diagnoses, emergency contact information;
- Determines type of access port and supplies required for administration and maintenance of injection site or access port;
- Heparin flush order if applicable and/or type of flushing of access line;
- Contact patient and nursing agencies to coordinate delivery of medications and supplies;
- Provide introduction packet:
 - How to contact the pharmacist 24-hours/7-days per week,
 - Patient's rights and responsibilities notice
 - Consent for treatment,
 - HIPPA information
- Patient consultation on treatment, side effects, supplies, storage, delivery process - CCR 1707.2.
- Over see the compounding and dispensing of medication(s),
- Routine follow up with patient or caregiver
- Maintain medical records and progress notes.

Issues

In addition to complying with pharmacy and compounding laws:

- Following up with patients on number of doses remaining to monitor compliance and when to send additional doses.
- **Scheduling deliveries** of medications with patients.
- **Coordinating deliveries** with nursing visits.
- Maintaining patient confidentiality when delivering medications.
- **Pharmacist may carry and furnish** to home patient dangerous drugs and parenteral therapy that's prescribed - CCR 1752.
 - Pharmacist conduct initial home visit to assess home and storage of medications.
- **Furnishing a portable container** (emergency kit) to a licensed HHA or a licensed hospice and contents; policies and procedures required - CCR 1753.
- Licensed pharmacy's obligation to **cease use of portable container** if licensed HHA fails to comply with CCR 1753. CCR 1754

Issues (continue)

- Obtaining Schedule II controlled substance prescriptions for hospice patients.
 - BPC 4071 and 4072 - is not considered an agent of the prescriber for Schedule II controlled substances
 - BPC 688 - E-RX
 - HSC 11164 - Controlled Substance Rx
 - HSC 11159.2 - Terminally Ill
 - 21 CFR 1306.13 - Terminally Ill
 - HSC 11167 - Emergency order
 - HSC 11167.5 - SNF/ICF/Hospice
- **If the pharmacy is unable to obtain a prescription with the prescriber's signature, the pharmacy must follow HSC 11167 for an emergency prescription by contacting the prescriber for a verbal order and request the prescriber to provide a written prescription on a controlled substance prescription form that meets the requirements of HSC 11162.1.**

Issues (continue)

- ▶ **Partial filling of Schedule II controlled substance prescriptions for hospice patients.**
 - BPC 4052.10 - When requested by patient or prescriber
 - CCR 1745(b) - For “terminally ill” patients or patients in a SNF
 - CCR 1745(d) - When the pharmacy is unable to fill the full quantity
- ▶ **Pharmacist to Pharmacy Technician ratio** - If the pharmacy is also a licensed home health agency the ratio is 1 RPH : 2 TCH
- ▶ **Tracking, storage, and cleaning infusion and enteral pumps and poles**
- CCR 1714(c)

Thank You

Janice Dang, Pharm.D.
California State Board of Pharmacy
Chief of Enforcement
Email: Janice.Dang@dca.ca.gov

