

## **What has the SIDP PGA been doing for our members and our profession in 2019-2020?**

### **Professional advocacy:**

Throughout the term, SIDP has engaged with multiple stakeholders including PEW, S-FAR, SHEA, IDSA, HIVMA, ASM and others to support advocacy efforts related to infectious diseases and public health. SIDP has authored, co-authored, or signed-on to approximately 20 statements on wide ranging issues, some examples include:

- Support of the DISARM Act,
- Recommendations regarding annual Labor and DHHS appropriations,
- Increasing PPE production through the Defense Production Act
- Denouncing the withdrawal of US funding for the WHO
- Considerations related to safely and accurately conducting/reporting of COVID-19 testing by pharmacists
- Support for investigating the governments' response to the pandemic to learn how the process could be improved and forward-looking recommendations on policy and funding

### **SIDP Grassroots Network:**

The SIDP PGA Grassroots Network is designed to boost individual member awareness and engagement in important public policy initiatives. The SIDP PGA utilizes a digital platform (Phone2Action®) to connect members with their elected and appointed officials to communication quick and easy. This platform is offered to SIDP membership through a collaboration with SHEA and allows SIDP members to raise awareness of their roles in various healthcare settings, shine the light on important patient care topics, and unify SIDP membership's advocacy for public policy initiatives. Earlier this year Phone2Action was successfully used by SIDP members to contact their elected representatives and advocate for increase PPE production.

### **Submission of comments on FY2021 IPPS rule:**

CMS proposed changes to the FY 2021 IPPS which included several modifications that affect antimicrobial products and diagnostics through the new technology add-on payment (NTAP). PGA committee members participated in a survey regarding personal experiences with NTAPs; the results were incorporated into a SIDP response letter along with proposed changes applicable to antimicrobials. Notable recommendations in the response letter to CMS includes the following: extend duration of NTAP eligibility for antimicrobial products and diagnostics from 3 to 5 years; evaluate new rapid diagnostic products as a class compared to traditional diagnostic tools, rather than comparing specific products to each other; and streamline the NTAP process to help users successfully obtain NTAP reimbursements and track NTAP use.

### **HIV CARE Act:**

In the Spring, the SIDP PGA learned of proposed legislation entitled the "HIV Epidemic Loan-Repayment Program (HELP) Act" which would provide loan repayment (up to \$250,000 over five years) for healthcare professionals including physicians and nurse practitioners who provide HIV treatment for patients seeking care in areas with healthcare professional shortages or at Ryan White-funded clinics. Unfortunately, in its initial form, this proposal did not include clinical pharmacists as those eligible for loan repayment. HIVMA had helped Rep. John Lewis' office with developing the bill and the SIDP PGA engaged with partners at HIVMA multiple times highlighting the essential roles of the clinical pharmacist in HIV care and advocating for inclusion of clinical pharmacists within the bill. As a result of this advocacy from the SIDP PGA, we are

excited to share that the bill has been revised and clinical pharmacists are now among those healthcare professionals eligible for loan repayment.

### **NHSN AUR survey:**

Last year the PGA identified a knowledge gap and scholarship opportunity regarding the reasons why Antibiotic use (AU) and antibiotic resistance (AR; AUR) reporting to the National Healthcare Safety Network (NHSN) remains suboptimal. We conducted an anonymous survey of SIDP members and the SHEA Research Network to 1) Identify characteristics of US health systems that report AUR data, 2) Determine how NHSN AUR data are used by health systems and 3) Identify barriers to AUR reporting. Overall 238 individuals from 43 states responded to our survey. In total, 62% of respondents reported to AU and 25% to AR. The survey data suggest that there is a lot of friction between electronic health record/clinical decision support systems and the AUR reporting interface which makes AUR reporting challenging and/or time consuming for many. We also found that most people reporting these data did not regularly use the NHSN data analysis tools. Among non-reporters, increased expectations to report and better software solutions were most commonly identified as the best ways to increase reporting. The results of our survey indicate efforts to improve AUR reporting are needed and should focus on software solutions and increasing the utility of AUR analytical tools. These data will be presented as a poster at the upcoming IDWeek 2020 meeting.

### **Review and updates to SIDP Position Statements and White Papers:**

As you may know, SIDP has authored or co-authored multiple position statements and white papers. ([link](#)). To ensure these documents reflect our most up to date perspectives, updates are underway to most of these position statements, stay tuned.

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**The SIDP PGA leadership would like to give our sincere gratitude to the SIDP PGA membership for their tireless efforts in helping lead these various activities. Their dedication and engagement, even during the pandemic, has been essential in promoting advocacy related to infectious diseases pharmacotherapy and public health. Thank you!!!**

### **2019-2020 SIDP PGA Members:**

Monica Bianchini, Jovan Borjan, Curtis Collins, Tom Dilworth (Vice Chair), Mike Dudley, Ramy Elshaboury, Krista Gens, Alan Gross (Chair), Lauren Hunt, Kristi Kuper (Past Chair), Tara, Lines, Patrick McDanel, Emily O'Neill, Katherine Perez, Jason Pogue (Board Liaison), Danya Roshdy, Amber Streifel, Pavithra Srinivas, Katie Suda, Catherine Vu, Brian Werth, Sarah Wiczorkiewicz, Rebekah Wrenn