Integration of Clinical Pharmacy Faculty in Professional Practice Care Settings

AACP Professional Affairs Committee 2021–2022

American Association of **Colleges of Pharmacy** AACP

The purpose of the resource guide is to provide guidance and empower school and practice site administrators as well as individual faculty practitioners to build sustainable practice models across various practice areas that achieve win-win opportunities for practice partners, curricular and teaching needs, and student learning. Examples and methods to communicate the unique value that clinical pharmacy faculty can bring to a practice site will be provided. Potential solutions for common challenges experienced by both faculty and practice site participants are available.

This guide is offered as a reference to establish and re-establish partnerships that support mutual goals in education and practice as well as serve to advance careers and the practice of pharmacy. This guide may be particularly helpful for new administrators and faculty who may be changing or starting new practice sites. This guide will be updated and expanded each spring. Please send your suggested revisions, additions, and/or examples to be considered by AACP staff to aacpcenter@aacp.org.

This guide is organized into sections based on key users. Click to expand the individual user section below or Scroll to full text of the guide including sections on: Culture/Needs Assessment, Payment and Practice Plan Models, and Value Proposition.

⌄   Dean / Department Head

⌄   Faculty Member

⌄   Practice Site Team Members (clinical/staff pharmacist, supervisor, executive)

⌄   Trainees (students, residents, fellows)

Culture/Needs Assessment

The Culture/Needs Assessment section focuses on information that colleges and schools of pharmacy should consider internally when planning for pharmacy faculty to provide patient care services in external healthcare practice settings.

Prior to hiring into and/or developing a new clinical position, there are several avenues to consider.

Why does (or should) the position exist?

- Why does (or should, if applicable) the position exist?

- If the position already exists, what were the reasons for the previous faculty member to leave the position?

Evaluate whether any of the known reason(s) need to be ameliorated before hiring new faculty into the same position.

If the position or practice site is new, starting with a business plan may be very helpful.

Resources

APhA Writing a Business Plan Monograph (PDF)

Consider all aspects pertaining to the the practice site:

- Is the setting in a resource constrained environment?

- Does this affect the model of shared funding?

Once the practice site is identified, plan a discussion with the site representative(s) about shared needs and expectations.

In these models of shared resources, the location of the faculty member may dictate other considerations for the hiring and appointment(s). This includes adjunct faculty appointments.

Resources

See Payment/Practice Plan Models section

- Does the specialty area align with the faculty member's expertise?

- Does the specialty area align with the college/school of pharmacy needs for clinical education (both experiential and didactic)?

> **Resources**
>
> APhA Case Studies of Successful Integration of Pharmacists in ACOs and Medical Homes (PDF)

- What is the teaching load (both experiential and didactic) for the position? Does this align with the expectations for clinical service at the site?

- What is the expectation for time that learners are at the clinical site? Is there physical space and other resources to accommodate learners?

- Can other faculty (or non-faculty) precept students?

- Does the proximity to campus affect the teaching expectations and/or create barriers for the faculty member to meet clinical expectations?

Needs assessments for practice sites

Needs assessments are used to identify area(s) for improvement and to develop a list of priorities for implementing change. Individual participants in the survey can take it from the perspective of a single practitioner or as an organization. This tool is appropriate for institutional, community-based or ambulatory care practice settings.

> **Resources**
>
> ASHP Practice Advancement Initiative (PAI) 2030 Self-Assessment Tool

Needs assessments can also be utilized to assess and prioritize areas of improvement for Comprehensive Medication Management (CMM) practice management, identifying necessary resources and support. This tool is designed to be completed for an individual practice site by the CMM pharmacist(s), but some questions may require input from other practice site members or administrators.

> **Resources**
>
> CMM Practice Management Assessment Tool (PDF)

Additional considerations

- State laws regarding pharmacy practice and healthcare. Some state laws may address pharmacist payment availability.

- Institutional policies regarding pharmacist payment for services (i.e., hospital based, physician office based, private, for profit, public, non profit).

- Institutional/Organizational policies and procedures regarding pharmacy services.

- Institutional/Organizational credentialing and privileging policies.

- Support for research and other scholarly activity.

Resources

ACCP White Paper on Credentialing and privileging for clinical pharmacists

Payment and Practice Plan Models

The Payment and Practice Plan section focuses on current models of practice and payment for pharmacy faculty when providing patient care services in external healthcare practice settings. This information includes considerations regarding contracts/Memorandum of Understanding (MOU) and Continuous Quality Improvement (CQI).

Funding Models: There are multiple models to consider. Three broad-based models are described below. Assessment of funding models should be part of the needs assessment.

Co-funding

This model involves funding that is shared between the college/school of pharmacy and the clinical site. Typically, these contracts stipulates a portion of salary that is paid by the clinical site to the college/school of pharmacy. The funding from the clinical site supports a faculty member's time to provide clinical services.

> **Resources**
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> See Cultural/Needs Assessment Section

"Reverse" co-funding

This model involves funding that is shared between the college/school of pharmacy and the clinical site. In this model, a contract stipulates a portion of salary that is paid by the college/school of pharmacy to a clinical site. The funding from the college/school of pharmacy supports a clinician's time to teach, typically experiential education.

No funding

This model does not have any shared funding of the position. These positions are typically funded by the college/school of pharmacy with expectations for the faculty member to provide clinical service at the clinical site. The clinical site is expected to support the faculty member's ability to provide experiential education at the site.

> **Resources**
>
> AACP 2021 Professional Affairs Standing Committee Report: Pharmacists' Unique Role and Integration in Healthcare Settings

Key Contract / Agreement Elements to Consider

Statement of purpose/goals

Establish clear and transparent mutual goals between entities (e.g., including student learners at the practice site).

Provision/description of pharmacy services

Is a Collaborative Practice Agreement needed? Should specific conditions or services be outlined (e.g. pharmacotherapy, asthma, annual wellness visits)?

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Key Elements for a Pharmacy Faculty Contract (PDF)

Non Co-Funded Agreement MOU Example (Docx)

Centers for Disease Control and Prevention. The Pharmacists' Patient Care Process Approach: An Implementation Guide (PDF)

2016 Michigan Summary of Care Report: Michigan Pharmacists Transforming Care and Quality (PDF)

- What are the requirements for credentialing/licensure?
- What are the details of the clinical services? Does the language need to be specific or more general?
- What is the time commitment at the site? How is this balanced with college/school of pharmacy responsibilities?
- What is the expected volume/patient load?
- Are there other expectations for clinical care at the practice site?
- What are the requirements/training to conduct research and/or other scholarly activity at the site?

Provision of other services (which may require a separate agreement)

- What are the expectations related to education of pharmacy and medical students and residents?
- What are the requirements for learners to be in the practice site?
- Who is responsible for the learner onboarding--the practice site or the school?
- Is there any expectation for committee related service to the site?
- Is there any expectations related to research and/or quality improvement projects?

Legal, Liability and Risk considerations

- What types of insurance(s) are required?
- Who must hold the insurance and verify coverage?
- What are other requirements for the practice site (e.g., HIPPA, Conflict of Interest, Vaccination) and will these be a part of the MOU/agreement?

Data Use

Ensure there is language regarding HIPAA and Privacy Requirements.

What considerations/requirements must be in place regarding the use of data for research?

Considerations for the frequency of contract/MOU reassessment

- Length of initial contract/MOU.
- Process for ongoing contract/MOU renewal.
- Terms and length for contract/MOU non-renewal.
- Determination of how and by whom the faculty member performance at the site will be assessed.
- The required persons/entities necessary to review, approve, and/or sign the contract/MOU (e.g., Human Resources, Legal, College/School of Pharmacy Administration, Site Director, etc).

Payment considerations

- How is payment determined and/or allocated (e.g., % of FTE, hours worked, etc.)?

- Is there direct compensation to the faculty member?

- Is there compensation for services provided by the faculty member? If so, where does the compensation go?

- Are there billing expectations for services and if so, to whom or where does the money go and does it directly relate to faculty compensation (e.g., revenue sharing)?

- If payment is based on a percentage of faculty time or FTE, how is the faculty member expected to balance site responsibilties and competing college/school of pharmacy expectations (e.g., meetings, service requirement)?

Operationalizing the contract

Classification of appointment/designation

- What are the appointments for the faculty member?

- Who facilitates that process?

- Would there be a reason to provide an adjunct faculty status with the partnering program (e.g., college of medicine, additional medicine teaching expectations)?

Resources and access

Consider aspects such as rooming and scheduling, office/workspace for discussing confidential health information with patients or education sessions with learners. More specifically, with workflow, is there nursing staff support for rooming, triage, vitals, follow-up appointment?

Ensure health record access and training (for faculty and learners) and necessary authorizations/privileges within the Electronic Health Record (EHR) system (e.g., update documentation, changing/ordering medications, labs).

Discuss needs for equipment (computer, printer/copier), email (and access to email and EHR offsite), other IT considerations (e.g., support for issues).

Onboarding and compliance requirements

- What is the Standard Operating Procedures (SOPs) for billing?

- What are the Human Resources requirements, needs, and processes for the faculty member and learners (e.g., background checks, credentialing, etc)?

- Is additional liability insurance required or expected?

- Are there vaccination requirements?

Setting expectations

- What are the days/hours that the faculty will provide services?

- If the college/school of pharmacy is on holiday and practice site is not, what does the faculty member do?

- How are performance reviews handled?

- What is the process for time off notification?

- Are there clinical meetings (e.g., within and outside of the practice site) that the pharmacist is expected to go to?

- Is there an expectation for document approval flow within the Electronic Health Record (EHR)?

Billing/compliance guidance at outset of contract development

Does the billing department need to be involved to help with identifying billing opportunities?

Resources

National Health Policy Forum Overview on Relative Value Units (PDF)

Understanding Healthcare Billing Basics Article

Key Elements for a Pharmacy Faculty Contract

American Academy of Procedural Coders (AAPC) Website

Pharmacy HIT Collaborative Resources

Review state pharmacy laws for Collaborative Practice Agreements (CPAs).

Resources

National Alliance of State Pharmacy Association (NASPA) Collaborative Practice Agreements Resources

Continuous Quality Improvement - Practice Site

Reassessment of the contract/MOU

- Frequency of review and/or renewal of contract/MOU. Does the CPA need to reviewed annually, bi-annually?

- Who needs to sign it each time?

- Is there one contract/MOU one per pharmacist or for the entire clinical pharmacist group?

Re-discuss mutual goals

- Re-evaluate needs assessment for clinical pharmacist services (baseline/current/future direction).

- Identify what data needs to presented for needs assessment review.

- Alignment of strategic plan for both the college/school of pharmacy and the practice site.

Ongoing Partnerships

Determine the frequency of update/check-in meetings between the college/school of pharmacy and the practice site.

Develop a satisfaction survey/performance assessment(s) (this may also be a performance metric). Is there an expectation to survey the practice site (and how often) to evaluate the pharmacists' services?

Continuous Professional Development

Credentialing/Privileging: Does the college/school of pharmacy and the practice site have specific annual credentialing requirements?

Certifications: Which certification(s) are expected from the faculty member? Is there any monetary support to acquire the certification(s)? Is there support to attend professional conferences?

Annual review of patient outcomes

Establish the faculty member expectations from the practice site and the college/school of pharmacy and determine how to track and document the expectations.

Is there a certain way the outcomes data/report should be presented?

Performance Metrics

Determine the metrics to be documented, tracked and evaluated by the practice site (e.g., broader metrics vs specific measures).

- Is there an electronic system used to track data?
- Is there access to run reports?

Determine the HEDIS or CMS measures versus the individual practice site and faculty performance measures.

- External vs internal measures.
- Is the clinic part of a national effort with predefined monitoring measures.

Determine quantitative and qualitative metrics.

Value Proposition

The Value Proposition section focuses on various rationales to consider when pharmacy faculty provide patient care services in external healthcare practice settings.

Clinician-Educator Expertise

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site will provide clinical and education access and expertise which can be utilized by the site and its practitioners. Pharmacy faculty have access to medical and other databases through their educational institutions that the practice care site may not have and therefore expands the overall access clinical information to the site. The pharmacy faculty member can also provide the expertise to interpret the information within the medical databases for patient care and clinician education.

When the faculty member serves as a clinical preceptor for pharmacy students, other pharmacists employed by the clinical site also have the opportunity to utilize these databases, thereby improving their access and ability to provide timely and current drug information.

Resources

The Report of the 2021 Professional Affairs Standing Committee: Pharmacists' Unique Role and Integration in Healthcare Settings

The Report of the 2020 Professional Affairs Standing Committee: Pharmacist Integration with Primary Care Practices

Clinical and Economic Benefits of Pharmacist Involvement in a Community Hospital-Affiliated Patient-Centered Medical Home

The Effect of Clinical Pharmacists on Readmission Rates of Heart Failure Patients in the Accountable Care Environment

Assessed Value of Consultant Pharmacist Services in a Home Health Care Agency

Revenue-Generating Clinical Services

Financial Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can lead to a culture shift towards clinical practice services that are revenue generating. However, all parties involved with the clinical faculty member integration should be cautioned to ensure that faculty are not perceived as purely a revenue generating source.

An additional benefit of the faculty member integration that can generate revenue is the promotion of sustainability of clinical services for the college/school of pharmacy, practice site, and faculty member.

Resources

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Economic evaluation of pharmacist-led medication reviews in residential aged care facilities

Clinician Well-Being

Benefits to the Individual Pharmacist Practitioner

Integrating a clinical pharmacy faculty member within a professional practice site can assist with healthcare practitioner workload distribution and decreasing provider burnout.

Resources

Enhancing Pharmacy Faculty Well-Being and Productivity while Reducing Burnout

Primary Care Providers Believe That Comprehensive Medication Management Improves Their Work-Life

Development of an Ambulatory Palliative Care Pharmacist Practice

Assessing care team perspectives on integration of a community pharmacist into an ambulatory care practice

Patient Care Outcomes

Benefits to Patient Care

Integrating a clinical pharmacy faculty member within a professional practice site can enhance patient services that improve patient care outcomes in three areas: access, quality, and cost.

> ### Resources
>
> The Report of the 2021 Professional Affairs Standing Committee: Pharmacists' Unique Role and Integration in Healthcare Settings
>
> The Report of the 2020 Professional Affairs Standing Committee: Pharmacist Integration with Primary Care Practices
>
> Community-based pharmacy practice innovation and the role of the community-based pharmacist practitioner in the United States
>
> Clinical and Economic Benefits of Pharmacist Involvement in a Community Hospital-Affiliated Patient-Centered Medical Home
>
> Michigan Pharmacists Transforming Care and Quality: Developing a Statewide Collaborative of Physician Organizations and Pharmacists to Improve Quality of Care and Reduce Costs
>
> American Medical Association (AMA) Embedding Pharmacists Into the Practice

1. **Access:** Pharmacists can help to see patients at a practice site. Thus, there is an increased access to visits for patients based on an increased number of providers available. It also helps open the patient schedule for other providers so that they can see other patients. Pharmacists can serve as a resource for patients and caregivers for questions, including improving medication access (e.g., research formularies, payment assistance programs, etc.) and enhanced services (e.g., compounding, blister packing, medication deliveries) by using their networks and collaborations as resources.

2. **Quality:** Pharmacists provide medication expertise, clinical support, and ongoing monitoring of patients through chronic disease management of patients. The likelihood of patient self-management success is improved as pharmacists can help identify and educate on opportunities for self-management, such as potential gaps in care (e.g., diabetes eye/foot exams, immunizations). The quality of care is bolstered by interprofessional teamwork and a collaborative practice for direct patient care. Demonstrating positive impact on quality measures for the clinic also helps increase marketability to the public and payers for additional clinical skills provided by a

pharmacist. Student pharmacists can increase patient satisfaction by building patient rapport and patients can contribute to students' education. Some patients enjoy working with students and contributing to their education.

3. **Cost:** Pharmacists can participate in initiatives to address potential gaps in patient care and address metrics used by payers for reimbursement. Pharmacist faculty members can help to apply for grants that would also support innovative patient care services.

Valuation of Clinical Pharmacists

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can demonstrate the value of clinical pharmacists in meeting the goals and needs of programs and institutions.

For example, clinical faculty members can assist with meeting key metrics of various quality improvement programs, or external payors such as accountable care organizations and health maintenance organizations. As the positive impact of clinical faculty programs is demonstrated over time, this could lead to the expansion of clinical pharmacist roles in general, especially if a definitive "value-added" is measured, which can then be used for marketing in various ways (e.g., to payors, practice sites, pharmacy student recruitment).

Clinical pharmacist faculty members working in professional practice sites enable additional trainees (e.g., pharmacy students, pharmacy residents) at the site which could lead to the development of a pool of future employees. Pharmacy faculty can support the expansion of postgraduate training opportunities (e.g., pharmacy residency) to enhance patient care activities and opportunities offered at the site. For new and existing pharmacy faculty, there is potential for employment and career advancement through new, expanded, or more advanced positions.

Resources

The Effect of Clinical Pharmacists on Readmission Rates of Heart Failure Patients in the Accountable Care Environment

Pharmacist medication therapy management in home health care: Investigation of a sustainable practice model

Michigan Pharmacists Transforming Care and Quality: Developing a Statewide Collaborative of Physician Organizations and Pharmacists to Improve Quality of Care and Reduce Costs

Community pharmacy transition of care services and rural hospital readmissions: A case study

Integration of a Clinical Pharmacist into an Interdisciplinary Palliative Care Outpatient Clinic

Pharmacist medication therapy management in home health care: Investigation of a sustainable practice model

Clinical Practice Measures of Success

Financial Benefits to the practice site and/or colleges/schools of pharmacy
Benefits to Patient Care
Benefits to Research

Integrating a clinical pharmacy faculty member within a professional practice site can generate measures of success that have numerous benefits related to financial, patient care, research and other measures. These outcomes can be used to foster marketability of the practice site and college/school of pharmacy to payers, partners, and prospective students, as well as marketability to students for residency applications and jobs, and marketability.

Financial Outcomes: There is a demonstrated return on investment (ROI) for the practice site and the college/school of pharmacy when integrating clinical pharmacists into practice sites. Documentation of ROI can help demonstrate improved financial outcomes, develop further research projects/objectives and set a path for others to adopt having pharmacists as a member of the patient care team.

Patient Care Outcomes: Documentation of practice outcomes can help demonstrate improved patient outcomes, develop further research projects/objectives and set a path for others to adopt having pharmacists as a member of the patient care team. Assisting patients with medication adherence and social determinants of health (SDOH) strategies will also help to improve patient care outcomes.

Research Outcomes: Data from pilot studies on pharmacist practices and patient services can provide data to demonstrate improved quality and patient and financial outcomes. Measures of Success:

Additional measures of success include humanistic outcomes (e.g., patient and provider satisfaction) and those involving Interprofessional Education (IPE) and teamwork. IPE can contribute to improved outcomes (e.g., patient care, financial, educational, and humanistic).

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Community-Based Pharmacy Practice Innovation and the Role of the Community-Based Pharmacist Practitioner in the United States

Assessing care team perspectives on integration of a community pharmacist into an ambulatory care practice

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Clinical and Economic Benefits of Pharmacist Involvement in a Community Hospital-Affiliated Patient-Centered Medical Home

American Medical Association (AMA) Embedding Pharmacists Into the Practice: Collaborate with pharmacists to improve patient outcomes

Student Pharmacists Education

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can provide a variety of educational and other opportunities for student pharmacists. Clinical pharmacy faculty can role model an advanced pharmacy practice for students and demonstrate how the students might provide care in a similar manner in their own future careers.

Utilizing these students as practice extenders of their own practice will not only provide them with a view of what it means to provide direct patient care as a pharmacist, but will also demonstrate how to effectively manage such a practice and balance both clinical and administrative/management skills.

Students can also observe the professional satisfaction their preceptor has while providing care to patients and practicing at the top of their license and education while also promoting these activities to the students to achieve their own professional satisfaction. In addition, through effective role modeling and incorporation of students within their own clinical practice, pharmacy faculty also demonstrate the future of the profession to their students. This in turn imparts a sense of professional pride and

responsibility within those students to advocate for these roles in a more widespread manner- not just for faculty members- and thereby making students advocates for the profession. As advocates, student pharmacists become agents of change to drive the profession forward so their own careers can incorporate and develop advanced patient care roles in healthcare practice.

Resources

The Report of the 2021 Professional Affairs Standing Committee: Pharmacists' Unique Role and Integration in Healthcare Settings

Advanced Pharmacy Practice Experiences in Pharmacogenomics Offered by US Pharmacy Programs

Tracked Patient Encounters During Advanced Pharmacy Practice Experiences and Skill Self-assessment Using Entrustable Professional Activities

Value of Pharmacy Students Performing Population Management Activity Interventions as an Advanced Pharmacy Practice Experience

Analysis of the Student Experience in an Attending Pharmacist Model General Medicine Advanced Pharmacy Practice Experience

Student Knowledge, Skills, and Self-Efficacy Gains After Completing an Advanced Pharmacy Practice Experience in Geriatrics

Student Pharmacists' Clinical Interventions in Advanced Pharmacy Practice Experiences at a Community Nonteaching Hospital

Potential Cost Avoidance of Pharmacy Students' Patient Care Activities During Advanced Pharmacy Practice Experiences

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Continuous Quality Improvement - Practice Site

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Establish the faculty member expectations from the practice site and the college/school of pharmacy and determine how to track and document the expectations.

Is there a certain way the outcomes data/report should be presented?

Performance Metrics

Determine the metrics to be documented, tracked and evaluated by the practice site (e.g., broader metrics vs specific measures).

- Is there an electronic system used to track data?

- Is there access to run reports?

Determine the HEDIS or CMS measures versus the individual practice site and faculty performance measures.

- External vs internal measures.

- Is the clinic part of a national effort with predefined monitoring measures.

Determine quantitative and qualitative metrics.

Value Proposition

The Value Proposition section focuses on various rationales to consider when pharmacy faculty provide patient care services in external healthcare practice settings.

Revenue-Generating Clinical Services

Financial Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can lead to a culture shift towards clinical practice services that are revenue generating. However, all parties involved with the clinical faculty member integration should be cautioned to ensure that faculty are not perceived as purely a revenue generating source.

An additional benefit of the faculty member integration that can generate revenue is the promotion of sustainability of clinical services for the college/school of pharmacy, practice site, and faculty member.

Resources

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The Report of the 2020 Professional Affairs Standing Committee: Pharmacist Integration with Primary Care Practices

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The Effect of Clinical Pharmacists on Readmission Rates of Heart Failure Patients in the Accountable Care Environment

Assessed Value of Consultant Pharmacist Services in a Home Health Care Agency

Valuation of Clinical Pharmacists

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can demonstrate the value of clinical pharmacists in meeting the goals and needs of programs and institutions.

For example, clinical faculty members can assist with meeting key metrics of various quality improvement programs, or external payors such as accountable care organizations and health maintenance organizations. As the positive impact of clinical faculty programs is demonstrated over time, this could lead to the expansion of clinical pharmacist roles in general, especially if a definitive ″value-added″ is measured,

which can then be used for marketing in various ways (e.g., to payors, practice sites, pharmacy student recruitment).

Clinical pharmacist faculty members working in professional practice sites enable additional trainees (e.g., pharmacy students, pharmacy residents) at the site which could lead to the development of a pool of future employees. Pharmacy faculty can support the expansion of postgraduate training opportunities (e.g., pharmacy residency) to enhance patient care activities and opportunities offered at the site. For new and existing pharmacy faculty, there is potential for employment and career advancement through new, expanded, or more advanced positions.

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Financial Benefits to the practice site and/or colleges/schools of pharmacy
Benefits to Patient Care
Benefits to Research

Integrating a clinical pharmacy faculty member within a professional practice site can generate measures of success that have numerous benefits related to financial, patient care, research and other measures. These outcomes can be used to foster marketability of the practice site and college/school of pharmacy to payors, partners, and prospective students, as well as marketability to students for residency applications and jobs, and marketability.

Financial Outcomes: There is a demonstrated return on investment (ROI) for the practice site and the college/school of pharmacy when integrating clinical pharmacists into practice sites. Documentation of ROI can help demonstrate improved financial outcomes, develop further research projects/objectives and set a path for others to adopt having pharmacists as a member of the patient care team.

Patient Care Outcomes: Documentation of practice outcomes can help demonstrate improved patient outcomes, develop further research projects/objectives and set a path for others to adopt having pharmacists as a member of the patient care team. Assisting patients with medication adherence and social determinants of health (SDOH) strategies will also help to improve patient care outcomes.

Research Outcomes: Data from pilot studies on pharmacist practices and patient services can provide data to demonstrate improved quality and patient and financial outcomes. Measures of Success: Additional measures of success include humanistic outcomes (e.g., patient and provider satisfaction) and those involving Interprofessional Education (IPE) and teamwork. IPE can contribute to improved outcomes (e.g., patient care, financial, educational, and humanistic).

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Culture/Needs Assessment

The Culture/Needs Assessment section focuses on information that colleges and schools of pharmacy should consider internally when planning for pharmacy faculty to provide patient care services in external healthcare practice settings.

Prior to hiring into and/or developing a new clinical position, there are several avenues to consider.

Why does (or should) the position exist?

- Why does (or should, if applicable) the position exist?

- If the position already exists, what were the reasons for the previous faculty member to leave the position?

Evaluate whether any of the known reason(s) need to be ameliorated before hiring new faculty into the same position.

If the position or practice site is new, starting with a business plan may be very helpful.

Resources

[APhA Writing a Business Plan Monograph](#) (PDF)

Consider all aspects pertaining to the the practice site:

- Is the setting in a resource constrained environment?

- Does this affect the model of shared funding?

Once the practice site is identified, plan a discussion with the site representative(s) about shared needs and expectations.

In these models of shared resources, the location of the faculty member may dictate other considerations for the hiring and appointment(s). This includes adjunct faculty appointments.

Resources

[See Payment/Practice Plan Models section](#)

- Does the specialty area align with the faculty member's expertise?
- Does the specialty area align with the college/school of pharmacy needs for clinical education (both experiential and didactic)?

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APhA Case Studies of Successful Integration of Pharmacists in ACOs and Medical Homes (PDF)

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- What is the expectation for time that learners are at the clinical site? Is there physical space and other resources to accommodate learners?
- Can other faculty (or non-faculty) precept students?
- Does the proximity to campus affect the teaching expectations and/or create barriers for the faculty member to meet clinical expectations?

Needs assessments for practice sites

Needs assessments are used to identify area(s) for improvement and to develop a list of priorities for implementing change. Individual participants in the survey can take it from the perspective of a single practitioner or as an organization. This tool is appropriate for institutional, community-based or ambulatory care practice settings.

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ASHP Practice Advancement Initiative (PAI) 2030 Self-Assessment Tool

Needs assessments can also be utilized to assess and prioritize areas of improvement for Comprehensive Medication Management (CMM) practice management, identifying necessary resources and support. This tool is designed to be completed for an individual practice site by the CMM pharmacist(s), but some questions may require input from other practice site members or administrators.

Resources

CMM Practice Management Assessment Tool (PDF)

Additional considerations

- State laws regarding pharmacy practice and healthcare. Some state laws may address pharmacist payment availability.

- Institutional policies regarding pharmacist payment for services (i.e., hospital based, physician office based, private, for profit, public, non profit).

- Institutional/Organizational policies and procedures regarding pharmacy services.

- Institutional/Organizational credentialing and privileging policies.

- Support for research and other scholarly activity.

Resources

ACCP White Paper on Credentialing and privileging for clinical pharmacists

Payment and Practice Plan Models

The Payment and Practice Plan section focuses on current models of practice and payment for pharmacy faculty when providing patient care services in external healthcare practice settings. This information includes considerations regarding contracts/Memorandum of Understanding (MOU) and Continuous Quality Improvement (CQI).

Funding Models: There are multiple models to consider. Three broad-based models are described below. Assessment of funding models should be part of the needs assessment.

Co-funding

This model involves funding that is shared between the college/school of pharmacy and the clinical site. Typically, these contracts stipulates a portion of salary that is paid by the clinical site to the college/school of pharmacy. The funding from the clinical site supports a faculty member's time to provide clinical services.

> ### Resources
>
> See Cultural/Needs Assessment Section

"Reverse" co-funding

This model involves funding that is shared between the college/school of pharmacy and the clinical site. In this model, a contract stipulates a portion of salary that is paid by the college/school of pharmacy to a clinical site. The funding from the college/school of pharmacy supports a clinician's time to teach, typically experiential education.

No funding

This model does not have any shared funding of the position. These positions are typically funded by the college/school of pharmacy with expectations for the faculty member to provide clinical service at the clinical site. The clinical site is expected to support the faculty member's ability to provide experiential education at the site.

> ### Resources
>
> AACP 2021 Professional Affairs Standing Committee Report: Pharmacists' Unique Role and Integration in Healthcare Settings

Key Contract / Agreement Elements to Consider

Statement of purpose/goals

Establish clear and transparent mutual goals between entities (e.g., including student learners at the practice site).

Provision/description of pharmacy services

Is a Collaborative Practice Agreement needed? Should specific conditions or services be outlined (e.g. pharmacotherapy, asthma, annual wellness visits)?

> ### Resources
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> Pharmacist Faculty Member Lease Agreement Example (Docx)
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> Key Elements for a Pharmacy Faculty Contract (PDF)
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> Centers for Disease Control and Prevention.
> The Pharmacists' Patient Care Process Approach: An Implementation Guide (PDF)
>
> 2016 Michigan Summary of Care Report: Michigan Pharmacists Transforming Care and Quality (PDF)

- What are the requirements for credentialing/licensure?
- What are the details of the clinical services? Does the language need to be specific or more general?
- What is the time commitment at the site? How is this balanced with college/school of pharmacy responsibilities?
- What is the expected volume/patient load?
- Are there other expectations for clinical care at the practice site?
- What are the requirements/training to conduct research and/or other scholarly activity at the site?

Provision of other services (which may require a separate agreement)

- What are the expectations related to education of pharmacy and medical students and residents?
- What are the requirements for learners to be in the practice site?
- Who is responsible for the learner onboarding--the practice site or the school?
- Is there any expectation for committee related service to the site?
- Is there any expectations related to research and/or quality improvement projects?

Legal, Liability and Risk considerations

- What types of insurance(s) are required?

- Who must hold the insurance and verify coverage?

- What are other requirements for the practice site (e.g., HIPPA, Conflict of Interest, Vaccination) and will these be a part of the MOU/agreement?

Data Use

Ensure there is language regarding HIPAA and Privacy Requirements.

What considerations/requirements must be in place regarding the use of data for research?

Considerations for the frequency of contract/MOU reassessment

- Length of initial contract/MOU.

- Process for ongoing contract/MOU renewal.

- Terms and length for contract/MOU non-renewal.

- Determination of how and by whom the faculty member performance at the site will be assessed.

- The required persons/entities necessary to review, approve, and/or sign the contract/MOU (e.g., Human Resources, Legal, College/School of Pharmacy Administration, Site Director, etc).

Payment considerations

- How is payment determined and/or allocated (e.g., % of FTE, hours worked, etc.)?

- Is there direct compensation to the faculty member?

- Is there compensation for services provided by the faculty member? If so, where does the compensation go?

- Are there billing expectations for services and if so, to whom or where does the money go and does it directly relate to faculty compensation (e.g., revenue sharing)?

- If payment is based on a percentage of faculty time or FTE, how is the faculty member expected to balance site responsibilties and competing college/school of pharmacy expectations (e.g., meetings, service requirement)?

Operationalizing the contract

Classification of appointment/designation

- What are the appointments for the faculty member?

- Who facilitates that process?

- Would there be a reason to provide an adjunct faculty status with the partnering program (e.g., college of medicine, additional medicine teaching expectations)?

Resources and access

Consider aspects such as rooming and scheduling, office/workspace for discussing confidential health information with patients or education sessions with learners. More specifically, with workflow, is there nursing staff support for rooming, triage, vitals, follow-up appointment?

Ensure health record access and training (for faculty and learners) and necessary authorizations/privileges within the Electronic Health Record (EHR) system (e.g., update documentation, changing/ordering medications, labs).

Discuss needs for equipment (computer, printer/copier), email (and access to email and EHR offsite), other IT considerations (e.g., support for issues).

Onboarding and compliance requirements

- What is the Standard Operating Procedures (SOPs) for billing?

- What are the Human Resources requirements, needs, and processes for the faculty member and learners (e.g., background checks, credentialing, etc)?

- Is additional liability insurance required or expected?

- Are there vaccination requirements?

Setting expectations

- What are the days/hours that the faculty will provide services?

- If the college/school of pharmacy is on holiday and practice site is not, what does the faculty member do?

- How are performance reviews handled?

- What is the process for time off notification?

- Are there clinical meetings (e.g., within and outside of the practice site) that the pharmacist is expected to go to?

- Is there an expectation for document approval flow within the Electronic Health Record (EHR)?

Billing/compliance guidance at outset of contract development

Does the billing department need to be involved to help with identifying billing opportunities?

Review state pharmacy laws for Collaborative Practice Agreements (CPAs).

Continuous Quality Improvement - Practice Site

Re-discuss mutual goals

- Alignment of strategic plan for both the college/school of pharmacy and the practice site.

Ongoing Partnerships

Determine the frequency of update/check-in meetings between the college/school of pharmacy and the practice site.

Develop a satisfaction survey/performance assessment(s) (this may also be a performance metric). Is there an expectation to survey the practice site (and how often) to evaluate the pharmacists' services?

Continuous Professional Development

Credentialing/Privileging: Does the college/school of pharmacy and the practice site have specific annual credentialing requirements?

Certifications: Which certification(s) are expected from the faculty member? Is there any monetary support to acquire the certification(s)? Is there support to attend professional conferences?

Annual review of patient outcomes

Establish the faculty member expectations from the practice site and the college/school of pharmacy and determine how to track and document the expectations.

Is there a certain way the outcomes data/report should be presented?

Performance Metrics

Determine the HEDIS or CMS measures versus the individual practice site and faculty performance measures.

- External vs internal measures.
- Is the clinic part of a national effort with predefined monitoring measures.

Determine quantitative and qualitative metrics.

Value Proposition

The Value Proposition section focuses on various rationales to consider when pharmacy faculty provide patient care services in external healthcare practice settings.

Revenue-Generating Clinical Services

Financial Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can lead to a culture shift towards clinical practice services that are revenue generating. However, all parties involved with the clinical faculty member integration should be cautioned to ensure that faculty are not perceived as purely a revenue generating source.

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Economic evaluation of pharmacist-led medication reviews in residential aged care facilities

Clinician Well-Being

Benefits to the Individual Pharmacist Practitioner

Integrating a clinical pharmacy faculty member within a professional practice site can assist with healthcare practitioner workload distribution and decreasing provider burnout.

Patient Care Outcomes

Benefits to Patient Care

Integrating a clinical pharmacy faculty member within a professional practice site can enhance patient services that improve patient care outcomes in three areas: access, quality, and cost.

1. **Access:** Pharmacists can help to see patients at a practice site. Thus, there is an increased access to visits for patients based on an increased number of providers available. It also helps open the patient schedule for other providers so that they can see other patients. Pharmacists can serve as a resource for patients and caregivers for questions, including improving medication access (e.g., research formularies, payment assistance programs, etc.)

and enhanced services (e.g., compounding, blister packing, medication deliveries) by using their networks and collaborations as resources.

2. **Quality:** Pharmacists provide medication expertise, clinical support, and ongoing monitoring of patients through chronic disease management of patients. The likelihood of patient self-management success is improved as pharmacists can help identify and educate on opportunities for self-management, such as potential gaps in care (e.g., diabetes eye/foot exams, immunizations). The quality of care is bolstered by interprofessional teamwork and a collaborative practice for direct patient care.

   Demonstrating positive impact on quality measures for the clinic also helps increase marketability to the public and payers for additional clinical skills provided by a pharmacist. Student pharmacists can increase patient satisfaction by building patient rapport and patients can contribute to students' education. Some patients enjoy working with students and contributing to their education.

3. **Cost:** Pharmacists can participate in initiatives to address potential gaps in patient care and address metrics used by payers for reimbursement. Pharmacist faculty members can help to apply for grants that would also support innovative patient care services.

Valuation of Clinical Pharmacists

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can demonstrate the value of clinical pharmacists in meeting the goals and needs of programs and institutions.

For example, clinical faculty members can assist with meeting key metrics of various quality improvement programs, or external payors such as accountable care organizations and health maintenance organizations. As the positive impact of clinical faculty programs is demonstrated over time, this could lead to the expansion of clinical pharmacist roles in general, especially if a definitive "value-added" is measured, which can then be used for marketing in various ways (e.g., to payors, practice sites, pharmacy student recruitment).

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Financial Benefits to the practice site and/or colleges/schools of pharmacy
Benefits to Patient Care
Benefits to Research

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Student Pharmacists Education

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can provide a variety of educational and other opportunities for student pharmacists. Clinical pharmacy faculty can role model an advanced pharmacy practice for students and demonstrate how the students might provide care in a similar manner in their own future careers.

Utilizing these students as practice extenders of their own practice will not only provide them with a view of what it means to provide direct patient care as a pharmacist, but will also demonstrate how to effectively manage such a practice and balance both clinical and administrative/management skills.

Students can also observe the professional satisfaction their preceptor has while providing care to patients and practicing at the top of their license and education while also promoting these activities to the students to achieve their own professional satisfaction. In addition, through effective role modeling and incorporation of students within their own clinical practice, pharmacy faculty also demonstrate the future of the profession to their students. This in turn imparts a sense of professional pride and responsibility within those students to advocate for these roles in a more widespread manner- not just for faculty members- and thereby making students advocates for the profession. As advocates, student pharmacists

become agents of change to drive the profession forward so their own careers can incorporate and develop advanced patient care roles in healthcare practice.

Resources

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Advanced Pharmacy Practice Experiences in Pharmacogenomics Offered by US Pharmacy Programs

Tracked Patient Encounters During Advanced Pharmacy Practice Experiences and Skill Self-assessment Using Entrustable Professional Activities

Value of Pharmacy Students Performing Population Management Activity Interventions as an Advanced Pharmacy Practice Experience

Analysis of the Student Experience in an Attending Pharmacist Model General Medicine Advanced Pharmacy Practice Experience

Student Knowledge, Skills, and Self-Efficacy Gains After Completing an Advanced Pharmacy Practice Experience in Geriatrics

Student Pharmacists' Clinical Interventions in Advanced Pharmacy Practice Experiences at a Community Nonteaching Hospital

Potential Cost Avoidance of Pharmacy Students' Patient Care Activities During Advanced Pharmacy Practice Experiences

❙ Culture/Needs Assessment

The Culture/Needs Assessment section focuses on information that colleges and schools of pharmacy should consider internally when planning for pharmacy faculty to provide patient care services in external healthcare practice settings.

Prior to hiring into and/or developing a new clinical position, there are several avenues to consider.

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- Why does (or should, if applicable) the position exist?

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Provision of other services (which may require a separate agreement)

- What are the expectations related to education of pharmacy and medical students and residents?
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- Who is responsible for the learner onboarding--the practice site or the school?
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- What types of insurance(s) are required?

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Ensure there is language regarding HIPAA and Privacy Requirements.

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Considerations for the frequency of contract/MOU reassessment

- Length of initial contract/MOU.

- Process for ongoing contract/MOU renewal.

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Payment considerations

- How is payment determined and/or allocated (e.g., % of FTE, hours worked, etc.)?

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Classification of appointment/designation

- What are the appointments for the faculty member?

- Who facilitates that process?

- Would there be a reason to provide an adjunct faculty status with the partnering program (e.g., college of medicine, additional medicine teaching expectations)?

Resources and access

Consider aspects such as rooming and scheduling, office/workspace for discussing confidential health information with patients or education sessions with learners. More specifically, with workflow, is there nursing staff support for rooming, triage, vitals, follow-up appointment?

Ensure health record access and training (for faculty and learners) and necessary authorizations/privileges within the Electronic Health Record (EHR) system (e.g., update documentation, changing/ordering medications, labs).

Discuss needs for equipment (computer, printer/copier), email (and access to email and EHR offsite), other IT considerations (e.g., support for issues).

Onboarding and compliance requirements

- What is the Standard Operating Procedures (SOPs) for billing?

- What are the Human Resources requirements, needs, and processes for the faculty member and learners (e.g., background checks, credentialing, etc)?

- Is additional liability insurance required or expected?

- Are there vaccination requirements?

Setting expectations

- What are the days/hours that the faculty will provide services?

- If the college/school of pharmacy is on holiday and practice site is not, what does the faculty member do?

- How are performance reviews handled?

- What is the process for time off notification?

- Are there clinical meetings (e.g., within and outside of the practice site) that the pharmacist is expected to go to?

- Is there an expectation for document approval flow within the Electronic Health Record (EHR)?

Billing/compliance guidance at outset of contract development

Does the billing department need to be involved to help with identifying billing opportunities?

Review state pharmacy laws for Collaborative Practice Agreements (CPAs).

Continuous Quality Improvement - Practice Site

Reassessment of the contract/MOU

- Frequency of review and/or renewal of contract/MOU. Does the CPA need to reviewed annually, bi-annually?

- Who needs to sign it each time?

- Is there one contract/MOU one per pharmacist or for the entire clinical pharmacist group?

Re-discuss mutual goals

- Re-evaluate needs assessment for clinical pharmacist services (baseline/current/future direction).

- Identify what data needs to presented for needs assessment review.

- Alignment of strategic plan for both the college/school of pharmacy and the practice site.

Ongoing Partnerships

Determine the frequency of update/check-in meetings between the college/school of pharmacy and the practice site.

Develop a satisfaction survey/performance assessment(s) (this may also be a performance metric). Is there an expectation to survey the practice site (and how often) to evaluate the pharmacists' services?

Continuous Professional Development

Credentialing/Privileging: Does the college/school of pharmacy and the practice site have specific annual credentialing requirements?

Certifications: Which certification(s) are expected from the faculty member? Is there any monetary support to acquire the certification(s)? Is there support to attend professional conferences?

Annual review of patient outcomes

Establish the faculty member expectations from the practice site and the college/school of pharmacy and determine how to track and document the expectations.

Is there a certain way the outcomes data/report should be presented?

Performance Metrics

Determine the metrics to be documented, tracked and evaluated by the practice site (e.g., broader metrics vs specific measures).

- Is there an electronic system used to track data?
- Is there access to run reports?

Determine the HEDIS or CMS measures versus the individual practice site and faculty performance measures.

- External vs internal measures.
- Is the clinic part of a national effort with predefined monitoring measures.

Determine quantitative and qualitative metrics.

Value Proposition

The Value Proposition section focuses on various rationales to consider when pharmacy faculty provide patient care services in external healthcare practice settings.

Clinician-Educator Expertise

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site will provide clinical and education access and expertise which can be utilized by the site and its practitioners. Pharmacy faculty have access to medical and other databases through their educational institutions that the practice care site may not have and therefore expands the overall access clinical information to the site. The pharmacy faculty member can also provide the expertise to interpret the information within the medical databases for patient care and clinician education.

When the faculty member serves as a clinical preceptor for pharmacy students, other pharmacists employed by the clinical site also have the opportunity to utilize these databases, thereby improving their access and ability to provide timely and current drug information.

Resources

The Report of the 2021 Professional Affairs Standing Committee: Pharmacists' Unique Role and Integration in Healthcare Settings

The Report of the 2020 Professional Affairs Standing Committee: Pharmacist Integration with Primary Care Practices

Clinical and Economic Benefits of Pharmacist Involvement in a Community Hospital-Affiliated Patient-Centered Medical Home

The Effect of Clinical Pharmacists on Readmission Rates of Heart Failure Patients in the Accountable Care Environment

Assessed Value of Consultant Pharmacist Services in a Home Health Care Agency

Clinician Well-Being

Benefits to the Individual Pharmacist Practitioner

Integrating a clinical pharmacy faculty member within a professional practice site can assist with healthcare practitioner workload distribution and decreasing provider burnout.

Resources

Enhancing Pharmacy Faculty Well-Being and Productivity while Reducing Burnout

Primary Care Providers Believe That Comprehensive Medication Management Improves Their Work-Life

Development of an Ambulatory Palliative Care Pharmacist Practice

Assessing care team perspectives on integration of a community pharmacist into an ambulatory care practice

Patient Care Outcomes

Benefits to Patient Care

Integrating a clinical pharmacy faculty member within a professional practice site can enhance patient services that improve patient care outcomes in three areas: access, quality, and cost.

Resources

The Report of the 2021 Professional Affairs Standing Committee: Pharmacists' Unique Role and Integration in Healthcare Settings

The Report of the 2020 Professional Affairs Standing Committee: Pharmacist Integration with Primary Care Practices

Community-based pharmacy practice innovation and the role of the community-based pharmacist practitioner in the United States

Clinical and Economic Benefits of Pharmacist Involvement in a Community Hospital-Affiliated Patient-Centered Medical Home

Michigan Pharmacists Transforming Care and Quality: Developing a Statewide Collaborative of Physician Organizations and Pharmacists to Improve Quality of Care and Reduce Costs

American Medical Association (AMA) Embedding Pharmacists Into the Practice

1. **Access:** Pharmacists can help to see patients at a practice site. Thus, there is an increased access to visits for patients based on an increased number of providers available. It also helps open the patient schedule for other providers so that they can see other patients. Pharmacists can serve as a resource for patients and caregivers for questions, including improving medication access (e.g., research formularies, payment assistance programs, etc.)

and enhanced services (e.g., compounding, blister packing, medication deliveries) by using their networks and collaborations as resources.

2. **Quality:** Pharmacists provide medication expertise, clinical support, and ongoing monitoring of patients through chronic disease management of patients. The likelihood of patient self-management success is improved as pharmacists can help identify and educate on opportunities for self-management, such as potential gaps in care (e.g., diabetes eye/foot exams, immunizations). The quality of care is bolstered by interprofessional teamwork and a collaborative practice for direct patient care.

   Demonstrating positive impact on quality measures for the clinic also helps increase marketability to the public and payers for additional clinical skills provided by a pharmacist. Student pharmacists can increase patient satisfaction by building patient rapport and patients can contribute to students' education. Some patients enjoy working with students and contributing to their education.

3. **Cost:** Pharmacists can participate in initiatives to address potential gaps in patient care and address metrics used by payers for reimbursement. Pharmacist faculty members can help to apply for grants that would also support innovative patient care services.

Valuation of Clinical Pharmacists

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can demonstrate the value of clinical pharmacists in meeting the goals and needs of programs and institutions.

For example, clinical faculty members can assist with meeting key metrics of various quality improvement programs, or external payors such as accountable care organizations and health maintenance organizations. As the positive impact of clinical faculty programs is demonstrated over time, this could lead to the expansion of clinical pharmacist roles in general, especially if a definitive "value-added" is measured, which can then be used for marketing in various ways (e.g., to payors, practice sites, pharmacy student recruitment).

Clinical pharmacist faculty members working in professional practice sites enable additional trainees (e.g., pharmacy students, pharmacy residents) at the site which could lead to the development of a pool of future employees. Pharmacy faculty can support the expansion of postgraduate training opportunities (e.g., pharmacy residency) to enhance patient care activities and opportunities offered at the site. For new and existing pharmacy faculty, there is potential for employment and career advancement through new, expanded, or more advanced positions.

Clinical Practice Measures of Success

Financial Benefits to the practice site and/or colleges/schools of pharmacy
Benefits to Patient Care
Benefits to Research

Integrating a clinical pharmacy faculty member within a professional practice site can generate measures of success that have numerous benefits related to financial, patient care, research and other measures. These outcomes can be used to foster marketability of the practice site and college/school of pharmacy to payers, partners, and prospective students, as well as marketability to students for residency applications and jobs, and marketability.

Financial Outcomes: There is a demonstrated return on investment (ROI) for the practice site and the college/school of pharmacy when integrating clinical pharmacists into practice sites. Documentation of ROI can help demonstrate improved financial outcomes, develop further research projects/objectives and set a path for others to adopt having pharmacists as a member of the patient care team.

Patient Care Outcomes: Documentation of practice outcomes can help demonstrate improved patient outcomes, develop further research projects/objectives and set a path for others to adopt having pharmacists as a member of the patient care team. Assisting patients with medication adherence and social determinants of health (SDOH) strategies will also help to improve patient care outcomes.

Research Outcomes: Data from pilot studies on pharmacist practices and patient services can provide data to demonstrate improved quality and patient and financial outcomes. Measures of Success: Additional measures of success include humanistic outcomes (e.g., patient and provider satisfaction) and those

involving Interprofessional Education (IPE) and teamwork. IPE can contribute to improved outcomes (e.g., patient care, financial, educational, and humanistic).

Student Pharmacists Education

Educational Benefits to the practice site and/or colleges/schools of pharmacy

Integrating a clinical pharmacy faculty member within a professional practice site can provide a variety of educational and other opportunities for student pharmacists. Clinical pharmacy faculty can role model an advanced pharmacy practice for students and demonstrate how the students might provide care in a similar manner in their own future careers.

Utilizing these students as practice extenders of their own practice will not only provide them with a view of what it means to provide direct patient care as a pharmacist, but will also demonstrate how to effectively manage such a practice and balance both clinical and administrative/management skills.

Students can also observe the professional satisfaction their preceptor has while providing care to patients and practicing at the top of their license and education while also promoting these activities to the students to achieve their own professional satisfaction. In addition, through effective role modeling and incorporation of students within their own clinical practice, pharmacy faculty also demonstrate the future of the profession to their students. This in turn imparts a sense of professional pride and responsibility within those students to advocate for these roles in a more widespread manner- not just for faculty members- and thereby making students advocates for the profession. As advocates, student pharmacists

become agents of change to drive the profession forward so their own careers can incorporate and develop advanced patient care roles in healthcare practice.

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The Report of the 2021 Professional Affairs Standing Committee: Pharmacists' Unique Role and Integration in Healthcare Settings

Advanced Pharmacy Practice Experiences in Pharmacogenomics Offered by US Pharmacy Programs

Tracked Patient Encounters During Advanced Pharmacy Practice Experiences and Skill Self-assessment Using Entrustable Professional Activities

Value of Pharmacy Students Performing Population Management Activity Interventions as an Advanced Pharmacy Practice Experience

Analysis of the Student Experience in an Attending Pharmacist Model General Medicine Advanced Pharmacy Practice Experience

Student Knowledge, Skills, and Self-Efficacy Gains After Completing an Advanced Pharmacy Practice Experience in Geriatrics

Student Pharmacists' Clinical Interventions in Advanced Pharmacy Practice Experiences at a Community Nonteaching Hospital

Potential Cost Avoidance of Pharmacy Students' Patient Care Activities During Advanced Pharmacy Practice Experiences

▌Value Proposition

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The Effect of Clinical Pharmacists on Readmission Rates of Heart Failure Patients in the Accountable Care Environment

Pharmacist medication therapy management in home health care: Investigation of a sustainable practice model

Michigan Pharmacists Transforming Care and Quality: Developing a Statewide Collaborative of Physician Organizations and Pharmacists to Improve Quality of Care and Reduce Costs

Community pharmacy transition of care services and rural hospital readmissions: A case study

Integration of a Clinical Pharmacist into an Interdisciplinary Palliative Care Outpatient Clinic

Pharmacist medication therapy management in home health care: Investigation of a sustainable practice model

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