

Academia-CPEsn Transformation (ACT) Pharmacy Collaborative
Facilitating Collaborations between Colleges/Schools of Pharmacy and
CPEsn Pharmacies and Networks

Blueprint for Building a National Partnership Collaborative

ACT Pharmacy Collaborative
#ACTforPharmacy





American Association of
Colleges of Pharmacy

AACP



Dear Colleagues:

We invite you to become active in the Academia-CPESN Transformation (ACT) Pharmacy Collaborative to mobilize and amplify community pharmacy practice transformation nationwide. **Community pharmacy practice is the “front door” of our profession.** The community pharmacy is often the first place our neighbors, patients, and future students meet a pharmacist – and it is the common image society has of our profession. Each year, the majority of our pharmacy graduates begin their careers in a community pharmacy. By contributing to the ACT Pharmacy Collaborative, you are joining the movement to ensure our front door is a point of pride for our profession and that it accurately shows how pharmacists can provide patient care.

The need for significant transformation of the traditional, product-focused community pharmacy practice model to a patient-centered care model is extraordinarily evident. Community pharmacies are experiencing tremendous changes in the way drug product is reimbursed, and there is a growing need in communities nationwide to have connected, coordinated, accessible care that ensures value to the patient and health care system. These are the driving factors for the formation of the ACT Pharmacy Collaborative.

This Collaborative is designed by pharmacy faculty and community pharmacy owners and leaders to propel community pharmacy practice transformation together – nationwide. The Collaborative is a fully engaged forum between colleges/schools of pharmacy and an established clinically integrated network of community-based pharmacies. The Collaborative allows colleges/schools to share their experiences with existing community pharmacy partnerships and local CPESN networks, while learning alongside colleagues and sharing ideas, challenges, and solving problems together. This Collaborative, supported by a grant from the Community Pharmacy Foundation, was designed as a direct result of the input and interest expressed in 2018 by CPESN luminaries and over 111 faculty at 66 colleges/schools of pharmacy in 33 states. These innovators want to work (or are working) with their local CPESN to both accelerate practice transformation and ensure academic curricula support skills and knowledge for graduates to be leaders in evolving community practice. Colleges/Schools can leverage their existing expertise in implementation and evaluation to help unite, mobilize, and amplify ongoing efforts in innovative community pharmacies that are actively leading the way towards widespread transformation.

The ACT Pharmacy Collaborative provides a mechanism for academia to inspire the next generation of pharmacists while allowing our graduates and current students to be a part of the change. This Blueprint contains ideas and resources for colleges/schools of pharmacy to expand their own community pharmacy partnerships nationwide and outlines a roadmap for the ACT Pharmacy Collaborative.

Our goal is to be a forum for leader-to-leader connections nationwide. We are looking forward to realizing what we can all accomplish together!

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BACKGROUND: WHAT BRINGS US TOGETHER

Collectively, we train the future generation of leaders and have a vision for the future that includes community pharmacy practice transformation. To accomplish this, our institutions have a strong desire to partner with practicing pharmacists **to transform community pharmacy practice into a place for people to receive comprehensive medication-related care from their pharmacist and pharmacy team.** We recognize that accomplishing full practice transformation requires more than one institution, region, or state. It takes a collective effort. The Academia-CPESN Transformation (ACT) Pharmacy Collaborative is designed to be a nationwide forum for community pharmacy leaders and experts to come together with community pharmacy-focused faculty and their Deans to make the patient-centered vision of community pharmacy a reality.

In 2018, CPESN USA, the American Association of Colleges of Pharmacy (AACCP), and the National Community Pharmacists Association (NCPA) provided time at each of their annual conferences to facilitate an open dialogue between community pharmacy leaders and community-focused faculty to learn about how colleges/schools are already working with CPESN networks and identify opportunities for growth. There was a strong desire to foster partnerships and share successful community pharmacy practice transformation efforts between colleges/schools and CPESN networks nationwide. In January 2019, the Community Pharmacy Foundation (CPF) provided grant support to the University of Pittsburgh School of Pharmacy to lead an effort to create, foster, and lead the collaborative.

In April 2019, a forum of 14 faculty and 14 CPESN luminaries paired from 14 states was held at the CPESN Midyear Meeting in Concord, NC where we brainstormed and developed consensus around ideas to design what is now the ACT Pharmacy Collaborative. During that meeting, we also obtained input from over 80 community pharmacists/owners nationwide regarding their interests in working with colleges/schools of pharmacy. In June 2019, we further sought input from 104 invited community-focused faculty, receiving over 60 responses about their interest in working with CPESN networks nationwide. As of February 2020, 83 colleges/schools of pharmacy, including over 200 faculty and staff, have formally joined the Collaborative.

This Blueprint outlines the goals, action items, and program measures for this Collaborative for its first 12 months in operation and provides a path for the future. It also summarizes the feedback received from CPESN luminaries that can be useful for colleges/schools of pharmacy or faculty who seek to further partner with local CPESN networks.

AMERICA'S NEW FRONT DOOR TO HEALTHCARE: COMMUNITY PHARMACY

Pharmacists play a prominent role in communities nationwide. Over **62,000 community pharmacy locations serve as the front door to our profession and are now poised to become the new front door to American Healthcare.** Nearly all Americans (89%) live within 5 miles of a community pharmacy, making community pharmacies the most readily available access point for health care in the United States.¹ Because of this, the public often sees our profession through the lens of community pharmacy.

The majority of American communities have a pharmacy that provides access to drug therapy and often immunizations, a critical public health service. The business model supporting drug product dispensing is rapidly changing while drug product reimbursement is declining. This is changing how all pharmacies operate. The need to move the focus beyond the drug to the people who take the drugs is evident – from both a public health standpoint and business perspective.

Today's business model of health care is rapidly evolving to value-based health care.² Advocacy efforts are advancing the role of community pharmacy teams as a source of public health services and triage.³⁻⁶ The increasing shortage of primary care practitioners nationwide has created a need for community-based pharmacist practitioners to serve in an expanded primary care role.⁷ Significant technology advances, including the development and adoption of the Pharmacist eCare Plan—an interoperable standard allowing pharmacy technology platforms to have a common method of exchanging information⁸⁻¹¹—have created critical infrastructure to propel community pharmacy practice forward. Progressive community pharmacies, including over 2,500 CPESN pharmacies in 44 states, are leading efforts in pharmacist-provided comprehensive medication management.¹²

Yet, with all these advances the majority of American communities still do not have access to enhanced pharmacy services beyond drug dispensing and immunizations. Decreasing drug reimbursement is forcing a clear choice: adapt to the changing environment with enhanced services or lose the ability to serve your community. The need to **AMPLIFY** community pharmacy practice transformation efforts – providing enhanced services with drug product – is essential to meet public health needs while maintaining and growing access to patient care in communities nationwide.¹³⁻¹⁷

The timing has never been better or more critical for broad, scaled community pharmacy transformation: the healthcare business model is forcing change; people want accessible, personalized health care; and the cost of chronic disease care is higher than ever before. Community-based pharmacy practice is reinventing itself, and **it is time for the whole profession to UNITE and MOBILIZE efforts to make pharmacist-provided patient care readily accessible nationwide.**¹⁸ We want the front door to our profession to remain open to the public.

The ACT Pharmacy Collaborative provides a forum where pharmacists and colleges/schools can leverage their existing expertise in implementation and evaluation to help unite, mobilize, and amplify efforts of innovative community pharmacies that are already actively leading the way towards widespread transformation.

Together we can achieve scale in spreading community pharmacy practice transformation in communities nationwide.

ACT (ACADEMIA-CPESN TRANSFORMATION) PHARMACY COLLABORATIVE



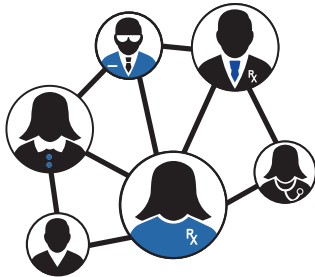
PURPOSE:

To establish successful partnerships between colleges/schools of pharmacy and CPESN, a community-based clinically integrated network. By participating in the Collaborative, we share our expertise and learn from the experts who have had success in building these partnerships within their states or regions.

ACT PHARMACY COLLABORATIVE GOAL

Support the transformation of community-based pharmacy practice from a product-based care model to a community-based pharmacy care delivery model.

BRINGING THE COLLABORATIVE TO LIFE:



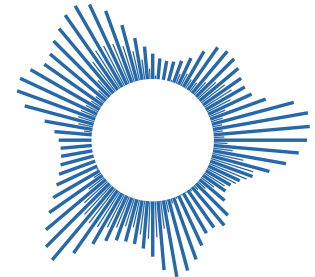
UNITE

Unite colleges/schools of pharmacy and pharmacist leaders nationwide with a common focus to transform community-based pharmacy practice.



MOBILIZE

Mobilize stakeholders and resources to support and facilitate implementation of community-based pharmacy care.



AMPLIFY

Amplify the development and implementation of sustainable community-based pharmacy care delivery.

SHARED VALUES FOR SUCCESSFUL PARTNERSHIPS

Clear, Shared Vision	Understanding what can be accomplished together is greater than what can be accomplished alone.
Respect	Recognizing each partner's structure, strengths, and unique contributions.
Trust	Shared commitment to the vision, to one another, and to establishing champions and administrative leadership buy-in from each partner.
Open Communication	Expectation of two-way, open communication with clear lines of how to communicate.
Agility	Highly agile partnerships allowing to grow and quickly adapt to changes on either side.

INTEGRATION INTO A LARGER COMMUNITY PHARMACY PRACTICE TRANSFORMATION EFFORT

Community pharmacy practice transformation nationwide is well underway and can be accelerated with academia as a strong, nationwide partner. The unified goal of transformation of community-based pharmacy practice from a product-based care model to a community-based pharmacy care delivery model has inspired the development of three initiatives mobilizing pharmacists, pharmacy teams, coaches, academics, and health payers to make this goal a reality in communities nationwide.

CPSN USA - Over **2,500** Participating Pharmacies



www.cpesn.com

EXPECT MORE

CPESN USA established itself in 2016 as a clinically integrated network to build, foster, and maintain a series of local networks nationwide that are able to engage with payers and provide quality assurance and reporting, while serving the medication-related needs of people in local communities. Each CPESN is a local entity built and led by pharmacists and pharmacy owners who are meeting needs of local payers and communities. A clinically integrated network, which can be thought of as an accountable pharmacy organization, is able to negotiate and contract for services on behalf of a group of pharmacies that are otherwise separate businesses. The individual pharmacy businesses are members, financially and through their expertise, of the local CPESN. As of February 2020, there are 47 CPESN networks in 44 states accounting for over 2,500 pharmacies. Of those, many of the networks currently contract for provision of services with payment with health plans and employers.

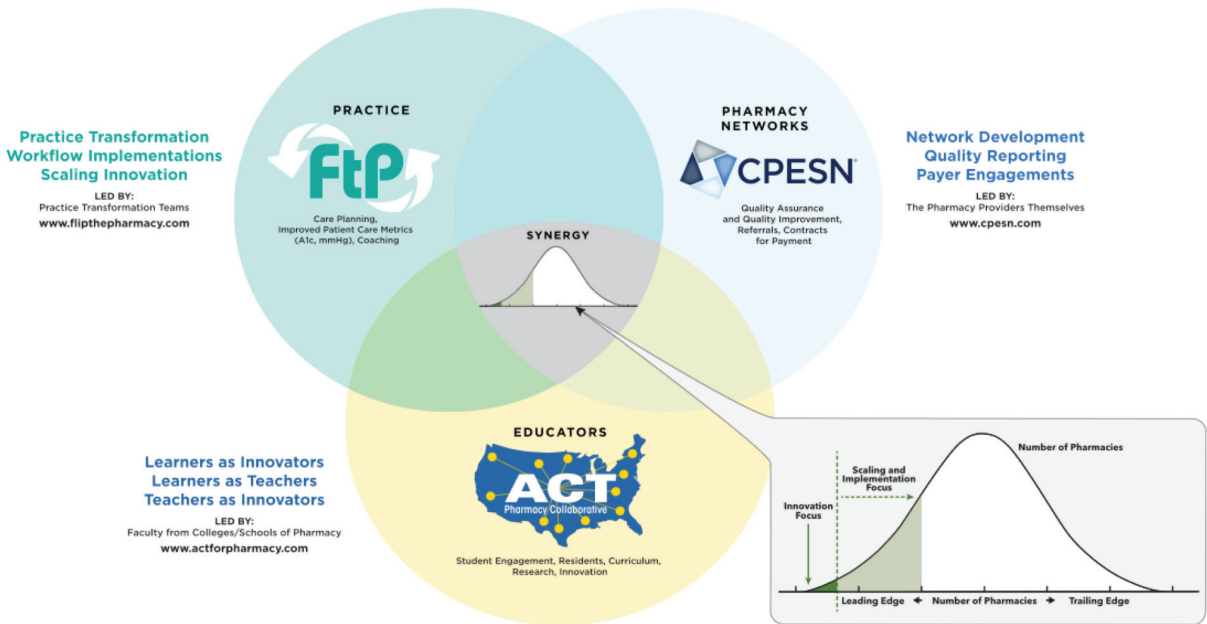


The ACT Pharmacy Collaborative officially kicked-off July 2019, at the AACP Annual Meeting in Chicago, IL. Deans of all colleges/schools of pharmacy were invited to sign on and pledge their support of community pharmacy practice transformation. Upon joining, Deans appoint an ACT Champion who can serve as a direct liaison to community pharmacy owners/leaders who want to partner with the school. ACT Champions are also individuals who represent their college/school of pharmacy within the ACT Pharmacy Collaborative and are open to collaborate with faculty and staff nationwide in both practice and education transformation efforts. As of February 2020, 83 colleges/schools of pharmacy and over 200 faculty and staff have joined the Collaborative. The ACT Pharmacy Collaborative is supported with funding from the Community Pharmacy Foundation to the University of Pittsburgh School of Pharmacy, with collaborative support from CPESN USA and AACP.



Flip the Pharmacy launched in October 2019 to support practice transformation at local pharmacies. Pharmacists and their teams who are members of CPESN networks were seeking hands-on approaches to rapidly evolve the daily workflow at their pharmacies from product-centered to patient-centered. This initiative, supported by the Community Pharmacy Foundation, has engaged 27 practice transformation teams in 26 states supporting 570 pharmacy locations to date. Practice transformation teams include pharmacists, technicians, and often faculty from colleges/schools of pharmacy, who serve as coaches. These coaches conduct monthly site visits utilizing standardized “change packages” which were designed by experienced pharmacy owners who have successfully transformed multiple pharmacy locations into patient-centered businesses. In the first five months of the program, over 30,000 patients have been cared for and over 85,000 Pharmacist eCare Plans have been documented. In June 2020, a second round of funding will be available for additional transformation teams and pharmacy locations.

The synergy that connects these three initiatives is the focused goal to SCALE community pharmacy practice transformation to focus on the enhanced services which support PEOPLE who take medications.



WHAT ARE COMMUNITY PHARMACY ENHANCED SERVICES?

Community pharmacy enhanced services are medication and health-related services which ensure patients reach their health care goals. Simply put, these are pharmacy services that go above and beyond dispensing drug product. Health care payors are interested in mechanisms to improve quality and value, while prescribers are incentivized to reach health goals for patients. Eighty percent of chronic disease management is related to drug therapy. Appropriate medication use is a critical step to achieve health outcomes for patients living with chronic diseases, and community pharmacy teams are positioned to support patients in managing their health care goals with these enhanced services.

All community pharmacy teams providing enhanced services do the following:

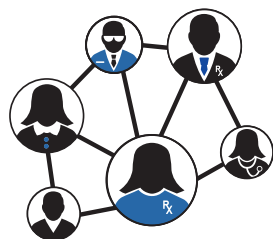
- **Provide face-to-face access** with a pharmacist during scheduled and walk-in appointments allowing for evaluation of all of the patient's medications.
- **Medication Reconciliation:** Evaluating and comparing the patient's medication orders to all of the medications the patient is taking at home to ensure the patient is on the most appropriate, effective, and safe regimen to achieve their health goals.
- **Clinical Medication Synchronization:** Aligning the patient's chronic medication refills to be filled on the same day of the month and in conjunction with a pharmacist visit to review the patient's progress toward their health care goals.
- **Immunizations:** Screening patients to ensure they are aware of the Advisory Committee on Immunization Practices (ACIP) recommended immunizations related to their care, providing education, administering the immunization, and referring the patient to prescribers for appropriate follow-up care.
- **Comprehensive Medication Management:** Provision of a systematic assessment of all of the patient's medications and related health conditions to identify medication-related problems, prioritize those problems, and create a patient-specific plan to resolve them in collaboration with the patient's healthcare team.
- **Document in a standardized Pharmacist eCare Plan** with the ability to transmit the plan electronically to the prescriber electronic health record. Further details can be found at: www.ecareplaninitiative.com.

Additional examples of enhanced services provided based on community need and opportunities:

- **Adherence packaging**
- **Administration of long-acting injectables**
- **Clozapine dispensing and monitoring**
- **Community Health Worker Care Management**
- **Care coordination with patient's health care team**
- **Diabetes Self-Management Education (DSME)**
- **Diabetes Prevention Program (DPP)**
- **Durable medical equipment evaluation and support**
- **Hand delivery of medications to the home**
- **Hearing aids**
- **Home visits**
- **Medication disposal program**
- **Multi-lingual staff**
- **Naloxone administration education and dispensing**
- **Pharmacogenomics testing**
- **Point-of-Care Testing**
- **Smoking cessation counseling and treatment**
- **Transitions of Care**
- **Travel immunizations and travel medicine consultations**
- **Triage of common and minor ailments and conditions**

WHAT ARE WE DOING TOGETHER NATIONALLY?

The ACT Pharmacy Collaborative has three main drivers for colleges/schools of pharmacy to support community pharmacy practice transformation: **UNITE**, **MOBILIZE**, **AMPLIFY**.



UNITE

UNITE colleges/schools together with a common vision and a mechanism to share success, opportunities, and needs within community pharmacy practice transformation.

The ACT Pharmacy Collaborative has a **centralized website** so that colleges/schools of pharmacy and CPESN pharmacies across the country can quickly and easily plug into the efforts of the Collaborative. It is a public presence and information source for colleges/schools, community pharmacy leaders, and others to be able to identify key faculty contacts at each institution.

Two Key Components Included on the website:

- Dean's Statement of Commitment: The website **publicly acknowledges each institution whose CEO Dean has signed a statement of commitment** to support community pharmacy practice transformation.
- ACT Champion List: An **up-to-date listing of all ACT Champions nationwide** who are the key contact at their college/school for community pharmacy owners/leaders who want to connect with the college/school. The website serves as the central hub for sharing information about initiatives and reporting of successes.

National webinar discussions are taking place to allow faculty an opportunity to share experiences and learn from one another and community pharmacy leaders, while sharing ideas and opportunities about how to further pursue practice transformation. During each of these webinar discussions, attendees hear from both expert faculty and from experts in practice, including community pharmacy owners and practitioners. Updates from ACT Pharmacy Collaborative leadership are shared, and information on nationwide initiatives is provided. On page 16, you will find the schedule for both the webinar discussions and other pertinent events related to the work of the Collaborative to date. One of the Collaborative's shared values is Agility; the scheduled topics for the webinar discussions will adapt over time to best meet the ongoing needs of the members of the Collaborative.

The ACT Pharmacy Collaborative **AACP Connect Community** was created in September 2019 to provide a platform for faculty leaders from member colleges/schools of pharmacy to share knowledge and resources surrounding teaching about CPESN networks, community-based patient care, and community pharmacy practice transformation. The goal of the Connect Community is to facilitate the spread of knowledge and resources so colleges/schools of pharmacy across the country can more rapidly and effectively integrate principles of Academia-CPESN Transformation into their curricula. One of the tenets of the Dean's Statement of Commitment to join the Collaborative is to "Ensure college/school faculty are teaching the pharmacist patient care process as it applies to community pharmacy practice." The AACP Connect Community, accessible through the [AACP website](#), provides an online discussion forum, and has a contact list of all members for individual and collective networking, and is a repository for all previously recorded webinars and resources shared through the Collaborative.



MOBILIZE

MOBILIZE school faculty, staff, and students where possible to actively participate in practice transformation efforts locally and partner with community pharmacy teams committed to practice transformation.

The National Day of Service began in 2019 as a nationwide initiative of the Collaborative. It entails a single or multiple days during November when students from colleges/schools of pharmacy across the country visit CPESN pharmacy location(s) to support advanced pharmacist/pharmacy care services.

Activities at the pharmacies varied based on the needs of the pharmacy and capabilities of the students. After each Day of Service, a student leader documented the data points for each CPESN site involved via an online survey. Data collected included logistics, the quantity of students and patients involved, the quantity of patient care activities such as health screenings, eCare plans, and immunizations completed, and a description of the experience from the student perspective.

Purpose of the National Day of Service

1. Increase patient/community engagement at CPESN pharmacies nationwide.
2. Expose student pharmacists to advanced pharmacist/pharmacy care services at CPESN pharmacies.
3. Foster partnerships between CPESN pharmacies and colleges/schools of pharmacy.

The ACT Pharmacy Collaborative Social Media Campaign commenced in August 2019. Social media is a powerful tool for sharing experiences and ideas and for improving awareness of an organization and what it has to offer. Active social media presence through @actforpharmacy and #ACTforPharmacy serve to connect sharing of efforts nationwide. We are using social media to share ideas and help others to better understand our collective goals and our ability as pharmacists to have a positive impact on our communities. The Collaborative created a Social Media Tool Kit intended to support engagement in the social media campaign.

The overarching purpose of the social media campaign is to build a strong shared online presence that allows us to:

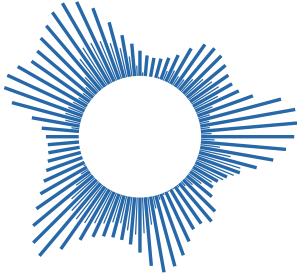
- Share positive, impactful experiences surrounding community pharmacy practice transformation with the public.
- Demonstrate how colleges/schools of pharmacy and CPESN networks can work together to advance community pharmacy practice.

The Social Media Tool Kit includes key guidance on social media use, direction on how to have the greatest impact on social media through following, tagging, and hashtagging the appropriate accounts and slogans, as well as sample social media posts to make sharing the work of the Collaborative easier for members. Data is being captured on the number of posts using #ACTforPharmacy and the number of engagements with posts related to the Collaborative.

The ACT Pharmacy Collaborative is hosting a series of open forums at national pharmacy meetings for members to have an active voice in the Collaborative, connect with other ACT members, and share experiences and ideas. These meetings include, but are not limited to, the National Community Pharmacists Association (NCPA) Annual Convention, American Association of Colleges of Pharmacy (AACP) Annual and Interim Meetings, and the American Pharmacists Association (APhA) Annual Meeting. Each open forum also provides a platform for discussion regarding community pharmacy practice transformation and how colleges/schools of pharmacy can play a positive and important role in the movement.

The ACT Patient Case Challenge began in February 2020 with the goal to collect and share impactful patient cases that demonstrate enhanced patient care provided by pharmacists and student pharmacists in community pharmacies across the country.

Our collective efforts nationwide are poised to make a larger impact than any one state can do alone.



AMPLIFY

AMPLIFY practice transformation efforts through national initiatives, share successful examples in the classroom, conduct quality improvement initiatives using implementation science, engage in research, and share the results of scholarship through invited presentations and publications.

The CPESN/ACT Student Scholar Program is an **opportunity for student pharmacists who have a vision and passion for transforming community pharmacy practices into destinations in the community for people to be engaged in their health care.** Students must have completed at least one year of their professional pharmacy curriculum to be eligible. Five students nationwide were awarded a scholarship to attend the CPESN Midyear Meeting in Concord, NC, in 2020. Students will meet community pharmacy owners and practitioners who are leading practice transformation efforts in their own states, and who are successfully adapting their businesses to be able to support the vision of caring for their community. Students will have an active role during the meeting ensuring they meaningfully engage with all attendees. Students will also be recognized through the ACT Pharmacy Collaborative webinars and at the AACP Interim and Annual Meetings in 2020.

Legislative Day events advocating for pharmacy practice enhancement are held across the country year after year. These are statewide events where pharmacists, colleges/schools of pharmacy, and/or state associations come together at the state capital to advocate for legislation related to pharmacy practice. Legislative Day activities may include, but are not limited to, scheduled visits with legislators, meetings with state leadership, rallies, and health screenings/education provided by students and pharmacists. The ACT Pharmacy Collaborative will survey colleges/schools to gather data regarding their participation in a statewide Legislative Day. The purpose of encouraging participation in and capturing data regarding Legislative Day events is to:

- Demonstrate the collective reach colleges/schools of pharmacy across the country can have by participating in Legislative Day events.
- Expose student pharmacists to the importance of advocating for the profession of pharmacy and advancing pharmacy practice through legislation.
- Foster partnerships between colleges/schools of pharmacy, community pharmacists and pharmacy owners, and pharmacy associations by working together for Legislative Day events.

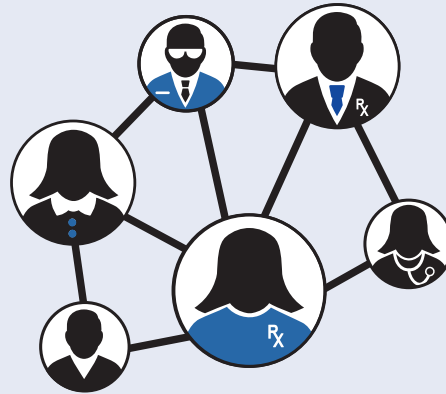
Advantage of participating at a state level:

Elected officials and the legislation they create can have a huge impact on community pharmacy practice. By having students engage with elected officials through a Legislative Day, they gain an appreciation for the legislative process and its impact on community pharmacy practice. Additionally, elected officials learn about the impact community pharmacy practice has on the communities and constituents they serve.

Advantage of sharing your Legislative Day efforts nationally:

Significant changes are happening within the business of community pharmacy practice. The interest and need to provide medication management services to people in communities continues to increase. In some states, supportive legislation at the state level has opened doors for pharmacists to provide services such as immunizations, opioid antagonists without a prescription, and point-of-care testing. These services were most often made possible through advocacy.

What can **YOU do at a
College/School of Pharmacy
to get involved in the
ACT Pharmacy Collaborative
and practice transformation?**



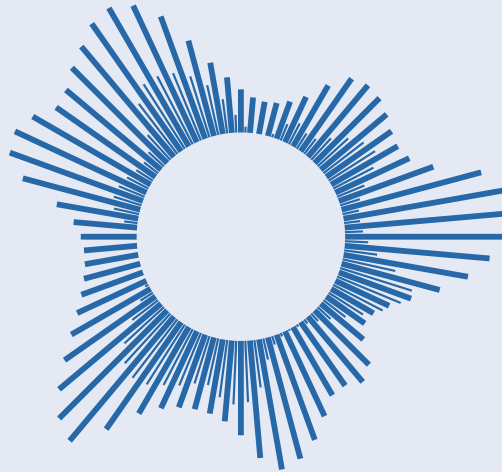
UNITE

1. **Identify an ACT Champion** for community pharmacy practice transformation.
2. **Build a team** of support with faculty, staff, and students focused on practice transformation who regularly meet to share progress and collaborate.
3. **Connect with local CPESN leadership** and pharmacies to learn how you can potentially work together.
4. **Crossmatch CPESN pharmacy locations with current experiential learning IPPE and APPE opportunities.** Examine how these experiences can be further supported.
5. **Host symposium/visioning meeting** with local/regional leaders.
6. **Connect with ACT Pharmacy Collaborative** to identify national leaders.
7. **Invite CPESN local/regional/national leaders** to a community-focused course or invited speaker series.
8. **Speak with colleagues to identify areas in the curriculum where community pharmacy practice transformation, care planning, and implementation** are taught or could be further enhanced.



MOBILIZE

1. **Engage IPPEs, APPEs and/or student organizations** with CPESN/advanced community pharmacy practice sites.
2. **Connect faculty with local/regional community pharmacy practice sites**, including CPESN pharmacies, to support practice development, quality improvement efforts, and training.
3. **Facilitate advanced learning with specialized APPE experiences**, residency training, fellowships and/or graduate studies in community practice transformation.
4. **Encourage student, faculty, and staff engagement in advocacy efforts** at the state level.
5. **Invite faculty colleagues to join** ACT webinars and connect real world community practice transformation to PharmD coursework.
6. Host regular opportunities (webinars, conference calls, meetings) for **community pharmacy practice leaders to connect with the college/school** leadership, faculty and/or students.



AMPLIFY

1. **Evaluate how community pharmacy-based care planning** is included in the PharmD curriculum, including documentation utilizing the eCare Plan standard.
2. **Engage students in quality improvement/research** in community pharmacy practice.
3. **Partner faculty with community pharmacy networks** to support quality improvement/research.
4. **Facilitate recognition of faculty and community partners** who are advancing community practice in your region through nominations for awards and invited speaking engagements.
5. **Encourage and support manuscript submission** of innovative practice reports, quality improvement, program evaluation, and research related to community pharmacy practice transformation.

COLLABORATION OPPORTUNITIES:

Feedback from Community Pharmacy Leaders/Owners

What do CPESN pharmacist leaders and luminaries want from colleges/schools of pharmacy?

1. Inspiration, energy, and excitement for community pharmacy practice

- College/School of Pharmacy Curriculum alignment with CPESN needs/vision
- Consistent student presence at CPESN pharmacies (to assist with implementation, providing care, projects etc.)
- Provide broad support for practice transformation efforts through student and faculty engagement at sites, with invited speakers, and by celebrating the positive efforts in community pharmacy through social media or other outlets

2. Support training of community-based pharmacists and practice development

- Develop/provide access to training, continuing education, and tools related to patient care documentation and technology
- Provide pharmacists opportunities to gain an understanding of the current healthcare landscape (i.e., payment models, value-based care, among others)
- Engage expert faculty to support practice transformation efforts including: workflow adaptations, business models, clinical protocols, sharing of innovative practice models, understanding of value-based contracting

3. Lead research and evaluation efforts

- Assistance with the implementation and evaluation of services
- Partner together to identify research funding sources which will support evaluation and enhancement of patient care efforts in community pharmacy practices
- Demonstrate community pharmacist value to healthcare system through economic analysis of services

4. Facilitate partnerships and advocacy efforts

- Facilitate connections to health practitioners (i.e., physician practices and hospitals) and payers, potentially where the college/school already has faculty or existing partnerships
- Access individuals who can assist with strategic planning
- Assist with advocacy/legislative efforts
- Disseminate “best practices” across practice sites on a larger scale

COLLABORATION OPPORTUNITIES:

Feedback from Community Pharmacy Leaders/Owners

What do CPESN pharmacist leaders and luminaries feel they can share with colleges/schools of pharmacy?

1. Locations embedded in communities

- High-quality practice sites for students/residents/faculty
- Pharmacies that have innovative practice models for learners to experience
- Sites for community outreach events
- Access to patients and communities

2. Community relationships (with local health systems, providers, community leaders, etc.)

- Jobs for graduating pharmacists
- Assistance with advocacy/legislative efforts
- Connections to vendors and business practices
- Relationships with local schools and groups to support student recruitment

3. Business experience

- Inspiration, energy, and excitement for community pharmacy practice
- Entrepreneurial spirit/concepts that could be taught in pharmacy curricula
- Guest speaking/guest lecture for students/post-graduate learners/faculty
- Voice for colleges/schools of pharmacy to gain insight on real world success/barriers/challenges in community pharmacy practice

4. Partnerships for program evaluation and research

- Sharing tools/resources that were created at CPESN pharmacies with students
- Sites for practice-based research and quality improvement (to drive innovation and practice change)

TIMELINE OF ACT PHARMACY COLLABORATIVE EVENTS – YEAR ONE:

Month	Activity	Topic
August 2019	Webinar - 1	ACT Pharmacy Collaborative Overview & Updates
	Webinar - 2	Student Engagement and Introduction of Initiatives <ul style="list-style-type: none"> • National Day of Service • Social Media Campaign • Legislative Day Events
September 2019	Webinar - 3	Engaging your CPESN: <ul style="list-style-type: none"> • Faculty share collaboration case examples • Flip the Pharmacy awardees announced
	Webinar - 4	Preparing for National Day of Service: student leaders invited to join
October 2019	Webinar - 5	Student Engagement - Day of Service
	Open Forum at NCPA	Open forum: discussion, feedback, and updates from faculty and luminaries in attendance
November 2019	Webinar - 6	Dean's Invitation
	Webinar - 7	Experiential Learning Directors - announce CPESN/ACT Scholars Program
December 2019	Webinar - 8	School - CPESN Exemplar Pairing Presentation (invited presentation)
January 2020	Webinar - 9	Day of Service Exemplar Presentation (invited presentation)
February 2020	Webinar - 10	Announcing of Patient Case Challenge 2020 and invited presentation
	AACP Interim Meeting	Panel Presentation including announcement of student CPESN/ACT Scholars
March 2020	Webinar - 11	School - CPESN Presentation (invited presentation)
April 2020	Webinar - 12	School - CPESN Presentation (invited presentation)
	CPESN Annual Meeting	Exemplars and interim reporting; CPESN/ACT Scholars to attend
May 2020	Webinar - 13	Experiential Learning Follow-up - CPESN/ACT Scholars' presentation
June 2020	Webinar - 14	Sharing of Annual Report Metrics and 2020-21 initiatives
July 2020	AACP Annual Meeting	End of Year Report: Outcomes

Year 1 Program Measures (How We Measure Success):

- Number of schools with signed CEO Dean's Statement of Commitment
- Number of faculty on ACT teams at participating colleges/schools
- Number of partnerships between colleges/schools and CPESN networks, including but not limited to residencies, faculty practicing in community pharmacy, and research initiatives
- Number of student pharmacist rotations scheduled at CPESN pharmacies for 2020-2021
- Number of colleges/schools engaged in the National Day of Service
 - Including number of students engaged, pharmacies engaged, and patients cared for
- Number of Student CPESN/ACT Scholar applications and awards
- Number of students in attendance at Legislative Day events and number of individual visits with legislators completed
- Number of CPESN pharmacies engaged with a college/school to perform practice implementation
- Number of CPESN pharmacies engaged with a college/school to conduct quality improvement and/or research related to practice transformation
- Number of ACT Pharmacy Collaborative Annual Reports completed by colleges/schools of pharmacy

Each year, program measures will be determined by the ACT Pharmacy Collaborative Task Force and provided to colleges/schools of pharmacy at the AACP Annual Meeting.

BEYOND YEAR ONE:

The ACT Pharmacy Collaborative in Year 1 has set the foundation for collaboration across colleges/schools and community pharmacy leaders nationwide – and that is just the beginning.

The Collaborative is built on shared values (noted on page 3) of:

- Clear vision for community pharmacy practice transformation
- Respect
- Trust
- Open Communication
- Agility

These values drive the vision for the future including full engagement of colleges/schools nationwide, mobilizing collective practice transformation efforts including students, faculty, and pharmacists in community pharmacies, while amplifying those efforts through publication, speaking engagements, and sharing broadly.

Below are expected efforts of the ACT Pharmacy Collaborative in Year 2 and beyond:

Building a Nationwide Framework for Community Pharmacy Partnership Centers of Education. Collaborative design of a framework for colleges/schools to identify those sites who are innovating and practicing at the top of their licenses and opening their doors as partners with colleges/schools.

Development of a Patient Case Guidebook supporting students and pharmacists with real-life examples of impactful patient care in community pharmacies nationwide gathered through the Patient Case Challenge.

Design of Implementation Packages for colleges/schools containing ideas, templates, and tools for implementation of community pharmacy practice transformation elements in the curriculum, IPPE, and APPE, and for research and application of implementation science.

Annual National Day of Service including brief videos and photos highlighting community pharmacies nationwide who are providing enhanced services to their communities.

Engagement of national pharmacy leaders including practitioners, faculty, pharmacy owners, policy makers, grant agencies, and more.

Nationwide networking of faculty across colleges/schools with shared vision and ability to transform community pharmacy practice.

Community Pharmacy Practice Transformation Workshop: November 11-13, 2020 at the University of Pittsburgh with support from AACP and the Community Pharmacy Foundation. The intended workshop audience is faculty, staff, residents and preceptors of colleges/schools nationwide. It will be a full scale, hands-on workshop affording sharing and designing community pharmacy practice transformation efforts including applying implementation efforts, partnership design, health care payment opportunities, engaging students in the classroom and IPPE/APPE experiences, utilization of the Pharmacist eCare Plan standard, workforce transformation for alumni, and SCALING practice transformation through partnerships.

Nimble, responsive, adaptive collaborative to communicate quickly to engaged colleges/schools and leaders nationwide. We hope you will all join us in supporting and advancing community pharmacy practice transformation.

ACCELERATING COMMUNITY PHARMACY PRACTICE TRANSFORMATION INVITED CONTRIBUTORS:

April 16-17, 2019 | CPESN Mid-Year Meeting | Concord, North Carolina

State	Attendee	College of Pharmacy
Arkansas	Megan Smith, PharmD, BCACP	University of Arkansas for Medical Sciences
Georgia	Erin Dalton, PharmD	South University
Idaho	Shanna O'Connor, PharmD	Idaho State University
Iowa	Stevie Veach, PharmD, BCACP	University of Iowa
Minnesota	Todd Sorensen, PharmD, FAPhA, FCCP	University of Minnesota and AACP
Mississippi	Jordan Ballou, PharmD, BCACP	University of Mississippi
Missouri	Cheryl Hoffer, BS	CPESN partner with St. Louis College of Pharmacy
North Carolina	Stefanie Ferreri, PharmD	University of North Carolina
Ohio	Jennifer Rodis, PharmD, BCPS, FAPhA	Ohio State University
Pennsylvania	Nicholas Leon, PharmD, BCPS, BCACP, FCCP	Jefferson College of Pharmacy
Texas	Nathan Pope, PharmD, BCACP, FACA	University of Texas at Austin
New York	Christopher Daly, PharmD, MBA, BCACP	University at Buffalo
Virginia	Jean-Venable "Kelly" Goode, PharmD, BCPS, FAPhA, FCCP	Virginia Commonwealth University
Wyoming	Amy Schmidt, MSW	CPESN partner with University of Wyoming
Facilitators		
Pennsylvania	Joni Carroll, PharmD, BCACP, CTTS	University of Pittsburgh
Pennsylvania	Kim Coley, PharmD, FCCP	University of Pittsburgh
Pennsylvania	Sophia Cothrel, PharmD	University of Pittsburgh
Pennsylvania	Melissa Somma McGivney, PharmD, FCCP, FAPhA	University of Pittsburgh
CPESN Luminaries and Facilitators		
Arkansas	Duane Jones, BPharm	Luminary
Iowa	Lindsey Ludwig, BPharm	Facilitator
Iowa	Matt Osterhaus, BPharm	Luminary
Mississippi	Bob Lomenick, BPharm	Luminary
North Carolina	Gregory Vassie, PharmD	Luminary
Pennsylvania	Stephanie McGrath, PharmD	Facilitator
Texas	Trena Weidmann, PharmD	Luminary
New York	Roger Paganelli, BPharm	Luminary
Wyoming	Scot Schmidt, PharmD	Luminary
Virginia	Vince Ettare, PharmD	Luminary
Minnesota	Steve Simenson, BPharm, FAPhA, FACA, DPNAP	Luminary
Ohio	Alison Haas, PharmD	Luminary
Georgia	Charles Barnes, BPharm	Luminary

APPENDICES

Community Pharmacy Practice Transformation Resources



KEY RESOURCES FOR CLASSROOM USE RELATED TO COMMUNITY PHARMACY PRACTICE TRANSFORMATION:

Resource Title/Link	Brief Description
Pharmacy Quality Alliance. Strategies to expand value-based pharmacist-provided care: Action guide for community pharmacists, healthcare providers, and other stakeholders. Available from: https://www.pqaalliance.org/pharmacist-provided-care .	This guide contains actions that pharmacists and payers can take to foster the adoption of pharmacist-provided care and help patients live healthier, longer lives.
Patient Centered Primary Care Collaborative (PCPCC). The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes: Resource Guide. 2nd Ed. June, 2012. Available from: https://www.pcpcc.org/sites/default/files/media/medmanagement.pdf .	This guide outlines the rationale for including comprehensive medication management services in integrated patient-centered care. It also delineates the key steps necessary to promote best practices and achieve meaningful quality improvements for patients while reducing costs associated with poor-quality outcomes.
Angelo LB, Miller WA. Postgraduate year 1 community pharmacy residency program implementation guide. American Pharmacists Association. Available from: https://www.pharmacist.com/sites/default/files/files/APhA_PGY1_Community_Implementation-guide.pdf .	This CPRP implementation guide provides a stepwise process, along with useful resources, for developing and maintaining an exceptional program that will have a system in place to become accredited and will be desirable to outstanding residency candidates.
Centers for Disease Control and Prevention. Best practices for cardiovascular disease prevention programs: A guide to effective health care system interventions and community programs linked to clinical serves. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human services; 2017.	The guide focuses specifically on strategies used in health care systems interventions and community programs linked to clinical services for the prevention of cardiovascular disease.
Centers for Disease Control and Preventions. A program guide for public health: Partnering with pharmacists in the prevention and control of chronic disease. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human services; 2014.	This Centers for Disease Control and Prevention program guide outlines the pharmacist’s role in public health and is intended to provide instruction on how pharmacists can better partner with health departments, communities, and other stakeholders.
McInnis T, Capps K. Get the medications right: A nationwide snapshot of expert practices—Comprehensive medication management in ambulatory/community pharmacy. Health2 Resources. 2016 [cited 2017 Oct 8]. Available from: http://0104.nccdn.net/1_5/20d/3c1/203/GetTheMedicationsRight.v22final-5.20.pdf .	Designed by Blue Thorn Inc. and Health2 Resources, this report supported by the Community Pharmacy Foundation identifies and highlights community-based pharmacist practices that have successfully integrated patient-centered comprehensive medication management (CMM) services in team-based collaborative care. Five “real life” case examples are provided. Each example gives insight into the practice’s business model, the value they found in offering CMM, and lessons learned.
Centers for Disease Control and Prevention. Collaborative practice agreements and pharmacists’ patient care services: A resource for pharmacists. Atlanta, GA: US Dept. Of Health and Human Services, Centers for Disease Control and Prevention; 2013.	This Centers for Disease Control (CDC) resource guide from 2013 provides a definition for collaborative practice agreements (CPAs) and illustrate State-specific details regarding CPAs laws. Easy-to-read graphics describing fundamental process changes and infrastructure to support pharmacist-driven patient care services are provided. Several example case studies of CPAs and tips for successful implementation are also discussed.

Resource Title/Link	Brief Description
<p>American Pharmacists Association. Billing Primer: A Pharmacist's Guide to Outpatient Fee-for-Service Billing. Washington, DC: American Pharmacists Association; February 2018.</p>	<p>This Billing Primer published by the American Pharmacists Association offers an introduction to pharmacists' outpatient fee-for-service billing opportunities.</p>
<p>American Pharmacists Association. Leveraging the Appointment-Based Model to Expand Patient Care Services: Practice Guidance for Pharmacists. September 2018. Available at: https://www.pharmacist.com/resources/appointment-based-model.</p>	<p>This guide released by the American Pharmacists Association is a very practical resource with high level explanation of the Appointment-Based Model and how it differs from Medication Synchronization services. This resource also expands on how the model supports the delivery of patient care services and gives specific examples of this.</p>
<p>Watson LL, Bluml BM. American Pharmacists Association Foundation. Pharmacy's Appointment Based Model – Implementation Guide for Pharmacy Practices. 2013. Available at: https://www.aphafoundation.org/appointment-based-model.</p>	<p>This resource provides a “deeper dive” into how pharmacists can implement the Appointment-Based Model in their practices. There are also sample forms and scripts included.</p>
<p>The Patient Care Process for Delivering Comprehensive Medication Management (CMM): Optimizing Medication Use in Patient-Centered, Team-Based Care Settings. CMM in Primary Care Research Team. July 2018. Available at http://www.accp.com/cmm_care_process.</p>	<p>This resource provides a "Common Language" for CMM, including a definition for a comprehensive care process consistent with the level of detail expected in the implementation science discipline.</p>
<p>Livet M, Blanchard C, Sorensen TD, McClurg MR. An implementation system for medication optimization: operationalizing comprehensive medication management delivery in primary care. J Am Coll Clin Pharm 2018;1:14-20.</p>	<p>The web-based "CMM Implementation System" is accessible at www.optimizingmeds.org (see "implementation system" under the CMM heading). Within this system is a self-assessment tool aligned with the patient care elements outlined in the CMM definition document referenced above.</p>

KEY REFERENCES SUPPORTING PHARMACIST PROVIDED PATIENT CARE IN COMMUNITY SETTINGS:

Service: Supporting Medication Adherence

Lloyd JT, Maresh S, Powers CA, Shrank WH, Alley DE. How Much Does Medication Nonadherence Cost the Medicare Fee-for-Service Program? *Med Care*. 2019 Mar;57(3):218-224.

- This study values the cost of non-adherence and can be utilized to value a medication adherence program. Specifically, Medicare fee-for-service claims data were used to calculate the prevalence of medication nonadherence among individuals with diabetes, heart failure, hypertension, and hyperlipidemia.

Murray MD, Ritchey ME, Wu J, Tu W. Effect of a pharmacist on adverse drug events and medication errors in outpatients with cardiovascular disease. *Arch Intern Med*. 2009 Apr 27;169(8):757-63.

- This study assessed the impact of community pharmacists on medication adherence and relevant health outcomes in patients with heart failure and hypertension. It compared outcomes of patients who received a comprehensive medication history, continuous monitoring, oral and written instructions on medications, and discussion with physicians by the pharmacist to those who didn't receive these benefits.

Doucette WR, McDonough RP, Herald F, Goedken A, Funk J, Deninger MJ. Pharmacy performance while providing continuous medication monitoring. *J Am Pharm Assoc (2003)*. 2017 Nov - Dec;57(6):692-697.

- A reimbursed continuous medication monitoring (CoMM) program was implemented in a community pharmacy to manage problems with medications being dispensed to beneficiaries of a commercial insurer. Pharmacists assessed medications being dispensed, interacted with patients in the pharmacy, and documented their actions, which improved medication adherence for several drug classes.

Service: Comprehensive Medication Management

Community Care of North Carolina. Clinical Program Analysis. May 2015.

- Assessed impact of primary care case management programs (i.e. medical homes) within the network that includes collaboration of care managers, a pharmacist, psychiatrist, medical director, and other health care professionals on Medicaid reimbursement. Demonstrated improved access to primary care and preventative services, and better management of chronic conditions.

Hirsch JD, Bounthavong M, Arjmand A, Ha DR, Cadiz CL, Zimmerman A, Ourth H, Morreale AP, Edelman SV, Morello CM. Estimated Cost-Effectiveness, Cost Benefit, and Risk Reduction Associated with an Endocrinologist-Pharmacist Diabetes Intense Medical Management "Tune-Up" Clinic. *J Manag Care Spec Pharm*. 2017 Mar;23(3):318-326.

- To estimate the cost-effectiveness and cost benefit of a collaborative endocrinologist-pharmacist Diabetes Intense Medical Management (DIMM) "Tune-Up" clinic for complex diabetes patients versus usual primary care provider care from 3 perspectives (clinic, health system, payer) and time frames. DIMM patients had estimated lower total medical costs, greater number of QALYs gained, and risk reductions for diabetes-related complications over 3-, 5-, and 10-year time frames.

Fabel PH, Wagner T, Ziegler B, Fleming PA, Davis RE. A sustainable business model for comprehensive medication management in a patient-centered medical home. *J Am Pharm Assoc* (2003). 2019 Mar - Apr;59(2):285-290.

- The study assessed the impact of embedding pharmacists into a patient-centered medical home by analyzing interventions made, patient outcomes, and cost avoidance by having a pharmacist in the practice. The majority of interventions made by the pharmacist included medication reconciliation, identifying/clarifying/preventing medication allergies, ordering and evaluating laboratory tests, switching/adding medication, altering medication dose, identifying and fixing adverse medication reactions, and providing therapeutic lifestyle change counseling.

Cranor CW, Bunting BA, Christensen DB. The Asheville Project: long-term clinical and economic outcomes of a community pharmacy diabetes care program. *J Am Pharm Assoc (Wash)*. 2003 Mar-Apr;43(2):173-84.

- A Quasi-experimental, longitudinal pre-post cohort study that was designed to assess the clinical and economic outcomes of a community pharmacist-led care service for patients with diabetes. Interventions included education by certified diabetes educators, long-term community pharmacist follow-up using scheduled consultations, clinical assessment, goal setting, monitoring, and collaborative drug therapy management with physicians.

Bunting BA, Cranor CW. The Asheville Project: long-term clinical, humanistic, and economic outcomes of a community-based medication therapy management program for asthma. *J Am Pharm Assoc* (2003). 2006 Mar-Apr;46(2):133-47.

- To assess clinical, humanistic, and economic outcomes of a community-based pharmacist-led asthma control medication therapy management program. Interventions included Education by a certified asthma educator; regular long-term follow-up by pharmacists using scheduled consultations, monitoring, and recommendations to physicians.

Anaya JP, Rivera JO, Lawson K, Garcia J, Luna J Jr, Ortiz M. Evaluation of pharmacist-managed diabetes mellitus under a collaborative drug therapy agreement. *Am J Health Syst Pharm*. 2008 Oct 1;65(19):1841-5.

- Pharmacists provided diabetes management and education to analyze patient outcomes and hospital admission rates.

Hall D, Buchanan J, Helms B, Eberts M, Mark S, Manolis C, Peele P, Docimo A. Health care expenditures and therapeutic outcomes of a pharmacist-managed anticoagulation service versus usual medical care. *Pharmacotherapy*. 2011 Jul;31(7):686-94.

- To evaluate the differences in health care expenditures and therapeutic outcomes of patients receiving warfarin therapy management by a pharmacist-managed anticoagulation service compared with those receiving warfarin management by usual medical care.

McInnis, T, Strand L, Webb C. Improving Patient Health through Medication Management | Patient-Centered Primary Care Collaborative [Internet]. PCPCC.org. June 2012.

- This resource guide published by the Patient-Centered Primary Care Collaborative and sponsored by the American College of Clinical Pharmacy describes the rationale for integrating pharmacist-led comprehensive medication management (CMM) services into the primary care medical home model. It offers universal definitions of comprehensive medication management and identifies key stakeholders involved in establishing a sustainable comprehensive medication management service.

Service: Pharmacist Supported Transitions of Care

Ni W, Colayco D, Hashimoto J, Komoto K, Gowda C, Wearda B, McCombs J. Budget Impact Analysis of a Pharmacist-Provided Transition of Care Program. *J Manag Care Spec Pharm*. 2018 Feb;24(2):90-96.

- A budget impact analysis was performed to estimate the impact of adding a pharmacist-based transitions-of-care program to a medical benefit from the payer perspective.

Ni W, Colayco D, Hashimoto J, Komoto K, Gowda C, Wearda B, McCombs J. Reduction of healthcare costs through a transitions-of-care program. *Am J Health Syst Pharm*. 2018 May 15;75(10):613-621.

- Use of a pharmacy-based transitions-of-care program leads to a reduction in 180-day total healthcare costs in high-risk patients.

Pellegrin KL, Krenk L, Oakes SJ, Ciarleglio A, Lynn J, McInnis T, Bairos AW, Gomez L, McCrary MB, Hanlon AL, Miyamura J. Reductions in Medication-Related Hospitalizations in Older Adults with Medication Management by Hospital and Community Pharmacists: A Quasi-Experimental Study. *J Am Geriatr Soc*. 2017 Jan;65(1):212-219.

- A state-wide system of medication management services provided by specially trained hospital and community pharmacists serving high-risk individuals (≥ 65 years old) from hospitalization through transition to home and for up to 1 year after discharge demonstrated significant cost avoidance.

Wright EA, Graham JH, Maeng D, Tusing L, Zaleski L, Martin R, Seipp R, Citsay B, McDonald B, Bolesta K, Chaundy K, Medico CJ, Gunderman S, Leri F, Guza K, Price R, Gregor C, Parry DT. Reductions in 30-day readmission, mortality, and costs with inpatient-to-community pharmacist follow-up. *J Am Pharm Assoc (2003)*. 2019 Mar - Apr;59(2):178-186.

- Patients in the intervention group received consultative services from inpatient pharmacists before hospital discharge and inpatient-to-community pharmacist communication of hospitalization information facilitated with the use of a secure messaging system. After discharge, patients received up to 5 in-person or telephonic medication management consultations with their community pharmacists. Observed lower 30-day readmission rate, 30-day all-cause mortality, and composite 30-day end point (readmission, ED visit, or death) in intervention group.

Najafzadeh M, Schnipper JL, Shrank WH, Kymes S, Brennan TA, Choudhry NK. Economic value of pharmacist-led medication reconciliation for reducing medication errors after hospital discharge. *Am J Manag Care*. 2016 Oct;22(10):654-661.

- A pharmacist-led medication reconciliation service at a hospital can reduce medication discrepancies by around 52%, which would lead to an increased cost savings by preventing adverse drug events (ADEs).

Ni W, Colayco D, Hashimoto J, Komoto K, Gowda C, Wearda B, McCombs J. Impact of a pharmacy-based transitional care program on hospital readmissions. *Am J Manag Care*. 2017 Mar;23(3):170-176.

- This study evaluates the impact of a community pharmacy-based post-discharge TOC program on hospital readmissions for members of a US managed Medicaid health plan.
- The post-discharge intervention significantly reduced the risk of readmission within 30 days and within 180 days.

Service: Point of Care Testing

Challen L, Agbahiwe S, Cantieri T, Olivetti JG, Mbah T, Mendoza-Becerra Y, Munoz C, Nguyen M, Partee K, Lal L, Thomas J, Green M. Impact of Point-of-Care Implementation in Pharmacist-Run Anticoagulation Clinics Within a Community-Owned Health System: A Two-Year Retrospective Analysis. *Hosp Pharm.* 2015 Oct;50(9):783-8.

- Point-of-care INR testing was implemented in pharmacist-managed anticoagulation clinics within a community-owned health system. Compared outcomes of patients managed utilizing point-of-care-testing compared to standard venipuncture which was not analyzed onsite. Increase in number of INRs in range after implementation and decrease in hospitalizations after implementation.

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1. Chain Member Fact Book 2017-2018. Arlington, VA: National Association of Chain Drug Stores, 2017.
2. Pharmacy Quality Alliance. Strategies to expand value-based pharmacist-provided care: Action guide for community pharmacists, healthcare providers, and other stakeholders. Available from: <https://www.pqaalliance.org/pharmacist-provided-care>. Accessed February 11, 2020.
3. Giberson S, Yoder S, Lee MP. Improving patient and health system outcomes through advanced pharmacy practice: A report to the U.S. Surgeon General. Office of the Chief Pharmacist. Washington, DC: US Public Health Services, 2011.
4. Centers for Disease Control and Prevention. A program guide for public health: Partnering with pharmacists in the prevention and control of chronic disease. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human services; 2014.
5. Centers for Disease Control and Prevention. Best practices for cardiovascular disease prevention programs: A guide to effective health care system interventions and community programs linked to clinical services. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human services; 2017.
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7. Association of American Medical Colleges. The complexities of physician supply and demand: Projections from 2017 to 2032. Washington, DC: HIS Markit Ltd, 2019.
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11. National Council for Prescription Drug Programs. Pharmacist eCare Plan: Guidance on the use of the HL7 CDA consolidated templates for clinical notes R2.1 care plan. Available from <https://www.ncdpd.org/NCPDP/media/pdf/Pharmacist-eCare-Plan.pdf>. Accessed February 11, 2020.
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16. Livet M, Haines ST, Curran GM, et al. Implementation science to advance care delivery: A primer for pharmacists and other health professionals. *Pharmacotherapy*. 2018;38(5):490–502.
17. Pestka DL, Frail CK, Palombi LC, Von Hoff BA, Conway JM, Sorensen TD. Strategies and steps fostering the success of medication management services in community pharmacies. *J Am Pharm Assoc*. 2016;56(5):504-12.
18. McGivney MS, Pope DD, Trygstad T. Unrealized Potential and Unrecognized Value: Community-Based Pharmacy Practice is Reinventing Itself - Join the Movement. *J Am Coll Clin Pharm* 2019;2(4):330-334. <https://doi.org/10.1002/jac5.1147>.

Additional Resources

Turner K, Weinberger M, Renfro C, Powell BJ, Ferreri S, Trodgon JG, Mark N, Trygstad T, Shea CMI. Stages of change: moving community pharmacies from a drug dispensing to population health management model. *Med Care Res Rev*. Apr 2019.

Centers for Disease Control and Prevention. Collaborative practice agreements and pharmacists' patient care services: A resource for pharmacists. Atlanta, GA: US Dept. Of Health and Human Services, Centers for Disease Control and Prevention; 2013.

Bacci JL, Coley KC, McGrath K, Abraham O, Adams AJ, McGivney MS. Strategies to facilitate the implementation of collaborative practice agreements in chain community pharmacies. *J Am Pharm Assoc*. May-Jun 2016;56(3): 257-65.

Powell BJ, Waltz TJ, Chinman MJ, et al. A refined compilation of implementation strategies: results from the Expert Recommendations for Implementing Change (ERIC) project. *Implement Sci*. 2015;10:21. doi:10.1186/s13012-015-0209-1

Avalere Health LLC. Exploring pharmacists' role in a changing healthcare environment. 2014 [cited 2017 Sept 21]. Available from: http://avalere-health-production.s3.amazonaws.com/uploads/pdfs/1400680820_05212014-Exploring_Pharmacists_Role_in_a_Changing_Healthcare_Environment.pdf.

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