

■ Breaking Down Barriers to Advanced Pharmacy Practice

The role of the pharmacist has traditionally been rooted in filling prescription orders, dispensing medications, and addressing drug-related questions and problems. As health care in the United States continues to evolve, the pharmacist has become widely seen as the most accessible of all health care providers.¹ This accessibility has led many to recognize the potential impact pharmacists can have in collaborating with other health care professionals to improve patient care.² As pharmacy practice evolves, pharmacists continue to garner more respect for their knowledge and are receiving more opportunities to provide patient care as part of an integrated health care team.^{3,4} At many institutions, the clinical pharmacist has emerged as a vital member of the health care team. Clinical pharmacy services are a mainstay of hospital and managed care pharmacy, and these services have shown benefits in reducing medication errors, decreasing health costs and improving patient care.^{5,6} In addition, immunizations have become a standard of practice in pharmacies across the nation.^{3,4}

The 2011 report from the U.S. Surgeon General describes new initiatives in patient care that are breaking ground across the country.⁷ Many of these initiatives and practices are being grouped under the umbrella terms of “advanced pharmacy practice” or “advanced pharmacy services.” However, the profession of pharmacy is becoming divided on this issue at a time that is crucial to advancement. Multiple organizations define and utilize their own phrases and abbreviations, while the profession as a whole is left wondering what all the complex terms mean. Is contemporary pharmacy practice the same as advanced pharmacy practice?⁸ Is collaborative pharmacy practice (CPP) the same as a collaborative practice agreement (CPA)?⁹ And is CPA equal to collaborative drug therapy management (CDTM)?¹⁰ As the pharmacy profession is presented with new opportunities through the transformation of the nation’s health care system, key questions to advance “advanced pharmacy practice” include:

- What constitutes or defines certain pharmacy practices as “advanced pharmacy services”?
- When will the national organizations and pharmacy practice leaders put forth universal definitions to aid in the advancement of pharmacy practice?
- How is pharmaceutical education preparing student pharmacists to deliver such services?

With health care reform, there are windows of opportunity for pharmacists to expand their role and solidify their position in the health care team of tomorrow.¹¹ In the Patient Protection and Affordable Care Act (PPACA), the role of pharmacy is both explicitly and implicitly mentioned in the design of Accountable Care Organizations (ACOs), Patient-centered medical homes (PCMH), Independence at Home (IAH) programs and Community-Based Care Transitions programs. These are

great opportunities to develop pharmacist-led initiatives that improve patient health, as well as forge new collaborations to revolutionize patient-centered care. For pharmacists to better seize these opportunities, 2 things need to happen. First, the major advocating organizations for the practice of pharmacy need to create and accept a standard definition of “advanced pharmacy practice” or “advanced pharmacy services,” much like the consensus definition of medication therapy management adopted by the pharmacy profession in 2004.¹² Second, pharmaceutical education, residency training, and the board certification process must concur with the potential consensus of definitions to develop more concise goals, objectives, and outcomes in the education and training of students, residents, and specialized pharmacists.

In order for these milestones to be reached, there is great need for publication and recognition of existing services and practice models that exemplify pharmacist-led initiatives that constitute advanced pharmacy practice. Without standardized definitions and examples of innovative care models, how can pharmacists be expected to adapt their roles and expand their services? Those who have paved the way for advanced pharmacy practice need to be advocates for the profession now, before this window of opportunity closes for the profession of pharmacy.

As an example, The InterNational Center for Advanced Pharmacy Services (INCAPS) at Sullivan University College of Health Sciences has just begun to scratch the surface of advanced pharmacy practice.⁸ Opened in 2009, INCAPS began establishing collaborations with the Louisville Metro Department of Public Health, large pharmacy benefit management companies and third party payer organizations, local physician groups, and Sullivan University itself. Although licensed as a community pharmacy, INCAPS has not generated income through dispensing medications but through offering “advanced pharmacy services.” These services have been defined by INCAPS as any professional service offered in the practice of pharmacy that is considered outside of the realm of medication dispensation and counseling (e.g., medication therapy management, patient education, smoking cessation, immunizations, tuberculosis skin testing, physician-pharmacist prescribing protocols, spirometry testing, blood glucose monitoring, and point-of-care testing). In addition to offering such services, INCAPS trains and utilizes Advanced Pharmacy Practice Experience (APPE) students and pharmacy residents. APPE students get hands on experience at INCAPS in a variety of advanced services. There are similar opportunities for APPE students across the country, but INCAPS may be considered unique in the fact that it is a pharmacist-led service. The center was specifically designed to prepare future pharmacists for advanced pharmacy practice and was recognized in 2011 by the Kentucky Pharmacists Association with the “Excellence in Innovation” award.¹³

National pharmacy organizations need to better advocate the role of advanced pharmacy practice in order for innovative, pharmacist-led practices to become commonplace for the graduating pharmacists of tomorrow. The pharmacy profession must now come to a consensus and adopt language that embodies “advanced pharmacy practice” in all possible practice settings. With the growing changes associated with health care reform, this potentially fleeting opportunity is before the profession now.

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DISCLOSURES

The authors are employed by Sullivan University Systems.

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