AACP REPORTS

Report of the 2012-2013 Standing Committee on Advocacy: Advocacy Tools and Resources: A Framework for Increasing Member Engagement

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INTRODUCTION

According to the Bylaws of the American Association of Colleges of Pharmacy (AACP), the Advocacy Committee: *"will advise the Board of Directors on the formation of positions on matters of public policy and on strategies to advance those positions to the public and private sectors on behalf of academic pharmacy."*

PRESIDENTIAL CHARGE

President J. Lyle Bootman charged the standing committee on Advocacy with the following charge: "To organize small panels of experts by topic to serve as AACP's resource members on significant policy within the advocacy framework approved by the Board."

President Bootman's charge was fulfilled through the identification and prioritization of policy issues that AACP is currently engaged or is expected to be engaged in the near future. Four workgroups were established comprised of self-selected content experts aligned with the priority issues. The individual and collective work of these workgroups provides AACP staff and members with tools and resources for effective advocacy with state and federal policy makers on behalf of academic pharmacy.

Identification and Prioritization of AACP Advocacy Issues: A Strategic Approach

What do we expect from our advocacy efforts? The assumptions, but never clearly articulated expectations, of the advocacy efforts of the American Association of Colleges of Pharmacy might be summarized as "a brighter future for our members." The several advocacy related task force or workgroups[1-3] established through AACP councils and sections have submitted reports that entice the membership with recommendations for:

- additional advocacy resources;
- additional opportunity for member input into advocacy strategies and prioritization of issues; and
- additional opportunities for engagement all toward the end of:
- increased opportunities for our Pharm.D. and graduate students;
- success of our faculty in practice and research; and
- resources for individual institutions.

These assumptions have been with AACP for a number of years. We need look no further than to our own Board of Directors for evidence that this issue of defining AACP advocacy in terms of expectations, issues, strategies, priorities and outcomes remains elusive. The agenda items of the February 2000 meeting of the AACP Board of Directors[4] includes the following:

"... Among the primary strategic areas the Board should consider in its continuing discussion are:

- the appropriate focus of involvement (e.g., issues versus strategies) of the Board and others in advocacy;
- methods by which the Association's principal advocacy issues are most efficiently determined and prioritized;
- the value and possible methods to measure and evaluate "success" of advocacy efforts; and
- promoting enhanced grass roots activity within the Association."

The 2011-2012 AACP Strategic Planning Committee asked AACP staff to undertake a critical analysis of its advocacy portfolio. This analysis is intended to provide the Committee, our Board and our members with a broad reflection of the expectations of our members regarding advocacy, how those expectations are addressed by AACP staff and to provide the necessary input for assessing

AACP's ability to implement its advocacy agenda in terms of human and other resources.

The analysis included the creation of a list of issues related to teaching, research and service that comprise AACP's advocacy agenda. The list included past and current engagement related to the issues, existing AACP policy in support of the issue, AACP governance body input/recommendations, and partners in our advocacy. AACP staff involved with professional, education, and research portfolios that are part of the AACP advocacy agenda reviewed the list and were asked to prioritize the issues within their area of responsibility. In this fashion, four priority issues were identified. These four issues comprise the focus of the work of the 2012-2013 Advocacy Committee.

The four priority issues are:
1. Payment policy
2. Interprofessional education
3. Medication adherence
4. Education Quality

The payment policy issue was selected due to the need to maximize the opportunities to improve healthcare quality by improving the patient experience, improve the delivery of health services and constrain costs through the integration of pharmacists into patient-centered, team-based care initiatives. Addressing the issue of payment for pharmacist services reduces barriers for integration even as fee-for-service payment moves toward performance or value-based payment.

Interprofessional education was selected due to its primacy as a strategy to move healthcare toward a team-based approach. The rationale for AACP's existing and future interprofessional engagement, presented in a number of the organization's cumulative educational policy statements, needed to be clearly articulated.

Medication adherence is one of the more frequently discussed health policy issues. Many AACP members have voiced concern to AACP staff about health policy makers seeing medication adherence as an end in its self to improved medication use outcomes. Placing medication adherence in the broader context of comprehensive pharmacy services is important to ensure that pharmacists are recognized for their competencies related to patient-centered, team-based service delivery and their capacity to meet current and future demand for primary care service delivery.

Education quality is enhanced through a host of products, programs and services made available to our members. The strength of these is their foundation based on sound higher education theory. The current public policy environment is growing increasingly concerned about the value of higher education. AACP can address that concern through communication of its activities to ensure high quality pharmacy education and the relevance of those activities to higher education in general.

Selection and Development of AACP Public Policy Priorities: A New Approach for Advocacy

The creation of issue-specific workgroups is a strategy to improve AACP's capacity to proactively engage in public policy development and implementation . The expertise of each workgroup assists AACP in the development of strategies to enhance communications to and from AACP members on priority issues. The list of priority issues was established through AACP leaders and staff input and in alignment with the AACP policy framework. The rationale for such action is to:

- ensure that AACP advocacy is aligned with organizational priorities;
- engage more AACP members in the identification and articulation of AACP public policy positions;
- increase AACP member awareness of AACP organizational activity related to public policy development and implementation; and
- provide AACP members and staff with evidence-based policy/issue briefs to support effective organizational, institutional, professional, and individual advocacy.

Participation in the priority-issue workgroups was solicited from the AACP membership in a series of emails and to the attendees of the 2012 AACP annual meeting. AACP members with content expertise relevant to the priority issues were asked to submit their interest to AACP staff. At the federal level, academic experts are recognized by staff as important sources of information.[5,6] Therefore, AACP members were expressly asked to ensure that they had the content expertise to effectively address the priority issue and not just a general interest in learning more about the issue. In this manner the advocacy resources generated by the workgroup would be informed by content experts and thus provide greater clarity and evidence than what AACP staff might be able to develop.

After the AACP annual meeting in July, 2012, Marie A. Smith from the University of Connecticut School of Pharmacy was asked to serve as chair of the advocacy committee. Working with the committee staff liaison, Chair Smith established the following charges for each of the workgroups.

- **Payment policy -** As we move to new team-based care delivery models and performance-based payment, how do we leverage the value of the pharmacist so that ALL team-members (including pharmacists) get paid for service delivery?

- **Interprofessional education -** As we reorganize our health system to improve quality of care, what are the health professions education strategies that ensure that graduates are competent to deliver patient-centered, team-based care, supported by informatics? (IOM 2003)
- **Medication adherence -** As we reorganize our health system to meet the Triple Aim, what are the pharmacist's contributions to appropriate, safe, and cost-effective medication use (including medication adherence)?
- **Education quality -** As we seek to increase the value of higher education, what are the major contributions of academic pharmacy to that value proposition?

Chair Smith identified and contacted a leader for each of the four workgroups. Leaders were asked to ensure their capacity to:

- Serve as an issue expert for the workgroup;
- Directly communicate with the Advocacy Committee Chair and staff liaison to ensure the workgroup stays on and completes tasks according to timelines and deadlines;
- Participate in monthly conference calls with other workgroup leads to present workgroup progress, identify challenges and present recommended solutions;
- Provide input and accept responsibility for the workgroup's work;
- Establish a schedule for the workgroups consideration, production and completion of its work;
- Contribute to the success of the workgroup including the completion of required documents prior to the final deadline.

Individual workgroup members were contacted to verify the interest they had expressed earlier and commit to:

- Serving as an issue expert for the workgroup;
- Directly communicating with your workgroup leader to ensure your workgroup stays on and completes tasks according to timelines and deadlines;
- Providing input and accepting responsibility for your workgroup's work;
- Providing input into the establishment of the schedule for your workgroups consideration, production and completion of its work;
- Contributing to the success of your workgroup including the completion of required documents prior to the final deadline.

Workgroups met via conference call usually on a monthly basis. Workgroup leads met via conference calls, usually monthly, to discuss their workgroup progress with the Chair.

Each workgroup was responsible for creating the following resources:

- Issue-specific case studies:
  - Institution
  - Academy
- Editorial document/opinion piece
- Issue brief

Workgroup Charge => Case Studies => Opinion Piece => Issue Brief

The process for creating the resources was ordered in such a way that the case studies provided workgroup members with a number of examples of academic pharmacy activity demonstrating alignment with or attention to the priority issue. Provided with these examples the workgroup would write an editorial document or opinion piece stating the strength or weakness of the academy to effectively address the charge associated with the priority issue. The most salient, important points brought forward in the editorial document were used to complete the writing of the issue brief.

Advocacy Tools: Meeting Member Needs and Requests

The case studies, editorial document and issue brief form an advocacy tool-kit for the priority issue. The case studies demonstrate the actions of academic pharmacy. The editorial document serves as a statement of opinion of the importance of the issue to academic pharmacy and provides evidence for the actions taken by the academy or the relevance of the issue to pharmacy education. This document can be submitted to the editors of professional and academic journals such as the *American Journal for Pharmaceutical Education* (AJPE) and local newspapers in response to health and education policy discussions. Finally, the issue brief provides individuals with a short, to the point document to share with policy makers interested in gaining preliminary information about the academy's recommendation related to the issue and rationale for that recommendation.

As a culmination of work to address and meet the recommendations of AACP members for the development of advocacy tools, the resources developed by the individual workgroups are available on the AACP website at http://www.aacp.org/governance/HOD/Documents/2013AdvocacyCommitteeReport.pdf. The case studies and the issue briefs will be posted to the AACP Advocacy web pages for use by AACP members in their advocacy.

REFERENCES

1. COD/COF Joint Task Force on Advocacy. Task Force Final Report. July 11, 2011. http://www.aacp.org/governance/

councildeans/Documents/Advocacy%20Joint%20COD%20%20
COF%20Task%20Force%20v1.pdf.
2. Advocacy in Pharmacy Practice 2012. http://www.aacp.org/
governance/councilfaculties/Documents/AACPPharmacy
PracticeSectionAdvocacyTaskForceFinalReport.pdf.
3. Advocacy in Pharmacy Practice 2011. http://www.aacp.org/
governance/SECTIONS/pharmacypractice/Documents/AACP2010-
2011CommitteeChargesTrackerFinal.pdf.

4. American Association of Colleges of Pharmacy, Meeting of the
Board of Directors, February 2000. Agenda Item #12 included
information for a discussion regarding Advocacy Strategies.
5. Credibility on Capitol Hill, George Washington University,
http://gwtoday.gwu.edu/credibility-capitol-hillAccessed on April 23,
2013.
6. Rehr, D. "The Congressional Communications Report," George
Washington University School of Political Management, June 2012.