



Recommendations of the summit

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The goal of the Ambulatory Care Pharmacy Practice Model Initiative is to create a long-term vision for aspirational and forward thinking pharmacy practice models that will ensure that pharmacists participate as members of patient care teams for ambulatory patients and are responsible and accountable for patient and population outcomes. The recommendations developed at the ASHP Ambulatory Care Conference and Summit (and confirmed in a subsequent survey of ASHP practitioner members)¹ aim to advance patient care and optimize pharmacists' roles in ambulatory care settings.

A useful definition of ambulatory care pharmacy practice has been expressed by the Board of Pharmacy Specialties:

Ambulatory care pharmacy practice is the provision of integrated, accessible healthcare services by pharmacists who are accountable for addressing medication needs, developing sustained partnerships with patients, and practicing in the context of family and community. This is accomplished through direct patient care and medication management for ambulatory patients, long-term relationships, coordination of care, patient advocacy, wellness and health promotion, triage and referral, and patient education and self-management. The ambulatory care pharmacists may work in both

an institutional and community-based clinic involved in direct care of a diverse population.²

When reviewing the recommendations of the summit, it is important to keep in mind that ambulatory care patients have a need for a range of clinical care provided by pharmacists. Some of this care can be provided by general practitioner pharmacists, and some of it requires the knowledge, skills, and abilities of specialist pharmacists. The specific roles of general practitioners and specialists will be determined at individual practice sites by pharmacy practice leaders in consultation with other patient care leaders and administrative leaders.

A related point to keep in mind is that the recommendations were developed by ambulatory care pharmacists who have a range of experiences and perspectives with respect to the types of patients served, the types of settings at which the care is provided, and the education and training of the pharmacists who provide the care. The summit recommendations are relevant to all of those perspectives.

The numeric designation of each recommendation indicates the domain-specific subgroup of the consensus panel that wrote the item.¹ Recommendations 1.1–1.5 were written by the Defining Ambulatory Care Pharmacy Practice subpanel; 2.1–2.8, Patient Care Delivery and Integration subpanel; 3.1–3.5, Sustainable Business Models subpanel; and 4.1–4.7, Outcomes Evaluation subpanel. The scope of many of the recommendations overlaps two or more of the domains.

Recommendations

1.1 To provide optimal patient-centered care, pharmacists who provide ambulatory care services must attain and maintain appropriate competencies and credentials.

Competency (as reflected, for example, in the eligibility requirements for sitting for the Board of Pharmacy Specialties examination in Ambulatory Care) is attained through training or commensurate experience. Examples of credentials include BCACP,^a BCPS,^b BCOP,^c BCPP,^d and CGP^e but are at the discretion of the practice setting. Further, pharmacists in the ambulatory care setting should be included in organization-based credentialing and privileging processes.

1.2 As members of the interprofessional patient care team, pharmacists who provide ambulatory care services perform patient assessments; have prescribing authority to manage disease through medication use and provide collaborative drug therapy management; order, interpret, and monitor medication therapy-related tests; coordinate care and other health services for wellness and prevention of disease; provide education to patients and caregivers incorporating principles of health literacy and cultural sensitivity; and document care processes in the medical record.

1.3 Across the continuum of ambulatory care, patients should have access to, and have an opportunity to be evaluated by, pharmacists who provide ambulatory care services.

1.4 There must be an increase in the number of ASHP-accredited residency positions offering training in

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ambulatory care and other training experiences in ambulatory care in order to ensure appropriately trained pharmacists to meet the needs of patients, providers, health systems, and payers.

- 1.5 Pharmacists who provide ambulatory care services should articulate and promote a standardized pharmacist patient care process.
- 2.1 Pharmacists who provide ambulatory care services must have access to patients' medical records and health information (including health services resource utilization) in order to provide and document provision of comprehensive, integrated, and coordinated clinical pharmacist services that are accessible to all members of the healthcare team.
- 2.2 Pharmacists who provide ambulatory care services must collaborate with patients, caregivers, and healthcare professionals to establish consistent and sustainable models for seamless transitions across the continuum of care.
- 2.3 Pharmacists who provide ambulatory care services must leverage health information technologies to efficiently identify populations of patients for whom evidence-based, comprehensive medication management is indicated.
- 2.4 Pharmacists who provide ambulatory care services must be included as integral members of the healthcare team in patient care delivery models where they will share responsibility and accountability for the care of patients and populations.
- 2.5 ASHP and the ASHP Foundation, in collaboration with other key professional stakeholders, must develop and promote the utilization of resources and tools to facilitate identification of patients who require comprehensive medication management to optimize patient care and pharmacy practice in the ambulatory care setting.
- 2.6 ASHP, the ASHP Foundation, and pharmacists who provide ambulatory care services, in collaboration with other key stakeholders, must

work to increase public, regulatory, and health professional understanding of pharmacists' roles and the value they bring as members of interprofessional healthcare teams.

- 2.7 To promote efficiency and improve access to patient care, pharmacists who provide ambulatory care services should optimize the role of certified pharmacy technicians and other members of the healthcare team.
- 2.8 Pharmacists who provide ambulatory care services must partner with patients, families, and caregivers to set goals of therapy and promote accountability for self-management.
- 3.1 Pharmacists must be recognized as healthcare providers. To achieve this, Section 1861 of the United States Social Security Act must be amended to add pharmacists as providers. In addition, states and other jurisdictions that have pharmacy practice acts and healthcare payers must recognize pharmacists as providers.
- 3.2 The value proposition for pharmacists who provide ambulatory care services must be articulated and promoted for internal and external stakeholders.
- 3.3 Technology solutions must be able to attribute pharmacists' interventions toward achieving standard measures that validate patient and population-based outcomes in the ambulatory care setting.
- 3.4 Services provided by pharmacists who provide ambulatory care services should achieve a set of quality and cost measures, be supported by payment model(s), and be valued by demonstrated improvements in patient outcomes.
- 3.5 Pharmacists and other ambulatory care leaders should continuously identify and evaluate solutions to market and deliver financially viable pharmacists' services to patients and other healthcare stakeholders.
- 4.1 Pharmacists who provide ambulatory care services, in collaboration with patients, providers, payers, and other stakeholders, must define the

components of measurable value that correlate pharmacists' unique contributions to patient outcomes.

- 4.2 Through partnering with patients, and as members of the interprofessional healthcare team, pharmacists who provide ambulatory care services must demonstrate measurable and meaningful impact on individual patient and population outcomes.
- 4.3 Interoperable health information technology must be developed to optimize patient care delivery and enable timely collection, monitoring, and analysis of data for ambulatory care services provided by pharmacists.
- 4.4 Pharmacists who provide ambulatory care services, working interprofessionally, should contribute to developing, incorporating, and validating metrics for ambulatory care pharmacists' services that are essential across the continuum of care.
- 4.5 Pharmacists who provide ambulatory care services should apply quality-improvement principles, research methods to assess the quality of their services, and disseminate the findings of such assessments.
- 4.6 At every level (community, state, national), pharmacists who provide ambulatory care services should participate in healthcare policy development related to improving individual and population health outcomes.
- 4.7 Pharmacists who provide ambulatory care services should participate in research that supports their value in contributing to improved health outcomes.

^aBoard Certified Ambulatory Care Pharmacist.

^bBoard Certified Pharmacotherapy Specialist.

^cBoard Certified Oncology Pharmacist.

^dBoard Certified Psychiatric Pharmacist.

^eBoard Certified Geriatric Pharmacist.

References

1. Cobaugh DJ. How the summit's recommendations were developed. *Am J Health-Syst Pharm.* 2014; 71:1387-9.
2. Board of Pharmacy Specialties. Specialties—ambulatory care. www.bpsweb.org/specialties/AmbulatoryCarePharmacy.cfm (accessed 2014 Jan 6).