

ASHP Section of Home, Ambulatory, and Chronic Care Practitioners

Introduction. Over the past year, the ASHP Section of Home, Ambulatory, and Chronic Care Practitioners grew significantly and made strides in its efforts to support the professional needs of pharmacists who practice in out-of-hospital settings. One indicator of the Section's development is a 60% increase in membership between January and December 2003.

The Section Executive Committee focused on developing member services that support the Section's mission to improve patient care and health outcomes by advancing and supporting the professional practice of pharmacists who are medication-use specialists, patient care providers, and operational specialists in home, ambulatory, and chronic care settings.

Continuity of care. Continuity of care continues to be a major area of emphasis for the Section. Following the 2003 adoption of the ASHP policy on continuity of care, the Executive Committee embarked on the development of professional services that would heighten member awareness of this critical issue. At its June 2003 meeting, the Executive Committee established the Section's Continuity of Care Task Force. This group, which is chaired by Caryn M. Bing, is comprised of representatives from each of the Section's practice areas as well from the other ASHP sections and forums. It is currently developing a white paper that addresses continuity of care and the medication-use process. Another important contribution to the Section's continuity of care efforts was the September 2003 publication of an *American Journal of Health-System Pharmacy* commentary entitled "Continuity of Care: The Significance of the Pharmacist's Role," authored by Dr. Mary Ann Kliethermes. Continuity of care was also a major focus of the Section's Midyear Clinical Meeting programming. During the Town Hall meeting, there was a spirited and thoughtful discussion of the questions, Why don't pharmacists talk to each other? and Do suboptimal communications within our profession lead to dangerous continuity gaps in the medication-use process?

Midyear Clinical Meeting programming. At the Midyear Clinical Meeting, the Section implemented several changes in the format of its educational offerings. A new Networking Poster Session provided an opportunity for practitioners to present posters that highlighted innovative home, ambulatory, and chronic care practices. Along with stimulating a rich discussion of therapeutic issues, these posters presented information about cutting-edge programs such as pharmacist care for the homeless and innovations in telepharmacy. The Section also

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reconfigured its traditional educational programs to provide additional in-depth experiences for meeting participants. A parenteral nutrition program was developed in collaboration with the American Society of Parenteral and Enteral Nutrition and a pain management program was planned in response to a recent Section needs assessment that indicated that pain management was the highest practice priority for Section members.

HIPAA. In an effort to address member needs related to implementation of the Health Insurance Portability and Accountability Act, a Web-based HIPAA resource center was developed. This center provides numerous information resources including the ASHP HIPAA listserver, ASHP publications, links to federal and state HIPAA Web sites, and a regularly updated reference list.

Medicare reform. The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 has immense implications for all pharmacists who work in home, ambulatory, and chronic care settings. The Section collaborated with the ASHP Government Affairs Division and other national organizations to educate lawmakers on critical issues relating to several of the Act's provisions. In early 2004, the Section began to work with other components of ASHP to begin identifying the preferred method of implementing medication therapy management services.

ASHP policy contributions. In collaboration with the Council on Professional Affairs, the Section played a significant role in the revision of the ASHP Statement on the Pharmacist's Role in Primary Care. In January 2004, the Executive Committee provided general suggestions for revision of the Minimum Standard for Home Care Pharmacies.

Conclusion. In summary, the Section of Home, Ambulatory, and Chronic Care Practitioners had a very productive year as it fulfilled members' practice needs in several key areas, including education, policy development, and provision of practice tools.