House of Delegates

Board of Directors Report:
Policy Recommendations for the
May-June 2024 House of Delegates
(as of March 5)

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COUNCIL ON EDUCATION AND WORKFORCE DEVELOPMENT POLICY RECOMMENDATIONS

The Council on Education and Workforce Development is concerned with ASHP professional policies, related to the quality and quantity of pharmacy practitioners. Within the Council’s purview are (1) student education, (2) postgraduate education and training, (3) specialization, (4) assessment and maintenance of competence, (5) credentialing, (6) balance between workforce supply and demand, (7) development of technicians, and (8) related matters.

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1. Opposition to Pharmacy Jurisprudence Examination Requirement

1. To advocate the removal of a standalone examination of federal or state pharmacy law as a requirement for licensure; further,

3. To advocate that employers provide initial and ongoing education of the pharmacy workforce on pertinent federal and state pharmacy laws; further,

5. To acknowledge that it is a professional obligation of a pharmacist to practice in compliance with federal and state laws.

Rationale
National pharmacy associations have recently joined in advocacy for a more portable pharmacist license. Pharmacist interstate movement and practice are inhibited by the state-specific nature of the pharmacy jurisprudence examination. The pharmacist’s licensing process includes one clinical knowledge exam (the NAPLEX), and in 48 states a jurisprudence exam is required, typically the Multistate Pharmacy Jurisprudence Examination (MPJE) — a 2.5-hour, adaptive, and proctored test. In contrast, physicians take three clinical knowledge exams, and only Texas, Oklahoma, Maine, and Oregon require a jurisprudence exam, which is taken online.
and is open-resource. Nurses are required to take one clinical knowledge exam (the NCLEX), and only Texas and Kentucky require a jurisprudence exam, which is also online and open-resource. A 2017 working paper from the National Bureau of Economic Research found that pharmacists ranked among the lowest in terms of between-state migration, at 47%, compared to nurses (+5.5%) and physicians (+33%). While licensure in multiple states has always been almost a prerequisite for practitioners whose systems are in multi-state areas (e.g., VA, MD, DC), the advances in telehealth have made multistate licensure compulsory for many more pharmacists.

Accreditation Council for Pharmacy Education accreditation standards require pharmacy law as part of the curriculum, but student pharmacists may not practice in the state in which they receive their education, and employers should provide training on pertinent federal and state pharmacy laws. Even absent the state law exams, continuing education requirements and professional responsibility require pharmacists to know the laws in the state(s) in which they are licensed.

Background
The Council reviewed licensing requirements across states and professions, the relevance of continued law examination for pharmacists, and potential outcomes of eliminating the MPJE, and determined that ASHP needs a policy advocating the removal of a standalone examination of federal or state pharmacy law as a requirement for licensure. The Council felt eliminating this requirement would allow for greater flexibility regarding interstate movement and practice and align pharmacy with other healthcare professions.

## 2. Pharmacy Technician Education Requirements

1. To recognize that highly trained and skilled pharmacy technicians working in advanced roles regularly perform complex and critical medication-use procedures, and that a safe and effective medication-use process depends significantly on the skills, knowledge, and competency of those pharmacy technicians to perform those tasks; further,

2. To reaffirm that all pharmacy technicians should complete an ASHP-accredited training program, be certified by the Pharmacy Technician Certification Board, and be licensed by state boards of pharmacy; further,

3. To advocate that beyond those requirements, pharmacy technicians working in advanced roles should complete at a minimum an associate of science degree and demonstrate ongoing competencies specific to the tasks to be performed; further,

4. To advocate that expansion of pharmacy technician duties into expanded, advanced roles should include consideration of potential risk to patients and that ongoing quality assurance metrics should be established to assure patient safety.

*Note: This policy would supersede ASHP policy 1203.*
Rationale
Pharmacy technician roles have undergone a significant transformation within health systems throughout the years. In today’s intricate healthcare landscape, these pharmacy technicians take on advanced responsibilities beyond their traditional duties. These extended roles include managing information systems, sterile product preparation, handling logistics, and implementing cutting-edge technology. According to the 2022 ASHP National Survey, more advanced pharmacy technician roles are emerging, including 340B Drug Pricing Program management, responsibility for USP chapter 797 (USP <797>) compliance, initiation of medication reconciliation, and supervision of other technicians. Pharmacy administrators have also reported a range of functions that health-system technicians perform, including sterile and nonsterile compounding, inventory management, purchasing, hazardous drug handling, controlled substance system management, medication order distribution, supervisory responsibilities, billing and reimbursement, and technician education and training. These advanced roles will require different skills and competencies, and pharmacy technicians should demonstrate competency before being allowed to perform such tasks, which will require additional, task-specific training.

The advancement of the pharmacy technician workforce includes credentialing, licensing, and on-the-job training. Moreover, engaging in formal education such as an associate of science degree equips pharmacy technicians with the necessary skill set to excel in these multifaceted roles, aids human resources departments in assigning an appropriate job code and pay grade, and elevates the pharmacy profession more broadly. Furthermore, other technical personnel in the healthcare sector (e.g., radiology technicians, respiratory therapist, laboratory technicians) are moving towards requiring a minimum of an associate degree and completion of an accredited training program, and aligning pharmacy technician requirements with other professions provides another pathway for enhanced remuneration. In addition, these measures would promote recruitment and retention of the pharmacy technician workforce within hospitals and health systems.

Background
The Council reviewed ASHP policy 1203, Qualifications of Pharmacy Technicians in Advanced Roles, as part of the discussion of pharmacy technician formal education requirements for health systems. The Council voted to recommend amending it as follows (underscore indicates new text; strikethrough indicates deletions):

To recognize that highly trained and skilled pharmacy technicians working in advanced roles regularly perform complex and critical medication-use procedures, and that a safe and effective medication-use process depends significantly on the skills, knowledge, and competency of those pharmacy technicians to perform those tasks; further,

To reafﬁrm that all pharmacy technicians should complete an ASHP-accredited training program, be certiﬁed by the Pharmacy Technician Certification Board, and be licensed by state boards of pharmacy; further,

To advocate that beyond those requirements, pharmacy technicians working in
advanced roles should have additional training complete at a minimum an associate of science degree and should demonstrate ongoing competencies specific to the tasks to be performed; further,

To advocate that expansion of pharmacy technician duties into expanded, advanced roles should include consideration of potential risk to patients and that ongoing quality assurance metrics should be established to assure patient safety.

### 3. Implications of Artificial Intelligence for Professional Integrity

1. To encourage hospitals, health systems, and colleges of pharmacy to adopt policies regarding the appropriate use of artificial intelligence and ongoing surveillance of these tools.

**Rationale**

The rapid advancement of generative artificial intelligence (AI) technologies, such as ChatGPT, has introduced new possibilities and challenges across society, particularly in the realm of education. These technologies appear to offer innovative ways to assist learners, enhance educational experiences, and streamline administrative processes. However, the integration of AI tools raises concerns about academic integrity, plagiarism, and the potential for unethical use that could undermine the educational process. As such, hospitals, health systems, and colleges of pharmacy should adopt policies regarding the appropriate use of AI across the continuum of learning from didactic to experiential and within the clinical learning environment.

AI tools require extensive education and ongoing surveillance about their potential utility and limitations. Ethical and regulatory implications must be considered, as AI is increasingly incorporated into practice, education, and training. Furthermore, pharmacists must be prepared to engage in the development, validation, and implementation of AI to ensure such tools are being leveraged appropriately to support optimal patient care.

**Background**

At its Policy Week meeting, the Council reflected on the implications of ChatGPT and AI for academic integrity and guidance to student pharmacists, pharmacy residents, educators, and preceptors. The Council identified a need for ASHP policy on this issue.
The Council on Therapeutics is concerned with ASHP professional policies related to medication therapy. Within the Council’s purview are (1) the benefits and risks of drug products, (2) evidence-based use of medicines, (3) the application of drug information in practice, and (4) related matters.

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1. Testing for Pregnancy Status

To affirm that pregnancy testing should occur only with informed consent and only when the test results would change medical management; further,
To affirm that a positive pregnancy test should not compromise the integrity of evidence-based, patient-centered care.

Rationale
Screening and testing for the pregnancy status of patients prior to admission to a hospital or surgical center or before initiation of a teratogenic drug therapy has long been a routine practice, as the pregnancy status of a patient has many ethical and legal considerations when medical management is considered for patient care. Chief pharmacy officers often oversee laboratory medicine departments, and pharmacists are often involved in creating protocols and order sets in which pregnancy testing and screenings are embedded and as a result are key stakeholders.

It is important to note that this policy pertains to testing without informed consent when therapy may need to be changed due to a positive test. The balance between unnecessary testing and testing when initiating a medication therapy is supported by a 2015 study that found that pregnancy assessment was underutilized in the emergency department when patients were prescribed a pregnancy category D or X drug. This policy does not advocate that healthcare professionals should not include pregnancy screening as a part of a patient
history, only that pregnancy testing should occur only with informed consent and not be a requirement for care. The incidence of unknown pregnancy in adult women presenting to a hospital for surgical procedures varies from 0.125 to 1.2%, depending on the procedure.

This policy also aligns ASHP with the American Society of Anesthesiologists statement that recommends “pregnancy testing may be offered to female sex patients of childbearing age and for whom the result would alter the patient’s management, but testing should not be mandatory. Informed consent or assent of the risks, benefits, and alternatives related to preoperative pregnancy testing should ideally be obtained. Best practice may employ shared decision-making between patients and providers.”

**Background**
The Council reviewed and discussed ASHP policy positions 2315, Responsible Medication-Related Clinical Testing and Monitoring; 0013, Patient’s Right to Choose; and 2320, Pharmacoequity, in their discussion about this topic, and concluded that a standalone policy is needed.

| 2. 5-HT₂ Agonist, Entactogen, and Empathogen (Psychedelic) Assisted Therapy |
|---|---|
| 1 To recognize that psychedelic-assisted therapy (PAT) has demonstrated therapeutic potential and should be further researched; further, |
| 2 To recognize that in PAT there is not a standardized product subject to the same regulations as a prescription drug product, and to support the development of standardized formulations of psychedelics that would provide consistent potency and quality; further, |
| 3 To encourage state boards of pharmacy, regulatory agencies, and safety bodies with an interest in PAT to promote research best practices and regulatory standards for medication preparation, compounding, and administration to ensure safety and quality; further, |
| 4 To advocate that when psychedelics are used for PAT, healthcare providers, including pharmacists, should assess patients for medical, pharmacologic, and psychosocial contraindications prior to use and provide medical assistance as needed. |

**Rationale**
There has been growing interest in the therapeutic potential of psychedelic drugs for use in the treatment of conditions such as depression, posttraumatic stress disorder, substance use disorders, and other conditions. The U.S. Food and Drug Administration (FDA) includes among these psychedelic drugs the “classic psychedelics,” typically understood to be 5-HT₂ agonists such as psilocybin and lysergic acid diethylamide (LSD), as well as entactogens or empathogens such as 3,4-methylenedioxymethamphetamine (MDMA). As a result of the growing interest, the
FDA issued guidance that provides general considerations to sponsors developing psychedelic drugs for treatment of medical conditions.

Many studies report that psychedelic compounds are associated with few adverse events in trials, but the populations studied are not generalizable to the larger population. Psychological safety is a potential concern, and psychological distress is common, though not necessarily harmful in the long term. Increased blood pressure and heart rate due to the distress experienced during the administration session may put individuals with uncontrolled blood pressure or coronary artery disease at risk of ischemic events and may be considered a relative contraindication. Psychiatric illnesses, including schizophrenia, psychosis, and bipolar disorder, are considered a likely contraindication to psychedelic therapy. Drug-drug interactions of psilocybin, including tricyclic antidepressants, monoamine oxidase inhibitors, selective serotonin reuptake inhibitors, and QT interval-prolonging medications, are of concern and underscore the importance of pharmacists in the management of policies and practices related to the use of psychedelic compounds. Small sample sizes, a lack of diversity in enrollment, a lack of effective blinding, varied doses studied, and selective enrollment are just some of the critiques of trials assessing the use of psychedelic compounds. Psilocybin has been studied mainly in the treatment of psychological distress associated with life-threatening illnesses and major depressive disorder, while MDMA has been studied most extensively in the treatment of posttraumatic stress disorder. Despite promising results of some of the studies, the limitations of the studies prevent firm conclusions from being drawn.

In 2023, the American Medical Association also released new Current Procedural Terminology (CPT) III codes for Continuous In-Person Monitoring and Intervention During Psychedelic Medication Therapy. The code will provide a mechanism to track and report on the delivery of psychedelic treatments and will cover multiple psychedelic compounds with psychological support models, if approved, as well as various staffing structures, and numbers and credentials of qualified healthcare professionals.

Currently, psychedelic compounds with proposed therapeutic benefit, including psilocybin and MDMA, remain Schedule I substances, with no recognized therapeutic uses. Two states, Oregon and Colorado, have passed laws allowing the legal consumption of psychedelic compounds. Medical organizations have expressed concern about state efforts to circumvent federal laws through this approach, particularly when in the guise of medical treatment. In Oregon, for example, the administration of psychedelics is accompanied by assisted psychotherapy to maximize the possible therapeutic benefits. Prior to administration of the psychedelic compound, the individual will meet with a facilitator in a “preparation” session to review safety and support planning, transportation, and expectations for the administration of the psychedelic compound. The individual is then administered the dose under the supervision of the facilitator. Although these individuals are encouraged to share their past medical histories with the facilitator, it is not required, and the screening needed to ensure an appropriately selected client may fail to detect contraindications or significant drug-drug interactions. Furthermore, facilitators are required to have only a high school diploma and are not required to undergo medical training. This lack of training is of particular concern because individuals who are not trained medical professionals are likely unable to distinguish between medical emergencies and the side effects of the psychedelic compounds.

ASHP policy also aligns with the American Psychiatric Association position that
recognizes the emerging scientific evidence for using psychedelic drugs within the context of approved investigational studies and that “clinical treatments should be determined by scientific evidence in accordance with applicable regulatory standards and not by ballot initiatives or popular opinion.”

It is important to recognize that mushrooms containing psilocybin have long been used for rituals and religious ceremonies around the world. As this use is falls within indigenous cultural and religious traditions and is not intended as a medical treatment, this policy does not address those uses.

**Background**
The Council reviewed the current evidence supporting the use of psychedelics along with the federal and state laws surrounding their use. Council members also discussed the trend of state law circumventing federal law for Schedule I substances and acknowledged that, despite promising results, the state approach to permitting use is concerning. The Council also recognized that although the ideal approach to PAT would be through controlled studies, PAT outside of investigational studies is already expanding, so the policy is written to reflect this reality and to encourage the presence of a medical professional at sites where PAT is provided. The Council also suggested that since more states are enacting legislation permitting the use of psychedelics, ASHP could provide resources on drug-drug interactions, toxicology, and education on PAT.
The Council on Pharmacy Practice is concerned with ASHP professional policies related to the responsibilities of pharmacy practitioners. Within the Council’s purview are (1) practitioner care for individual patients, (2) practitioner activities in public health, (3) pharmacy practice standards and quality, (4) professional ethics, (5) interprofessional and public relations, and (6) related matters.

Jennifer Tryon, Board Liaison

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1. Prehospital Management of Medications

1. To assert that variation in the prehospital management and use of medications is a risk to patient safety and continuity of care; further,

2. To advocate for pharmacy workforce involvement in clinical and operational decision-making for prehospital management and utilization of medications; further,

3. To encourage the pharmacy workforce to assume responsibility for medication-related aspects of ensuring the continuity of care as patients transition from prehospital care to other care settings; further,

4. To collaborate with stakeholders involved in prehospital medication-use cycle decisions to improve patient safety, minimize variation, and reduce inefficiencies.

Rationale

ASHP advocates that the pharmacy workforce “assume responsibility for medication-related aspects of ensuring the continuity of care as patients move from one care setting to another” (ASHP policy 2205). Prehospital management and utilization of medications varies greatly through patient emergency services, transport, and transfers. The pharmacy workforce has
established clinical and operational expertise across the spectrum of medication use, which would add value and safety measures to the prehospital management and utilization of medications. That expertise could inform decision-making regarding standardization, management of medication shortages, and prevention of medication errors, among other things. Ensuring pharmacy workforce involvement in these medication-related activities and decisions would optimize medication use, improving prehospital care and patient safety during emergent situations and patient transfers.

Background
The Council examined this topic in response to a recommendation from the 2023 House of Delegates. Council members noted that a similar gap in ASHP policy led to the development of ASHP policy 2317, Emergency Medical Kits, and agreed that an ASHP policy position was needed to fill this gap.

2. Role of Artificial Intelligence in Pharmacy Practice

To recognize artificial intelligence (AI) as a tool with tremendous potential to improve patient care and the medication-use process, which should be implemented with caution due to potential unforeseen risks; further,

To encourage healthcare organizations to develop policies, procedures, and guidelines to determine which care settings, medications, and patient populations are appropriate candidates for the use of AI; further,

To advocate for pharmacy workforce involvement and transparency in the decision-making, design, implementation, and ongoing evaluation of AI-related applications and technologies that affect medication-use processes and tasks; further,

To oppose any use of AI that compromises human interaction or replaces ethical decision-making, professional judgment, or critical thinking or is implemented solely to reduce healthcare staffing and resources; further,

To advocate for regulations and standards that permit the use of AI in circumstances in which it has proven safe and effective.

Rationale
Artificial intelligence (AI) is an emerging technology described as intelligent computer programs or software capable of learning human cognition and processes. AI falls under two categories: machine learning (ML) for data set analysis and natural learning processes for information extraction from existing data. In recent years, AI technology has evolved at an immense speed, and healthcare has been increasingly digitizing data, raising two questions: how to best use both to improve patient-specific care on a grand scale without compromising patient safety and
outcomes, and how to retain the expertise, autonomy, and humanity (e.g., empathy and compassion) of the interprofessional care team.

The healthcare community recognizes the potential benefit and risk of AI in patient care. Examples of opportunities include but are not limited to optimizing patient health, reducing variation in patient care services, translating evidence to practice, streamlining workflows and creating efficiencies, and reducing cognitive load on the interprofessional care team. Risks may include potential for breaches in patient privacy and safety; failure to incorporate ethical and moral decision-making; lack of transparency; automation biases; and narrow algorithm development that does not account for diverse populations, widening health disparities in undeserved or underrepresented patient populations. Given these risks, pharmacists and other healthcare professionals must retain oversight of AI applications and their implementation. Even if there comes a time when AI technology can account for every possible variable, the healthcare team must retain the right to make the final decisions on patient care to mitigate its inherent risks.

Pharmacy should take a leading role on the interprofessional healthcare team to research, develop, implement, and improve the quality of AI/ML-based clinical models that affect medication-use processes and tasks. The potential for improvement of care, lower costs, and comprehensive medication management could significantly impact healthcare, but healthcare providers must recognize the need for sufficient purview and monitoring to guarantee patient safety and effective therapy. Pharmacists, as leaders in AI health technology, can guide healthcare professionals and future generations on the implementation of AI in healthcare.

**Background**

The Council discussed AI following the Joint Council and Commission Meeting on the Role of Artificial Intelligence in Pharmacy. Their initial focus was on the ethical considerations in AI; however, the Council felt there was a need to discuss how AI impacts pharmacy practice more broadly. The Council agreed on the need for new ASHP policy. The Council also agreed that the ASHP Statement on the Use of Artificial Intelligence in Pharmacy should be revised to address ethical considerations for AI in healthcare and pharmacy practice, such as what tasks should always be performed by a human and never be replaced by AI, and what ethical considerations are needed for initial evaluation, implementation, and ongoing quality assurance of AI technologies.
COUNCIL ON PHARMACY MANAGEMENT
POLICY RECOMMENDATIONS

The Council on Pharmacy Management is concerned with ASHP professional policies related to the leadership and management of pharmacy practice. Within the Council’s purview are (1) development and deployment of resources, (2) fostering cost-effective use of medicines, (3) payment for services and products, (4) applications of technology in the medication-use process, (5) efficiency and safety of medication-use systems, (6) continuity of care, and (7) related matters.

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1. Documentation of Patient-Care Services in the Permanent Health Record

To advocate for public policies that support documentation of patient-care services provided by the pharmacy workforce in the permanent patient health record; further,

To promote inclusion of the pharmacy workforce in organization-based credentialing and privileging processes and in collaboration with an organization’s clinical informatics team to ensure accurate and complete documentation of the care provided to patients and to validate the impact of patient care provided by the pharmacy workforce on patient outcomes and cost of care; further,

To advocate that electronic health records be designed with a common documentation space to accommodate all healthcare team members and support the communication needs of pharmacy.

Note: This policy would supersede ASHP policy 1419.
**Rationale**

Documentation in the patient record is critical for a complete record for patient care and communication among members of the healthcare team. Documentation should be done within an electronic health record (EHR). Organization-based privileging is the process used by a healthcare organization, after evaluating a practitioner’s credentials, to assure stakeholders that the healthcare professional has the competencies and experience to provide certain direct patient care services. Privileging grants that individual practitioner permission to deliver those patient care services and document the rendering of those services in the permanent health record. ASHP supports the use of use of post-licensure credentialing, privileging, and competency assessment, in a manner consistent with other healthcare professionals, to practice pharmacy as a direct patient-care practitioner (see ASHP policies 2011, Credentialing and Privileging by Regulators, Payers, and Providers of Collaborative Practice, and 1415, Credentialing, Privileging, and Competency Assessment). Pharmacy technicians, within their scope of practice, have documented activities (e.g., medication history documentation) in the record as part of team-based care documentation. When documenting electronically, use of standardized and coded formats allows for improved measurement of patient outcomes.

**Background**

The Council reviewed ASHP policy 1419, Documentation of Patient-Care Services in the Permanent Health Record, as part of sunset review and voted to recommend amending it as follows (underscore indicates new text; strikethrough indicates deletions):

To advocate for public and organizational policies that support **pharmacist documentation of patient-care services provided by the pharmacy workforce** in the permanent patient health record; further,

To promote inclusion of the pharmacy workforce in organization-based credentialing and privileging processes and in collaboration with an organization’s clinical informatics team to ensure accurate and complete documentation of the care provided to patients and to validate the impact of **pharmacist patient care provided by the pharmacy workforce** on patient outcomes and total cost of care; further,

To advocate that electronic health records be designed with a common documentation space to accommodate all healthcare team members and support the communication needs of pharmacy.

The Council discussed the lengthy first clause in the existing policy and felt advocating for public policies seems reasonable but not so for organizational policies. Promoting incorporation in an organization-based credentialing and privileging process and in collaboration with an organization’s clinical informatics team seem practical and actionable. There is some crossover with ASHP policy 2137, Documentation of Pharmacist Patient Care, but that policy focuses more on documentation, billing, and attribution for services rendered. There was some discussion about a need for advocacy to support documentation of activities by pharmacy technicians.
within their scope of practice (e.g., medication history documentation) as part of team-based care documentation.

2. Supporting High Reliability in Pharmacy Practice

- To state that a commitment to the principles and science of high reliability, with the goals of zero medication errors and zero harm, are foundational to pharmacy excellence;
- further,

- To encourage hospitals and health systems to commit to high-reliability principles;
- further,

- To encourage research that informs the creation of best practices in high reliability and progress toward implementation of high-reliability principles in all pharmacy services.

Rationale
High reliability is an ongoing process or an organizational frame of mind, not a specific structure. The Agency for Healthcare Research and Quality has outlined practical strategies for healthcare organizations aiming to become highly reliable in their report of practices employed by hospitals in the High Reliability Organization Learning Network. This mindset is supported by five characteristic ways of thinking: preoccupation with failure; reluctance to simplify explanations for operations, successes, and failures; sensitivity to operations (situation awareness); deference to frontline expertise; and commitment to resilience. High-reliability organizations work to create an environment in which potential problems are anticipated, detected early, and virtually always responded to early enough to prevent catastrophic consequences. The Joint Commission suggests that hospitals and healthcare organizations work to create a strong foundation before they can begin to mature as high-reliability organizations. Such foundational work includes developing a leadership commitment to zero-harm goals, establishing a positive safety culture, and instituting a robust process improvement culture. The Joint Commission also provides metrics and tools for assessing the maturity of an organization's leadership, safety culture, and process improvement culture as preconditions to high reliability. Structured analysis of work processes can eliminate inefficiencies, increase value-added time spent with patients, reduce staff stress, and optimize the use of supplies and other resources. Reliable information technology systems are critical to ensure care quality and improve efficiency in administrative and process measures. ASHP’s PAI 2030 includes a recommendation that states: “C9. Pharmacy should employ high-reliability principles when designing and selecting health information technology.” Given the rising cost of healthcare and internal competition for finite capital dollars, it is important to identify solutions that will improve quality and safety while being fiscally responsible. Research is needed to evaluate tasks and processes to identify better approaches that will reduce waste, improve outcomes, and yield significant savings. Continuous improvement on the delivery of high-value care requires healthcare institutions to continually monitor and improve reliability and performance (see ASHP policy 2206, Continuous Performance Improvement).
Background
The Council acknowledged the concept of high reliability is attractive for healthcare due to the complexity of operations and the risk of significant consequences when failures occur. Supporting high reliability in pharmacy practice to improve efficiency and reduce susceptibility to human error can aid in areas such as automating order entry and reducing paperwork; optimizing staffing levels and scheduling; managing equipment and resources; defining care protocols and providing clinical decision support; managing billing and revenue cycles; reducing adverse drug events and duplicate tests; and improving care coordination. The Council suggested that ASHP could help members by promoting knowledge-sharing about high reliability through education and publications and a value analysis through research. Development of a resource to help hospitals and health systems develop a strong foundation before they can begin to mature as high-reliability organizations (HRO) is desired. Some members of the Council stated the ASHP PAI 2030 Self-Assessment Tool addresses aspects of this but an HRO-specific resource would be of value.

Rationale
Globally, health spending as a share of the overall economy has been steadily increasing since the 1980s, as spending growth has outpaced economic growth across all high-income countries, the United States included. This growth is multifactorial but is largely due to advances in medical technologies, including specialty medications; exponential and disparate price increases in the health sector across all markets; and higher demand for services, especially from a growing, aging population (Commonwealth Fund, Peterson-KFF). Based on data from 2021, the United States spent 18.3% of gross domestic product (GDP) on healthcare, nearly twice as much as the average country in the Organisation for Economic Co-operation and Development (Peterson-KFF, CMS). Over 2022-2031, average growth in national health expenditures (5.4%) is projected to outpace that of average GDP growth (4.6%), resulting in an increase in the health spending share of GDP, from 18.3% in 2021 to 19.6% in 2031 (CMS). This increasing cost of healthcare in the United States has motivated stakeholders across the care paradigm to search for strategies to curtail costs. Over the last decade, payers have implemented strategies that fragment providers’ comprehensive care management of the patient. These strategies include but are not limited to site-of-care (SOC) optimization, which shifts care away from hospitals, and payer-directed drug distribution models (see ASHP policy 2309, Payer-Directed Drug Distribution Models), which undermine hospitals’ patient safety protections and jeopardize patient care. The payers’ overarching goal is cost containment, while maintaining access to the prescribed therapy. Cost containment efforts have shifted

3. Safe Medication Sourcing, Preparation, and Administration in All Sites of Care

1. To advocate that all sites of care be required to meet the same regulatory standards for medication sourcing, preparation, and administration to ensure safety and quality.

   Note: This policy would supersede ASHP policy 1914.
beyond the traditional pharmacy point-of-sale management intended for self-administered medications under the pharmacy benefit, such as formulary tiering, prior authorization requirements, drug exclusions, and step therapy implementation. These newer payer strategies targeting provider-administered medications under the medical benefit present risks to patient care and safety. Patients are increasingly being required to receive care at lower-cost nonhospital SOCs, rather than at traditional venues, such as hospital outpatient infusion centers. Alternative or nonhospital SOCs include nonhospital-affiliated outpatient infusion centers, physician’s offices, ambulatory infusion centers, or patients’ homes. Payer-imposed SOC restrictions and policies jeopardize the continuity of care for the patient by introducing incongruent providers and systems (see ASHP policy 2031, Continuity of Care in Insurance Payer Networks). These same policies also create additional logistical challenges for the patient to navigate and can impede timely access to care for patients who require additional special assistance or services, such as access to emergency staff in the event of an adverse reaction. Further, the level of infrastructure required to adequately address regulatory and accreditation requirements focused on quality and safety (e.g., United States Pharmacopeia Chapters 797 and 800, state board of pharmacy regulations, and the standards of accreditors such as The Joint Commission and Det Norske Veritas Healthcare) varies across SOCs, with hospitals carrying the greatest administrative burden and costs. As a result, health systems should collaborate with pharmacy leadership when exploring ways to optimize medication access and appropriate utilization in nonhospital SOCs.

**Background**

The Council reviewed ASHP policy 1914, Safe Medication Preparation, Compounding, and Administration in All Sites of Care, as part of sunset review and in response to recommendations made by an ASHP member advisory panel and voted to recommend amending it as follows (underscore indicates new text; strikethrough indicates deletions):

To advocate that all sites of care be required to meet the same regulatory standards for medication sourcing, preparation, compounding, and administration to ensure safety and quality.

The Council discussed opportunities to make the policy recommendation and associated rationale reflective of current practice, healthcare trends, and pharmacy opportunities to ensure optimal patient care. The Council proposed ASHP continue advocacy in opposition to specific payer strategies that restrict access points, interfere with shared provider-patient decision-making, and jeopardize patient care.
The mission of the ASHP Section of Community Pharmacy Practitioners is to advance community-based pharmacy care by championing safe, equitable, and sustainable patient services. This will be accomplished by promoting practice and operational excellence, inspiring innovation, and fostering meaningful collaborations across the communities we serve.

Pamela K. Phelps, Board Liaison

**Executive Committee**
- Ashley Storvik Boedecker, Chair (Wisconsin)
- Courtney Isom (North Carolina)
- Amanda Place (Indiana)
- Jordan Rush (North Carolina)
- Melissa Ortega (Massachusetts)
- Gabrielle Pierce, Director

1. **ASHP Statement on the Community Pharmacist’s Role in the Care Continuum**
   1. To approve the ASHP Statement on the Community Pharmacist’s Role in the Care Continuum (Appendix).
Appendix: ASHP Statement on the Community Pharmacist’s Role in the Care Continuum

Position
The American Society of Health-System Pharmacists (ASHP) believes that community pharmacists are skilled clinicians who play an important role in the care continuum as equal, essential, and valued members of the healthcare team. Community pharmacists provide direct patient care, advance team-based care, manage patient-centered clinical services, and serve as leaders within their communities and health systems. Community pharmacists optimize care by providing educational consultations, medication safety and optimization services, chronic condition management, patient empowerment, wellness services, care coordination, and other services.

Community pharmacists lead teams that support patient access and safety through clinical care, medication preparation and dispensing services, regulatory compliance, operational efficiency, and integration services across settings of care. Further, community pharmacists lead, manage, and contribute to innovative practices and operations that advance pharmacy practice and contribute to financial sustainability.

The purpose of this statement is to recognize the patient-centered care services provided by community pharmacists and encourage healthcare leaders to utilize community pharmacists to the full extent of their expertise by continuing to integrate them across the continuum of care. This statement will describe current practice of health-system-based community pharmacy and identify future opportunities for practice advancement, though the patient-centered core responsibilities described are generalizable to all community pharmacy practice settings.

Community pharmacists should be recognized as medication experts and accountable partners for optimal health outcomes. ASHP urges community pharmacists and leaders to advocate for the value of community pharmacists to internal and external stakeholders so their outcomes-oriented clinical and business expertise is recognized.

Background
Community pharmacies are found across an array of practice areas, including health systems, traditional retail sites, clinics, independent pharmacies, and integrated within ambulatory care settings. Community pharmacy ranks among the most frequent patient touch points in healthcare. More than 90% of Americans live within 5 miles of a pharmacy, and patients visit their community pharmacist 12 times more frequently than their primary care provider.

Patients can benefit from convenient access to healthcare services, and community pharmacy practitioners are uniquely positioned to take an active role in improving therapeutic outcomes and providing comprehensive and longitudinal patient-centered care. According to the Centers for Disease Control and Prevention, nearly half of Americans use at least one prescription medication each month, and 40% of U.S. adults are managing two or more chronic conditions. Innovative community pharmacy practices have the potential to significantly impact outcomes, such as reducing hospital readmission rates, preventing drug-induced harm, and increasing medication access and adherence. Studies have also shown that community pharmacist-led interventions have a positive impact on a wide range of chronic diseases, including diabetes, cardiovascular disease, hyperlipidemia, and HIV/AIDS, and have
demonstrated a decrease in medical and healthcare costs. As the healthcare landscape shifts toward a value-based framework, there is general agreement on the favorable impact of community pharmacists in increasing access to care and providing preventive health services.

Core responsibilities

Patient care. Pharmacists practicing in community settings can both integrate into specific patient care teams and act as health and wellness advocates in their practice setting. Health-system-based community pharmacists have uniquely integrated tools, including electronic health record (EHR) access and communication methods, that facilitate these patient care activities. Community pharmacists are critical in ensuring that patients in the outpatient setting receive the medications they need through patient-centered dispensing, while also providing clinical services that optimize patient care and outcomes. The following encompasses many of the core clinical responsibilities of community pharmacists.

1. **Medication utilization reviews:** Patients may routinely seek care from many different sources and may or may not choose to use a single pharmacy for prescriptions. Community pharmacists are well positioned to utilize the information from their own system as well as information obtained from the patient and other pharmacy locations to compile a comprehensive medication list. Community pharmacists can then use this information to optimize the patient’s medication therapies. Optimization includes, but is not limited to, utilizing this list to ensure that each medication is an appropriate agent, prescribed at an appropriate dose and for an appropriate duration. Information elucidated in this broad-spectrum patient care approach can then be communicated to the patient’s entire healthcare team, reducing the risk for adverse outcomes related to incomplete understanding of the patient’s medication regimen.

2. **Medication access:** Community pharmacists identify and help resolve medication access barriers. No other care setting offers the opportunity to routinely identify and overcome barriers to medication access and appropriate use such as cost, availability, harm reduction (e.g., providing naloxone), and dosage form modifications. During dispensing and at the point of sale, community pharmacists have the opportunity to engage the patient in a discussion regarding affordability of and access to their medications. These discussions often incorporate a variety of resources, including manufacturer discount programs, therapeutic interchanges, and use of charitable resources. In some settings, community pharmacists assist with the prior authorization process as well. Programs offered by community pharmacies (e.g., medication bedside delivery in acute care settings and home delivery in ambulatory care settings) can overcome transportation-related access barriers. These services are part of a broader effort to improve health equity.

3. **Comprehensive medication management:** Community pharmacists are trained to assess and improve medication regimens. Community pharmacists provide cognitive services to patients that go beyond the dispensing-focused prospective drug utilization reviews, including comprehensive medication reviews, medication reconciliation, and chronic disease management. These services can be especially impactful for patients...
experiencing transitions between acute and ambulatory care with a significant change in health status. In addition, community pharmacists integrate targeted services such as medication adherence support, therapeutic optimization, reversal agent access, and duplicative therapy adjustments into their daily workflow.

4. **Point-of-care testing and treatment:** Advances in technology have increased the availability of testing that can be done outside laboratories, increasing access and convenience for patients. The advent of direct-to-consumer testing, in addition to CLIA-waived testing, has spurred a need for healthcare professionals to assist in providing and/or interpreting test results, formulating next steps, and in some cases initiating appropriate treatment. Community pharmacists perform and/or interpret point-of-care testing, including patient-initiated pharmacogenomics testing, and assist patients in understanding their test results. This service may lead to provision of targeted treatment for acute infections or recommendations to modify medication regimens that can be shared with the patient’s other healthcare providers. Recognizing that not all patients with healthcare needs may be able to come to a pharmacy, community health screening events offer a mechanism for community pharmacists to identify patients in need of additional assessment and treatment for previously undiagnosed conditions (e.g., high blood pressure, hyperlipidemia, diabetes, chronic kidney disease).

5. **Preventive care provision:** Community pharmacists support patient wellness, both in a usual or daily setting and when patients can be exposed to new or potentially hazardous conditions. Wellness care involves preventive interventions (e.g., Medicare Wellness Visits, health screenings) or travel consultations to prepare travelers for pathogens and adverse conditions they may encounter abroad. Other preventive and wellness services may include provision of pre- or post-exposure prophylaxis against HIV infection or oral contraceptives. In addition, access to many different vaccines with different payer models is a unique aspect of community pharmacy that has increased patient access to vaccines. The COVID-19 pandemic highlighted the value of community pharmacists in ensuring that patients could easily receive recommended vaccines, and rates of routine immunizations have increased as community pharmacists have expanded vaccination services.¹⁷,¹⁸

6. **Patient and community education:** Community pharmacists have chosen to practice in a setting that enables them to be a resource for patient education on many different levels. This role includes not only patient education and counseling regarding specific medications, over-the-counter products, and complementary and alternative medicines, but also more comprehensive medication education (e.g., storage, appropriate administration, safe combinations with other medications or supplements, recommended disposal). Many community pharmacists and pharmacies offer programs that provide education and support for specific conditions, such as the Diabetes Self-Management Education and Support (DSMES) program.¹⁹ Community pharmacists may be involved in identifying patients who struggle with substance use disorders and can offer resources and referrals to additional care providers. Pharmacists in this setting can also serve as educational resources for the broader community during health screenings, drug take-back events, and community wellness and outreach events. The
community pharmacist provides this education in a manner that is tailored to each patient’s educational needs, including language and health-literacy barriers.

7. **Medication safety**: Community pharmacists serve as advocates for the safe use of medications in many ways. The interventions of community pharmacists are highly impactful on patient safety, whether this is in implementation of the Institute for Safe Medication Practices Community Pharmacy Action Agenda items, recognition and mitigation of dangerous drug-drug or drug-disease interactions, or ensuring a patient’s understanding of their medication regimen. Community pharmacists also support safe use of medications by working on a broader scale within their organizations or locations to perform continuous quality improvement processes and providing medication safety resources for other healthcare disciplines. Outreach to the community can raise awareness of the risks associated with medication misuse and can prevent harm.

**Operations.** In addition to core patient care responsibilities, community pharmacists are responsible for day-to-day operations of the pharmacy and ensuring compliance with state and federal laws and regulations, as well as accreditation standards. The following encompasses the core operations of the community pharmacy that the pharmacist manages or supports.

1. **Team supervision**: Community pharmacists oversee daily operations, including day-to-day staffing levels and maintaining appropriate pharmacist-to-technician staffing ratios, developing workstation and workflow expectations and optimizations, and supervising learners.

2. **Regulatory compliance**: Community pharmacists ensure compliance with all regulations, including all state and federal laws, Drug Enforcement Administration regulations, applicable United States Pharmacopeia (USP) standards (e.g., USP 795), 340B program compliance as applicable, and additional requirements of accreditation and governing bodies.

3. **Record-keeping**: Community pharmacists maintain all records (e.g., inventory, dispensing) in compliance with the Health Insurance Portability and Accountability Act of 1996, state, and federal regulations.

4. **Inventory management**: Community pharmacists manage the pharmacy’s inventory to ensure the needs of the patients are served while preventing a surplus of inventory. Inventory management includes examination of inventory turns, proper security and storage of medications, and proper inventory management practices as it relates to the 340B program. Additionally, community pharmacists navigate drug shortages.

5. **Fiscal management**: Community pharmacists manage billing, revenue cycles, inventory costs, labor, and operational expenses in a fiscally responsible way. Pharmacy leaders also develop annual budgets and create volume projections for the pharmacy.

6. **Compounding**: Compounding services can be offered to patients when individualized pharmaceutical products are not commercially available. If the community pharmacy is part of a health system, compounded nonsterile preparations available to patients when admitted to the hospital can be made available in the community pharmacy for continuation of therapy. Many community pharmacists are able to refer patients to sterile compounding facilities if needed.
7. **Program and protocol development:** Community pharmacies offer relevant services such as vaccination and meds-to-beds services as applicable. Additional clinical services may also be provided, such as medication synchronization, medication adherence packaging, and medication delivery programs. Clinical services such as hormonal contraception prescribing, smoking cessation, COVID therapeutics, and immunizations may be provided through standing orders or collaborative practice agreements as allowed by state and federal laws.

8. **Customer service:** Community pharmacists provide excellent customer service not only to patients and customers but also to internal providers and stakeholders in the organization. Pharmacists can connect with the patient’s providers to determine alternatives in the event of a drug shortage, to navigate insurance restrictions as needed, and to accommodate financial restrictions limiting patient access.

9. **Access to health data:** Community pharmacists utilize the patient’s EHR to ensure comprehensive care for patients. Where EHR access is not available, community pharmacists may pursue access to health information exchange platforms. Similarly, community pharmacies may integrate their dispensing records into the patient’s EHR.

10. **Health literacy:** Community pharmacists promote health equity by recognizing and accommodating the health literacy of their patients. Community pharmacists can provide prescription labels and care notes in the patient’s preferred language or in the preferred modality for visually or hearing-impaired patients, at an appropriate reading level, and utilizing the patient’s preferred name.

11. **Drug disposal:** With the rise of the opioid epidemic and overdoses, some community pharmacies serve as drug disposal sites, allowing patients to safely dispose of unwanted medications.

**Expanded roles**

While the clinical and operational functions described above are fundamental in today’s practice for community pharmacists, there are many opportunities to expand how community pharmacists demonstrate value in providing direct patient care. Community pharmacists are poised to expand their roles due to their accessibility, in-depth knowledge of the medication-use process, and ability to quickly pivot and adapt to the changing healthcare landscape (Table 1).

**Table 1. Domains of opportunity for expanded community pharmacist roles.**

<table>
<thead>
<tr>
<th>Impacting Health Outcomes</th>
<th>• Expand the use of and design new collaborative practice agreements.</th>
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<td></td>
<td>• Provide access to point-of-care testing for a variety of disease states (e.g., influenza, group A Streptococcus, human immunodeficiency virus, hepatitis C, coronaviruses, oral contraceptives, and chronic diseases).</td>
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<td>• Engage patients in health and wellness initiatives (e.g., smoking cessation, weight management, asthma, chronic heart failure,</td>
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<td><strong>Appendix: ASHP Statement on the Community Pharmacist’s Role in the Care Continuum</strong></td>
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| **Education** | • Incorporate learners at all levels by expanding opportunities for clinical rotation experiences and residency programs.  
• Continue to support technician education and advancement initiatives.  
• Encourage practitioners to meet the needs of evolving patient populations through gaining advanced clinical knowledge.  

**Health Equity** | • Overcome barriers that cause health inequities in patient care.  

**Technology** | • Identify how technology can be leveraged to create operational efficiencies in practice.  
• Expand or partner in developing precision medicine and pharmacogenomics opportunities.  
• Develop and evaluate artificial intelligence and cognitive support tools.  
• Support patients in their wellness journey by use of technology such as health apps, wearable devices, and other tools.  

**Patient-centric Models** | • Perform ongoing evaluations of the patient-centered medical home model or hospital-at-home services.  
• Leverage technology to offer clinical services through in-person care, health applications, patient portals, and telehealth options.  

**Innovation** | • Collaborate with clinicians to increase pharmacy-offered clinical services to alleviate provider burnout.  
• Enhance the patient experience by offering a team-based approach to the continuum of care.  
• Identify opportunities that not only advance patient care but also increase the pharmacy department’s financial contribution to the organization.  
• Continue to advocate for billing avenues and recognition of services by payers.  

**Public Health** | • Evaluate and investigate community health issues.  
• Educate the community about public health.  
• Engage in organizational efforts to prepare and respond to emergencies which may include leadership roles on emergency managements teams.  
• Develop and implement programs related to medication and vaccine access.  
• Offer wellness, disease prevention, and treatment services (e.g. immunizations, antimicrobial stewardship, HIV prevention,
diabetes prevention programs, hormonal contraception education, substance abuse prevention/treatment).

- Support disease surveillance and monitoring initiatives (e.g. antiviral dispensing rates for infectious disease data trending, asthma inhaler use and environmental or air quality concerns)

<table>
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<tr>
<th>Population Health</th>
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<tr>
<td>• Participate in the development of metrics to identify and care for specific patient populations.</td>
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<tr>
<td>• Promote vaccine confidence within communities.</td>
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<tr>
<td>• Extend services to virtual care and video visits.</td>
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<tr>
<td>• Partner with clinicians, health plans, and health system leaders to understand value-based payment models and associated metrics.</td>
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<tr>
<td>• Ensure effective chronic disease management that includes evidence-based medication optimization and monitoring.</td>
</tr>
<tr>
<td>• Identify associated quality measures and develop initiatives to support or address open care gaps (e.g., order routine lab testing, ensure appropriate statin usage, and encourage eye exams for patients with diabetes).</td>
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<tr>
<td>• Promote medication adherence and support initiatives to improve medication access.</td>
</tr>
<tr>
<td>• Promote health equity by identifying and addressing Social Determinants of Health (SDOH) to reduce health care disparities.</td>
</tr>
<tr>
<td>• Participate in transition of care services to reduce readmissions in target patient populations.</td>
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<tr>
<td>• Support and promote cost-effective medication usage to control cost of healthcare</td>
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<tr>
<th>Research</th>
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<tr>
<td>• Pursue opportunities to participate in investigational drug research, including dispensing and counseling for commercial and investigational drugs within clinical trials.</td>
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<tr>
<td>• Contribute to the body of literature by sharing results of outcomes-based research.</td>
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<tr>
<td>• Encourage patient and clinician participation in research.</td>
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<td>• Contribute to research through data collection.</td>
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To be successful in the development of expanded roles for community pharmacy practitioners, all pharmacy team members must be trailblazers, early adopters of practice change, and actively advocating for pharmacy practice advancement.

**Practice challenges**

Although community pharmacists are well equipped to improve therapeutic outcomes and patient care, practice challenges exist. Declining reimbursements to pharmacies by insurance plans have become increasingly problematic. Since the establishment of performance-based pharmacy contracts by Medicare Part D plans in 2012, price concessions charged to pharmacies
by insurance plans and pharmacy benefit managers increased 170%. Further, limited payment
of pharmacists for clinical services has led to serious financial strains on community
pharmacies, forcing closures, and has resulted in lack of access to community pharmacy
services in rural settings. Studies showed that 1 in 8 pharmacies closed between 2009 and
2015, a statistic that disproportionally affected independent pharmacies and low-income
neighborhoods.22

The lack of ready access to a pharmacy, a phenomenon labeled “pharmacy deserts,” is a
persistent practice challenge. In rural areas, travel time to the nearest pharmacy may hinder
access. And although more than 90% of Americans live within 5 miles of a pharmacy, proximity
does not guarantee access.23 Patients may still be stymied by lack of public transportation,
limited pharmacy hours, or mobility issues. To promote health equity, patients should be
provided easy access to community pharmacy services. Telepharmacy is one option that has
been shown to increase patient access to pharmacy services.24

Limited revenue for community pharmacies has further been aggravated by a changing
economy and workforce. In a recent report by the National Community Pharmacy Association,
93% of community pharmacists noted their business was affected by inflation. Concurrently,
80% of respondents indicated being affected by supply chain shortages, and more than three
quarters of community pharmacists have experienced staffing shortages recently.25

Access to patients’ health information also presents a challenge to optimal care, as
community pharmacies often do not have access to the patient’s complete electronic medical
record. To combat this, community pharmacies should pursue access to health information
exchange platforms. Similarly, community pharmacy dispensing records should be accessible in
the EHR.

Staffing shortages in the community pharmacy and financial strains impact care. Despite
increasing evidence favoring community pharmacist involvement in advanced clinical services,
uptake is slow. The 2019 National Pharmacist Workforce Study26 found that services such as
vaccinations, medication assistance programs, medication therapy management, and
medication synchronization are offered in most community pharmacy sites. However, only 43%
of community pharmacy respondents indicated that they provide comprehensive medication
management, 25%, opioid deprescribing; 24%, disease state management; 20%, point-of-care
testing; 19%, injection administration; and 4%, pharmacogenomics testing. The study also
identified high workload and inadequate staffing as the top two stressors for pharmacists.

The public perception of the range of roles of pharmacists may also pose a challenge.
Though pharmacists provide a myriad of clinical and operational services, patients are often
unaware of the extent of the role of the pharmacist in the medication-use process.27 Patients
visiting their local community pharmacy may not see the clinical decisions that pharmacists
make daily and may not be aware that pharmacists act as a part of their interprofessional care
team.

**Leveraging pharmacy technicians**

As community pharmacists face increased workload demands and limited time, advanced
pharmacy technicians can be utilized as pharmacist extenders, furthering pharmacy practice
and patient care.28-30
Traditional community pharmacy technician roles include entering prescriptions into the pharmacy dispensing system, counting medications, compounding, managing inventory, dealing with billing issues and insurance, and providing customer service at the point of sale. Limiting pharmacy technicians to only these roles does not utilize their full potential. An advanced pharmacy technician is an individual who has responsibilities and tasks that go beyond the traditional duties of a standard pharmacy technician and requires a higher level of training, expertise, and often additional certifications. Nontraditional and advanced roles for pharmacy technicians can contribute to the overall impact of community pharmacy practice in patient care. Some of these advanced pharmacy technician responsibilities are listed in Table 2. The role of pharmacy technicians is variable depending on the laws of each state and responsibilities highlighted may not encompass all technicians.

Table 2. Advanced pharmacy technician responsibilities in community pharmacy.

<table>
<thead>
<tr>
<th>Patient care responsibilities</th>
<th>Operational responsibilities</th>
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<tbody>
<tr>
<td>• Administer immunizations and promote vaccine confidence.</td>
<td>• Engage in technician product verification and tech-check-tech programs.</td>
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<tr>
<td>• Collect medication history.</td>
<td>• Coordinate 340B activities.</td>
</tr>
<tr>
<td>• Conduct point-of-care tests.</td>
<td>• Manage billing, prior authorizations, and financial affairs.</td>
</tr>
<tr>
<td>• Identify and resolve barriers to medication access or care.</td>
<td>• Manage pharmacist schedules and consultations.</td>
</tr>
<tr>
<td>• Enroll patients in patient assistance programs.</td>
<td>• Supervise ancillary staff.</td>
</tr>
<tr>
<td>• Serve as patient advocate.</td>
<td>• Provide peer education and training.</td>
</tr>
<tr>
<td>• Assist with patient adherence efforts.</td>
<td>• Gather data and generate metrics and reports.</td>
</tr>
<tr>
<td>• Leverage patient relationships to promote preventive and essential health services.</td>
<td>• Oversee medication inventory and surveillance.</td>
</tr>
<tr>
<td>• Obtain additional training (e.g., as a community health worker).</td>
<td>• Assist in pharmacy workflow optimization.</td>
</tr>
<tr>
<td>• Obtain additional training (e.g., as a community health worker).</td>
<td>• Contribute to continuous quality improvement and patient safety efforts.</td>
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By redesigning the pharmacy workflow and using pharmacy technicians as pharmacist extenders, community pharmacies can optimize the pharmacists’ accessibility and provide quality healthcare to their communities. Community pharmacists and leaders should support advanced community pharmacy technician training opportunities, which will allow pharmacy technicians to elevate their practice and contribute to advanced roles.

Professional obligations of community pharmacists

Community pharmacists have a long-standing commitment to make a tremendous, positive impact in patient care and the communities they serve. To overcome the financial and
workforce challenges currently impacting care, community pharmacists have a professional obligation to be advocates for the pharmacy profession and their practice in the following ways.

Community pharmacists should

- Engage in advocacy efforts, through state and national partners, to advance and protect the interests of patient care and the pharmacy profession.
- Continue to pursue educational and training opportunities that further their clinical and professional skills.
- Seek opportunities to engage in advanced roles that optimize patient outcomes, patient safety, operational efficiencies, and fiscal health for their patients and organizations.
- Commit to being innovators, who adapt to and lead contemporary models of care.
- Act as positive and ethical role models for their patients, colleagues, and the community.
- Serve as mentors and educators for student pharmacists and pharmacy residents, contributing to succession planning for a diverse and healthy workforce.
- Encourage the advancement and recognition of pharmacy technician partners.
- Participate in research evaluating the services that they provide.

Conclusion

The role of community pharmacists has evolved significantly. Pharmacists in community-based settings are operational leaders for the financial sustainability of healthcare institutions as well as valuable clinicians in providing comprehensive management of patient’s medication therapy in collaboration with other healthcare colleagues.

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Appendix: ASHP Statement on the Community Pharmacist’s Role in the Care Continuum

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Disclosures
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Additional information
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