PRACTICE ADVANCEMENT INITIATIVE 2030 RECOMMENDATIONS

Patient-Centered Care

Practice-focused:

A1. Pharmacists should collaborate with patients, families, and caregivers to ensure that treatment plans respect patients’ beliefs, values, autonomy, and agency.
A2. The pharmacy workforce should lead medication reconciliation processes during care transitions (e.g., emergency department, upon admission and discharge, ambulatory-care setting, community pharmacy, long term care).
A3. The pharmacy workforce should collaborate with patients, caregivers, payers, and healthcare professionals to establish consistent and sustainable models for seamless transitions of care.
A4. Pharmacist documentation related to patient care must be available to all members of the healthcare team, including patients, in all care settings.
A5. The pharmacy workforce should partner with patients and the interprofessional care team to identify, assess, and resolve barriers to medication access, adherence, and health literacy.
A6. Patients must have access to a pharmacist in all settings of care.

Organization-focused:

A7. The pharmacy workforce, in all care settings, must have access to complete patient medical records and related health information.
A8. The pharmacy enterprise should be integrated and modeled to provide patient-centered care across the continuum (e.g., home and outpatient infusion, specialty pharmacy, community pharmacy, acute care).
A9. The pharmacy workforce should lead medication education for patients and caregivers that optimize outcomes, including in care transitions.
A10. Pharmacists should play an active role in ensuring that ethical principles drive clinical and business decisions related to medication use.
A11. Health systems must provide 24/7 pharmacy services with advanced clinical capability.
A12. Health systems should support innovative models for providing a safe and appropriate level of pharmacy services for small and rural hospitals or other alternative practice settings.
A13. Pharmacy departments should take responsibility for appropriate medication use in the structuring of external partnerships.

Profession-focused:

A14. Pharmacists should lead and advocate for comprehensive medication management in all healthcare settings.
Practice-focused:

B1. All pharmacists should have an individualized continuing professional development plan.
B2. Pharmacists should leverage and expand their scope of practice, including prescribing, to optimize patient care.
B3. Pharmacists should participate in and assume key roles on emergency response teams.

Organization-focused:

B4. Health systems should require completion of ASHP-accredited residency training as a minimum credential for new pharmacist practitioners.
B5. Pharmacists should participate in organization-based credentialing and privileging processes to ensure competency within their scope of practice.
B6. Pharmacy practice leaders should ensure that their workforce has the necessary knowledge and competency to adapt to emerging healthcare needs.
B7. Pharmacists practicing in specialty areas should be board-certified through the Board of Pharmacy Specialties or other appropriate body.

Profession-focused:

B8. Pharmacy education, residency training, and continuing education should cover healthcare reimbursement, payment, and business management in all areas of practice.
B9. Pharmacists in all care settings should be included as integral members of the healthcare team and share accountability for patient outcomes and population health.
B10. The pharmacy workforce should be knowledgeable and have the resources to care for patients with behavioral and mental health disorders.
B11. Training and credentialing should exist to develop and recognize pharmacists who specialize in health information technology.
B12. Credentialed ambulatory-care pharmacists should be considered primary care providers.
B13. The profession should champion multi-state or national licensure for pharmacists.
B14. Pharmacists, in collaboration with other key stakeholders, must work to increase public, regulatory, and health professional understanding of pharmacists’ roles and value.
Practice-focused:

C1. Pharmacists should use health information technologies to advance their role in patient care and population health.

C2. Pharmacy practice leaders should foster the development and application of advanced analytics (e.g., machine learning and artificial intelligence) in activities such as risk assessment, monitoring performance metrics, identifying patients in need of pharmacist care, optimizing medication use, and business management.

C3. Pharmacy practice leaders should be engaged in assessing emerging patient care technologies (e.g., mobile applications, monitoring devices, digital wearables or ingestables, blockchain technology) to support optimal medication use outcomes.

C4. The pharmacy workforce should be competent in health information technology (including but not limited to analytics, automation, and clinical applications of technology) with ongoing education and training embedded at all stages of career development.

Organization-focused:

C5. Virtual pharmacy services (e.g., telepharmacy) should be deployed to optimize operational and clinical services that extend patient care services and enhance continuity of care.

C6. The pharmacy enterprise must have sufficient resources to develop, implement, and maintain technology-related medication-use safety standards.

C7. Pharmacy departments should have access to an analytics resource, such as a data scientist, to collect, aggregate, measure, visualize, and disseminate data related to the financial and clinical performance of pharmacists.

C8. Pharmacy departments should use technology to ensure the safe compounding of sterile products.

Profession-focused:

C9. Pharmacy should employ high reliability principles when designing and selecting health information technology.

C10. Pharmacy should advocate for information technology that is interoperable and transparent with respect to usability, security, and functionality across the continuum of care.

C11. Pharmacy should establish standards for the application of artificial intelligence (AI) in the various steps of the medication-use process, including prescribing, reviewing medication orders, and assessing medication-use patterns in populations.
Practice-focused:

D1. Pharmacy technicians should participate in advanced roles in all practice settings to promote efficiency and improve access to patient care.

D2. Pharmacy technicians should have complete responsibility for advanced technical and supporting activities (e.g., order fulfillment, tech-check-tech, regulatory compliance, supply chain management, diversion prevention, revenue cycle management, patient assistance programs).

Organization-focused:

D3. All newly hired technicians should have completed an ASHP/ACPE-accredited technician education and training program.

D4. Health systems should require technicians to be certified by the Pharmacy Technician Certification Board.

D5. Pharmacy departments should foster the development of professional career paths for pharmacy technicians.

Profession-focused:

D6. A scope of practice including core competencies should be developed and defined for pharmacy technicians in acute-care and ambulatory-care settings.
Leadership in Medication Use and Safety

Practice-focused:

E1. Pharmacists should advance the use of pharmacogenomic information for personalized medication treatment.
E2. Pharmacists should assume leadership roles in medication stewardship activities at the local, state, and national levels.

Organization-focused:

E3. Pharmacy must be an active and accountable partner in the financial stewardship (e.g., minimizing waste, using cost-effective therapies, managing the supply chain) of care delivered in all settings.
E4. Pharmacy practice leaders should ensure evidence-based medication use by continually analyzing and reporting use patterns and outcomes.
E5. Health systems should support interprofessional innovation centers designed to pursue breakthroughs in areas such as patient experience, medication use, clinical outcomes, operational efficiency, technology, and revenue generation.
E6. Health systems should support the well-being and resiliency of their staffs.
E7. Pharmacy departments should strive to achieve equity, diversity, and inclusion in all technical, clinical, and leadership roles.
E8. The pharmacy enterprise should engage, employ, or develop expertise in areas such as finance, analytics, business management, quality assurance, informatics, human resources, payer relations, and supply chain management.
E9. Health systems should have a pharmacist executive leader, with a reporting structure consistent with other executive leaders, to oversee and influence enterprise-wide decision making related to medication use and technology.
E10. The pharmacy workforce should assess and mitigate risk in medication-use systems across all settings.

Profession-focused:

E11. Pharmacists should lead the development, implementation, and evaluation of medication-related national quality indicators and accountability measures.
E12. Pharmacists should be leaders in federal and state legislative and regulatory policy development related to improving individual and population health outcomes.
E13. Pharmacy should partner with interprofessional organizations to define and delineate practice advances into state and federal laws and regulations to optimize patient care.
E14. Pharmacy should leverage healthcare models that acknowledge pharmacist value and align payment with quality of outcomes.

ashp.org/PAI