ASHP Practice Advancement Initiative (PAI) 2030:

PAI 2030 Champion Orientation

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Outline

- Overview of PAI 2030 recommendations
- PAI 2030 focused initiatives as indicators of progress
- Development of a statewide effort for recommendation adoption and implementation
  - PAI 2030 State Affiliate Champion
  - PAI 2030 State Affiliate Toolkit
  - PAI 2030 Self-Assessment Tool and sample results

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“If you don’t know where you’re going, you’ll end up someplace else.”

Yogi Berra

https://yogiberramuseum.org/about-yogi/biography/, photo accessed March 3, 2022

1

Mirror to Hospital Pharmacy

ASHP received funding for the first comprehensive, national audit of pharmacy services in hospitals

1955

1985

Directions for Clinical Practice in Pharmacy (Hilton Head Conference)

Promulgated the idea that hospital pharmacies should function as clinical departments with the mission of fostering the appropriate use of medicines.

2

3

Pharmacy in the 21st Century Conference

Examined major issues and trends expected to confront the profession during the next 15-20 years

1989

1993

ASHP Conference on Implementing Pharmaceutical Care

Focused on how to expand pharmaceutical care beyond pilot programs; called for personal commitment of pharmacy staff to advance pharmaceutical care

4

5

ASHP Health-System Pharmacy 2015 Initiative

Provided a framework to significantly improve the practice of pharmacy in hospitals and health systems.

2005

2010

Pharmacy Practice Model Summit

Developed 147 consensus recommendations for practice focused primarily on hospital settings.

6

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Ambulatory Care Summit

Developed 25 ambulatory care-specific recommendations for practice advancement

2014

2015

Practice Advancement Initiative

PPMI and ACS recommendations combined to address both acute and ambulatory care settings; initiative rebranded to "Practice Advancement Initiative."

7

8

Practice Advancement Initiative 2030

Provides pharmacy teams with guidance for advancing healthcare, patient outcomes, and pharmacy practice through 59 recommendations.

2020

Credit: www.presentationgo.com/

WHAT IS PAI 2030?

59 recommendations on providing optimal, safe, and effective medication use

Aspirational guidance serving as a roadmap to pharmacy practice advancement

Future-focused set of concepts looking beyond today's barriers to change

ASHP Practice Advancement Initiative 2030: New recommendations for advancing pharmacy practice in health systems. *Amer J Health-Syst Pharm.* 2020;77:113-121. https://doi.org/10.1093/ajhp/zxz271

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Practice Advancement Initiative

Patient-Centered Care	Pharmacist Role, Education, and Training	Technology and Data Science	Pharmacy Technician Role, Education, and Training	Leadership in Medication Use and Safety
■ Shift from patient advocacy to patient and family activation ■ Integrate pharmacy enterprise for convenient and cost-effective care ■ Optimize care via pharmacist-provided comprehensive medication management	■ Increase in the credentialing and privileging of pharmacists in health systems ■ Proliferation of board certification in many practice areas ■ Building of workforce skills in population health management and mental/behavioral health	■ Harness data analytics to improve patient health ■ Augmented intelligence is an important developing technology that will impact operations and practice ■ Assessing patient care technologies to support optimal medication-use outcomes	■ Foster development of professional career paths for pharmacy technicians ■ Achieve a recognized scope of practice ■ Advance pharmacy technician roles to improve patient care access	■ Advance use of pharmacogenomics information and lead medication stewardship activities ■ Increase public health opportunities to address social determinants, chronic illness, and addiction ■ Support the well-being and resiliency of pharmacy workforce

The ASHP Practice Advancement Initiative (PAI) 2030 includes 59 recommendations to promote optimal, safe, and effective medication use; expand pharmacist and technician roles; and implement the latest technologies.

Learn more about PAI 2030 at ASHP.ORG/PAI

Subdomains of PAI 2030 Recommendations

(Example: Technology and Data Science Domain)

C1. Patient care, population health

C2. Advanced analytics

C3. Emerging patient-care technologies

C4. Health information technology competency

C9. High reliability designing and selecting health information technology

C10. Interoperable and transparent health information technology

C11. Standards for application of artificial intelligence (AI)

C5. Telepharmacy services

C6. Technology-related medication-use safety standards

C7. Analytics resources

C8. Sterile product compounding technology

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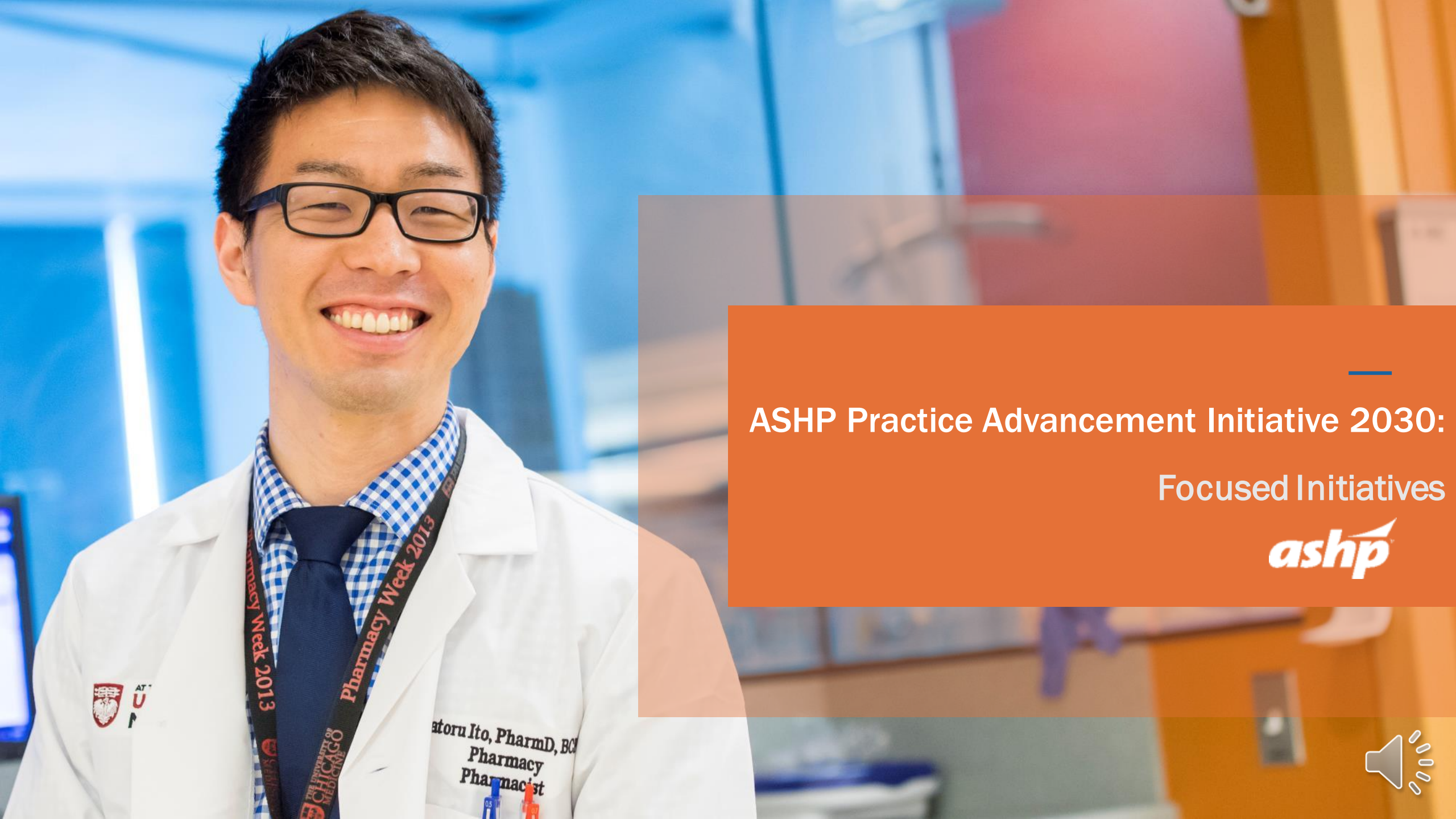
Pause for Reflection

Reflecting on the PAI 2030 recommendations, how will you identify the greatest opportunities for the profession to improve patient care outcomes and advance practice in your state?



ASHP Practice Advancement Initiative 2030:

Focused Initiatives

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PAI 2030 Focused Initiatives

FI 1: Optimize medication-use and access through pharmacist prescribing.

Objective:

By 2024, increase authority for pharmacists to independently prescribe medications, pursuant to a diagnosis, by 20%.

FI 2: Leverage and utilize technology to optimize pharmacist provision of care to patients.

Objective:

By 2024, increase by 20% the number of health systems using analytics and technology to reduce the risk of adverse drug events or suboptimal outcomes.

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PAI 2030 Focused Initiatives

FI 3: Ensure all patients receive seamless and coordinated pharmacy services at all transitions of care.

Objective:

By the end of 2024, increase the number of health systems with integrated pharmacy services to coordinate effective patient care transitions by 20%.

FI 4: Improve patient access to pharmacist services in ambulatory care clinics.

Objective:

By the end of 2024, increase the number of pharmacists in ambulatory care clinics by 20%.

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Focused Initiatives → Indicators of Progress

- Podcast: ASHP PAI 2030 Focused Initiatives
- Baseline for focused initiative #3 (care transitions)
  - 2020 ASHP National Survey of Pharmacy Practice
    - Care transitions question (n = 261)
    - 0.6% seamless integration
    - 30.6% not at all integrated
    - Smaller hospitals report lower levels of integration

Pedersen CA, Schneider PJ, Ganio MC, Scheckelhoff DJ. ASHP national survey of pharmacy practice in hospital settings: Dispensing and administration—2020. *Amer J Health-Syst Pharm.* 2021; (ahead of print). https://doi.org/10.1093/ajhp/zxab120

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PAI 2030 Focused Initiatives

FI 5: Expand role of pharmacy technicians.

Objective:

By 2024, increase the number of health systems utilizing pharmacy technicians in advanced roles by 20%.

ASHP State Affiliate Quick Poll (PAI 2030 Focused Initiatives)

- March 2021
- ~60% response rate
- Order of priority:
  - FI 1 (pharmacist prescribing)
  - FI 3 (transitions of care)
  - FI 5 (expand role of pharmacy technicians)
  - FI 4 (pharmacists in ambulatory care clinics)
  - FI 2 (leverage technology)

ASHP Practice Advancement Initiative 2030:

Statewide Recommendation Adoption and Implementation

PAI 2030 Tools & Resources

www.ashp.org/pai

State Affiliate Toolkit and Champion Approach

PAI 2030 Self-Assessment Tool

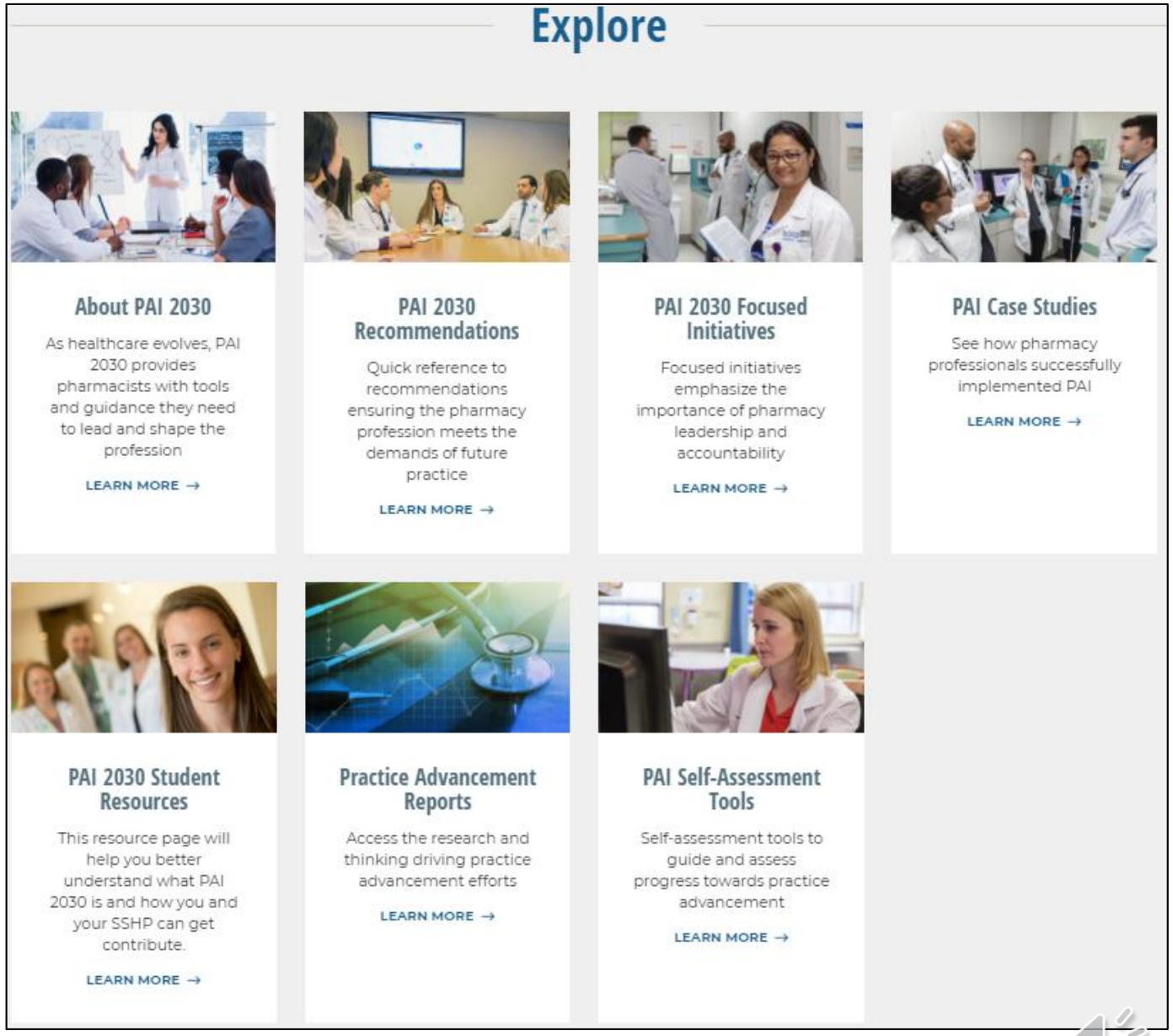
- Two tracks (Practitioner and Organization)
- Identify gaps with the PAI 2030 recommendations
- Create an action plan for adoption and implementation

Case Studies, Podcasts, Webinars

Testimonials on where pharmacy departments and pharmacists are making an impact implementing the PAI 2030 recommendations

Awards and Research

- ASHP Best Practices Award
- ASHP Student Leadership Award
- ASHP Foundation Research Grants



PAI 2030 Implementation Pathway

PAI 2030 Implementation Pathway

- **Identify**
  - ***Building team*** (champion identification, orientation, tutorial)
  - ***Prepare to launch*** (state affiliate marketing, communication campaign)
- **Involve**
  - ***Assess current practice*** (completion of PAI 2030 Self-Assessment Tool)
  - ***Create an action plan*** (assignment of feasibility and impact)
  - ***Take steps to improve practice*** (goal & objective setting, develop plans of action, indicators of progress)
- **Influence**
  - ***Monitor progress*** (complete reassessments, sharing results, PAI 2030 focused initiative progress)
  - ***Tell the story*** (case study, podcast, webinar, manuscript submission, playbook)

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PAI 2030 State Affiliate Champion

- Role of PAI 2030 champion
  - Promote the PAI 2030 initiative
    - Engage in conversation with colleagues and leaders
    - Bring the initiative to your Affiliate meetings and discussions
    - Encourage completion of the PAI 2030 Self-Assessment Tool
    - Extend reach to rural and medically underserved areas
    - Partner with residents and student pharmacists (e.g., SSHP chapters)
  - Strategic planning, develop plans of action, focused initiatives
  - Avoid tackling everything – focus on a few goals/initiatives
  - Tie in with state advocacy, education, and resources based on gaps and priorities identified

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PAI 2030 State Affiliate Champion

- Role of PAI 2030 champion (continued)
  - Compile, monitor, and distribute results
  - Report on progress
  - Sharing stories of success and resources (e.g., case studies, podcasts, webinars, *AJHP* publication, playbook, education/poster session proposals)
  - Identify areas where ASHP can help
    - Advocacy and messaging
    - Education
    - Channeling engagement through ASHP Sections/Forums
    - Professional policy needs (e.g., ASHP Councils)

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PAI 2030 State Affiliate Champion

- Deliverables
  - Achieve a target statewide completion rate of ≥ 50% using the PAI 2030 Self-Assessment Tool
  - Create a statewide PAI 2030 action plan
  - Incorporate elements of action plan in statewide strategic plan
    - Inform and support practice advancement goals and objectives
    - Shape and support state advocacy priorities
  - Submit a publication, tool/resource, and/or a presentation to highlight PAI 2030 successes
  - Identify at least one PAI 2030 focused initiative to pursue and monitor as a priority as part of statewide action plan
  - Highlight PAI 2030 efforts in ASHP Affiliate Annual Review Report
  - Consider volunteering as coach/mentor for states slow to adopt

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PAI 2030 State Affiliate Champion

- What you can expect from ASHP
  - Narrated PAI 2030 overview presentation for PAI champions
  - PAI 2030 standard template presentation for champions to customize
  - PAI 2030 Self-Assessment Tool report assistance
  - Indicator of progress reports (action list trends, focused initiatives)
  - Updates through Affiliate Newsletter and State Affiliate calls
  - Soliciting states to share PAI success stories
  - Explore learning partners/peer mentor matching*
  - Telephone follow-up support
  - On-line learning community discussion (e.g., ASHP Connect)

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PAI 2030 State Affiliate Toolkit

- Sample announcements
- Sample leader team discussion and meeting agendas
- PAI 2030 Self-Assessment Tool tutorial (recorded)
- PAI 2030 champion overview presentation (recorded)
- Prepared slide presentation template to personalize for each state
- Sample communications template (email, newsletter, social)
- Links to other relevant PAI materials (*AJHP* articles, podcasts)
- SSHP PAI 2030 resource page

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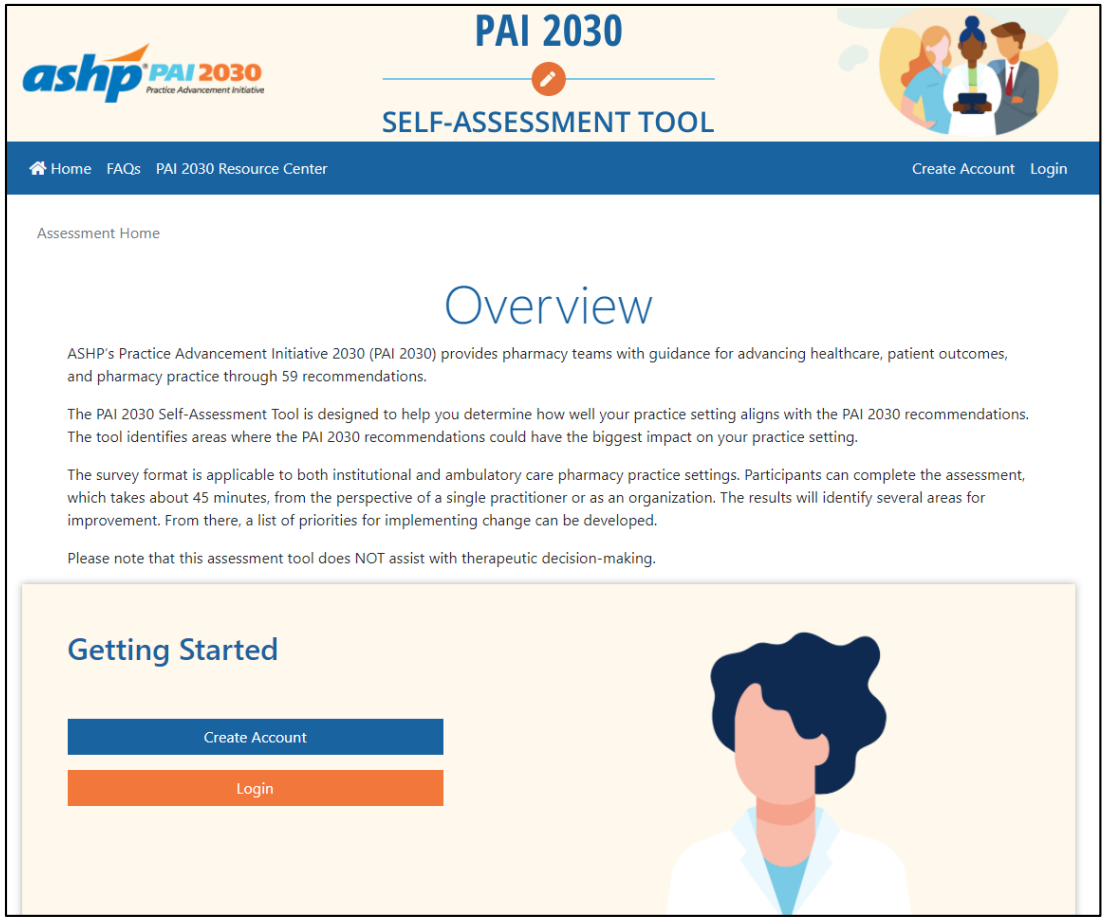
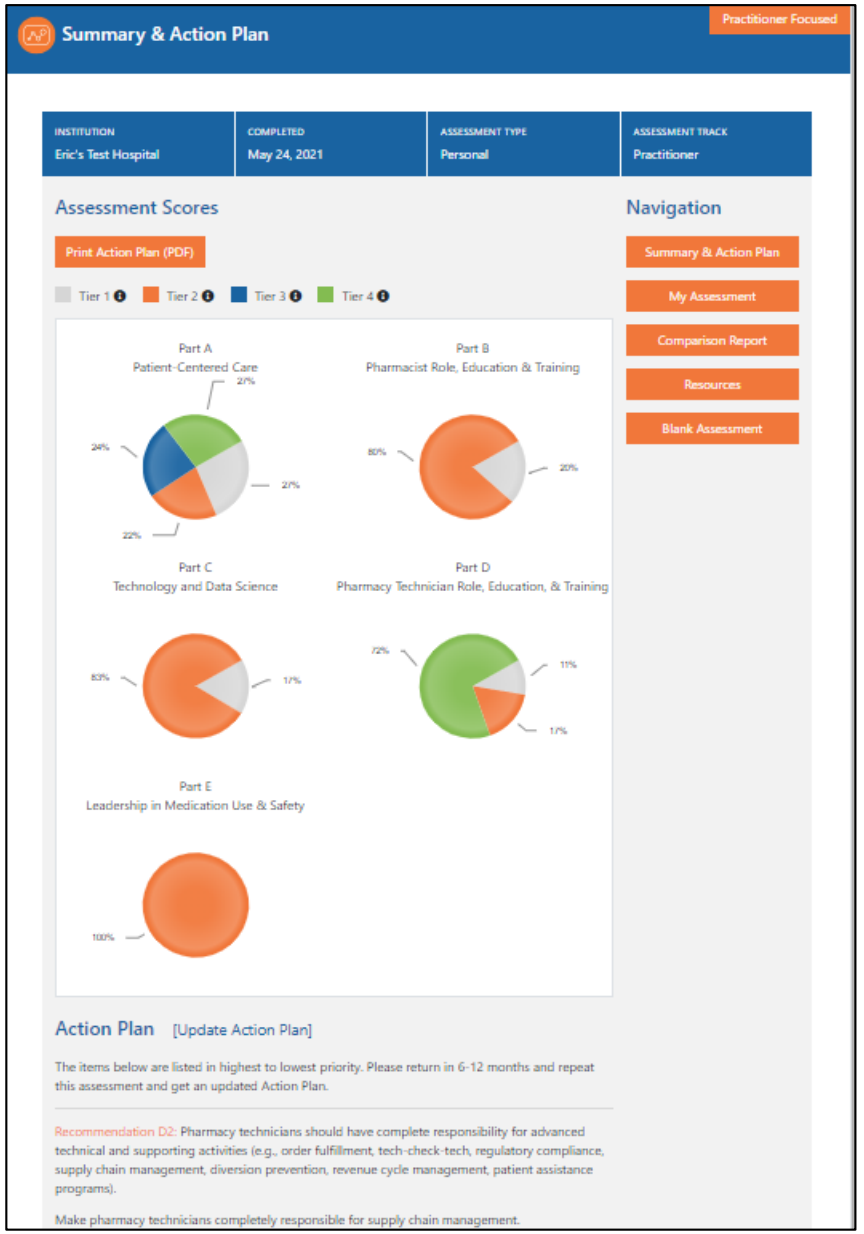
PAI 2030 Self-Assessment Tool

ACCESS TO SELF-ASSESSMENT TOOL:
https://pai2030tool.ashp.org/



Tiered Scoring by Domain & Action Plan



ASHP Podcast: Using the ASHP Practice Advancement Initiative (PAI) 2030 Self-Assessment Tool to Influence Practice Transformation

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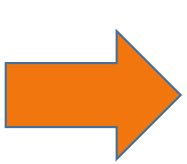
Action List

Assignment of **feasibility** and **impact** to lowest scoring items from self-assessment tool



Action Plan

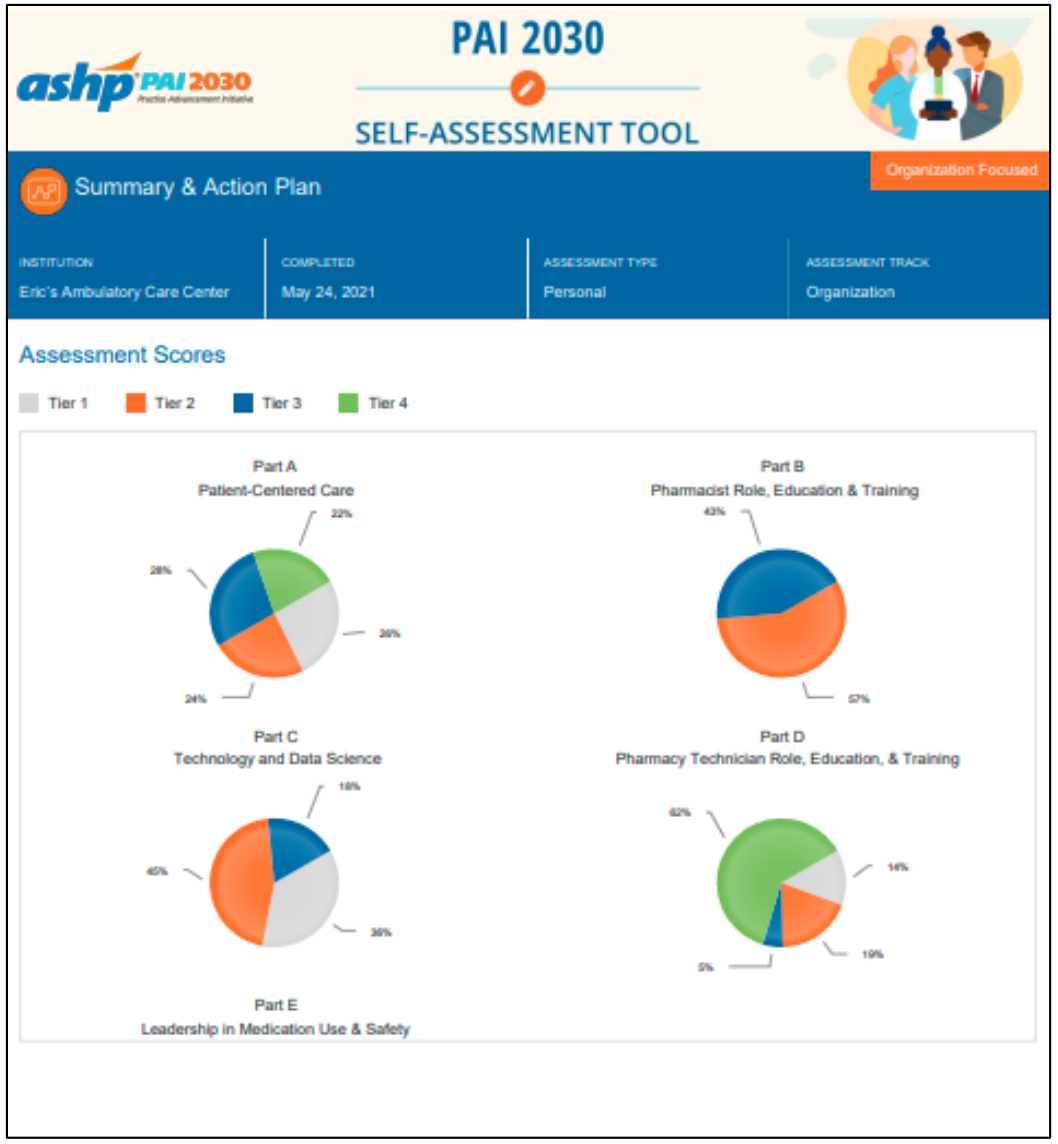
Organization Focused

Demographic Information | Part A | Part B | Part C | Part D | Part E | **Action Plan**

Below is a list of questions for which you scored the lowest. Please rate the questions on the feasibility and impact of implementing the recommendation given the currently available financial and human resources.

Action Items	Feasible Low	Feasible Med	Feasible High	Impact Low	Impact Med	Impact High
Recommendation C1 In my organization, pharmacists use of health information technologies to advance their role in patient care and population health is:						
Improve the usefulness and availability of health information technologies that advance the pharmacist's role in patient care and population health.	○	○	○	○	○	○
Recommendation D2 In my organization pharmacy technicians are completely responsible for the following advanced technical and supporting activities (Check all answers that apply):						
Make pharmacy technicians completely responsible for sterile processes training and testing.	○	○	○	○	○	○

Action Plan



Action Plan

The items below are listed in highest to lowest priority. Please return in 6-12 months and repeat this assessment and get an updated Action Plan.

Recommendation 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).

Make pharmacy technicians completely responsible for supply chain management.

Related Resources

- Best practices: Incorporating pharmacy technicians and other support personnel into the clinical pharmacist's process of care(Website)
- ACCP White Paper. Best practices: Incorporating pharmacy technicians and other support personnel into the clinical pharmacist's process of care.(Website)
- Expanding the role of pharmacy technicians to facilitate a proactive pharmacist practice(Website)
- Pharmacy Technician's Role in Pharmacy Informatic(PDF)
- Roles of Pharmacy Technician(PDF)
- ASHP long-range vision for the pharmacy workforce in hospitals and health systems: Ensuring medication use is optimal, safe, and effective in acute and ambulatory care settings (Website)
- PTCB Credentials(Website)
- Expanding the role of pharmacy technicians to facilitate a proactive pharmacist practice(Website)
- Evaluation of the potential impact of pharmacy technician performance of anticoagulation clinic tasks on operational efficiency (Website)

Recommendation A3: The pharmacy workforce should collaborate with patients, caregivers, payers, and healthcare professionals to establish consistent and sustainable models for seamless transitions of care.

Increase the frequency at which the pharmacy workforce collaborates to establish a consistent and sustainable model for seamless transitions of care with payers.

Related Resources

- Telemedicine-based collaborative care for PSD: a randomized clinical tria(Website)
- Adverse drug events after hospitalization are we missing the mark? (Website)
- Role of a care transition pharmacist in a primary care resource center(Website)
- Opioid exit plan: a pharmacist s role in managing acute postoperative pain (Website)
- A reengineered hospital discharge program to decrease rehospitilization (Website)
- Pharmacist implementation of a transitions of care electronic referral process to provide hand-off between inpatient and outpatient settings. (Website)
- A suite of inpatient and outpatient clinical measures for pharmacy accountability: Recommendations from the Pharmacy Accountability Measures Work Group(Website)
- Improving patient care and demonstrating value during a global pandemic: Recommendations from leaders of the Pharmacy Accountability Measures Work Group.(Website)
- Population health management and the pharmacist s role (Website)
- Tools and tactics for postdischarge medication management interventions (Website)
- Tools and tactics for postdischarge medication management interventions (Website)
- Development of health-system inpatient pharmacy clinical metrics (Website)
- Use of multiple methods to measure impact of a centralized call center on academic health system community pharmacies (Website)

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Reporting Capabilities

- Custom groups
- Re-assessments
- Account holder reports (benchmark report)
- Administrator reports
  - Analytics access

Assessment Report (National results as of 10/24/2021)

- Official assessments completed (n = 65)
  - 57 organization
  - 8 practitioner
- Personal assessments completed (n = 139)
  - 48 organization
  - 91 practitioner
- Range: 5/1/2021 – 10/24/2021
- Top 5 completions by state (IL, WI, RI, PA, MN)

Action Plan Trends Report (Organization - Official) – Slide 1 of 2

- **Recommendation A2.** Pharmacist interns and/or student pharmacists engage in medication reconciliation processes during care transitions: ***Discharged from an inpatient ward***
- **Recommendation A2.** Pharmacy workforce (pharmacists, pharmacy technicians) leads medication reconciliation processes during care transitions: ***Admitted to an inpatient ward***
- **Recommendation A2.** Pharmacy workforce (pharmacists, pharmacy technicians) leads medication reconciliation processes during care transitions: ***In the emergency department***
- **Recommendation A4.** Make documentation made by pharmacists related to patient care available to: ***Community pharmacies or other external pharmacy service providers***
- **Recommendation A2.** Pharmacist interns and/or student pharmacists engage in medication reconciliation processes during care transitions: ***In the emergency department***

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Action Plan Trends Report (Organization - Official) – Slide 2 of 2

- **Recommendation A2.** Pharmacy workforce and/or learners engage in medication reconciliation processes during care transitions: ***Discharged from an inpatient ward***
- **Recommendation A2.** Pharmacy workforce (pharmacists, pharmacy technicians) leads medication reconciliation processes during care transitions: ***Discharged from an inpatient ward***
- **Recommendation D3.** Increase the number of newly hired pharmacy technicians who have completed an ASHP/ACPE-accredited technician education and training program
- **Recommendation A2.** Pharmacist interns and/or student pharmacists engage in medication reconciliation processes during care transitions: ***Admitted to an inpatient ward***
- **Recommendation A2.** Pharmacy workforce and/or learners engage in medication reconciliation processes during care transitions: ***Admitted to an inpatient ward***

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Comparative Report Results (Organization)

(A2) The pharmacy workforce in my organization leads and/or engages in medication reconciliation processes during care transitions:

In ambulatory care settings	
43.86%	Pharmacist/Pharmacy Technician
15.79%	Intern or Student Pharmacist
10.53%	Practice setting not available at my facility
45.61%	The pharmacy workforce is NOT involved with the medication reconciliation processes in this area
In the emergency department	
70.18%	Pharmacist/Pharmacy Technician
36.84%	Intern or Student Pharmacist
1.75%	Practice setting not available at my facility
28.07%	The pharmacy workforce is NOT involved with the medication reconciliation processes in this area
When admitted to an inpatient ward	
75.44%	Pharmacist/Pharmacy Technician
35.09%	Intern or Student Pharmacist
1.75%	Practice setting not available at my facility
21.05%	The pharmacy workforce is NOT involved with the medication reconciliation processes in this area
When discharged from an inpatient ward	
73.68%	Pharmacist/Pharmacy Technician
19.3%	Intern or Student Pharmacist
1.75%	Practice setting not available at my facility
24.56%	The pharmacy workforce is NOT involved with the medication reconciliation processes in this area

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Comparative Report Results (Organization)

(A4) Make documentation made by pharmacists related to patient care available to:

Community pharmacies or other external pharmacy service providers

98.25%	Other members of the patient's healthcare team
78.95%	The patient
71.93%	Healthcare providers external to my practice site
29.07%	**Community pharmacies or other external pharmacy service providers**
1.75%	Pharmacists at my site do not document

Comparative Report Results (Organization)

(D3) Require newly hired pharmacy technicians to have completed an ASHP/ACPE-accredited technician education and training program

12.28%	**Completion of an ASHP/ACPE-accredited education and training program**
19.3%	Completion of an externally provided, structured education and training program (non-ASHP/ACPE-accredited)
24.56%	Completion of a non-accredited in-house education and training program (e.g., didactic, lecture, self-study and a written exam)
43.86%	Participation in on-the-job training, but no formalized, comprehensive training program

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PAI 2030 Case Studies

Submit a case study on line:

Submit Your Case Study Here

Share how your practice site is implementing one or more of the PAI 2030 recommendations.

SUBMIT NOW →

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Thank you for sharing how your hospital or health system has implemented the PAI 2030 recommendations. Your experiences will be included in ASHP's PAI 2030 Case Studies to help hospitals, health systems, or other practice areas embark on similar initiatives.

We want to learn from you! Your testimonials will help us understand where pharmacy departments and pharmacists are making an impact by implementing PAI 2030 recommendations, as well the challenges that these initiatives may present. As we review the content, we will follow-up with any additional questions and next steps

Submitter Information:

Name-Last	
Name- First	
Credentials	
E-mail	

Lee Health

Pharmacy Technician Role, Education, and Training

Sub-Domain: Practice-Focused

Geisinger Enterprise Pharmacy and Cancer Institute

Patient-Centered Care

Sub-Domain: Practice-Focused

Selma Medical Associates

Patient-Centered Care

Sub-Domain: Practice-Focused

Improving Diabetes Self-Management Via Pharmacist-Run Diabetes Education Group Classes

Submitted by Natalija Scheinberg, Pharm.D., BCPS, CDE

Case Overview

Clinical pharmacy services were established at Selma Medical Associates in the 1990s and include medication management and drug information services. The pharmacy team has an established collaborative practice agreement with providers and offers one-on-one patient-centered appointments for various disease states. Clinical areas of focus include diabetes education and medication management.

At Selma Medical Associates, pharmacy team one-on-one diabetes care visits have consistently

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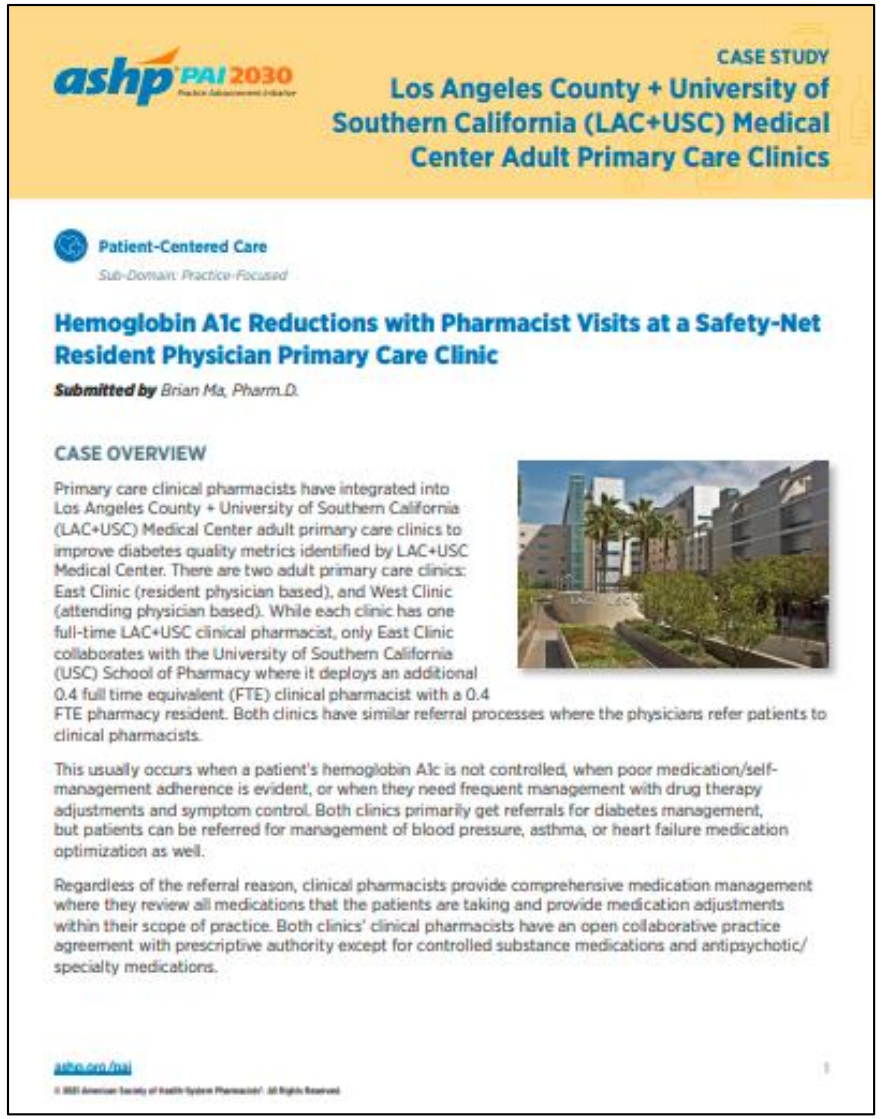
PAI 2030 Case Study Outline

- Select domain and sub-domain
- Case overview
- Key elements
- Impact on patient outcomes
- Pharmacy and pharmacist roles
- Lessons learned
- Budget and resource allocation
- Future goals



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CASE STUDY

Los Angeles County + University of Southern California (LAC+USC) Medical Center Adult Primary Care Clinics

Patient-Centered Care

Sub-Domain: Practice-Focused

Hemoglobin A1c Reductions with Pharmacist Visits at a Safety-Net Resident Physician Primary Care Clinic

Submitted by *Brian Ma, Pharm.D.*

CASE OVERVIEW

Primary care clinical pharmacists have integrated into Los Angeles County + University of Southern California (LAC+USC) Medical Center adult primary care clinics to improve diabetes quality metrics identified by LAC+USC Medical Center. There are two adult primary care clinics: East Clinic (resident physician based), and West Clinic (attending physician based). While each clinic has one full-time LAC+USC clinical pharmacist, only East Clinic collaborates with the University of Southern California (USC) School of Pharmacy where it deploys an additional 0.4 full time equivalent (FTE) clinical pharmacist with a 0.4 FTE pharmacy resident. Both clinics have similar referral processes where the physicians refer patients to clinical pharmacists.

This usually occurs when a patient's hemoglobin A1c is not controlled, when poor medication/self-management adherence is evident, or when they need frequent management with drug therapy adjustments and symptom control. Both clinics primarily get referrals for diabetes management, but patients can be referred for management of blood pressure, asthma, or heart failure medication optimization as well.

Regardless of the referral reason, clinical pharmacists provide comprehensive medication management where they review all medications that the patients are taking and provide medication adjustments within their scope of practice. Both clinics' clinical pharmacists have an open collaborative practice agreement with prescriptive authority except for controlled substance medications and antipsychotic/specialty medications.

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Policies, Programs, and Publications in Support of PAI 2030

1

- Vizient HVPE framework[1]
- ASHP Foundation Pharmacy Forecast[2]
- ASHP Specialty Pharmacy recommendations[3] synergy

2

ASHP Commission on Goals

- Impact of artificial intelligence on healthcare and pharmacy practice
- Preparing the workforce for a digital future
- Telehealth

3

GTMRx Institute

https://gtmr.org/

4

***AJHP* theme issues**

- Telehealth
- Precision medicine
- Substance use disorder

5

ASHP professional certificate programs

- Pharmacogenomics
- Medication Safety
- Clinical specialties (pediatrics, diabetes, pain, anticoagulation, nutrition, emergency medicine)

6

Residency program expansion

1. Rough S, Shane R, Armistead J, et al. The high-value pharmacy enterprise framework: advancing pharmacy practice in health systems through a consensus-based, strategic approach. *Am J Health-Syst Pharm.* 2021;78:498-501. https://doi.org/10.1093/ajhp/zxaa431
2. DiPiro JT, et al. Pharmacy forecast 2022: strategic planning advice for pharmacy departments in hospitals and health systems. *Am J Health-Syst Pharm.* 2022;79:23-51. https://doi.org/10.1093/ajhp/zxab355
3. Proceedings of the ASHP Specialty Pharmacy State of Practice in Hospitals and Health Systems – Future Directions Summit. *Am J Health-Syst Pharm.* 2021; 78:1800-23. https://doi.org/10.1093/ajhp/zxab284

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Key Takeaways

1. PAI 2030 introduced 59 contemporary recommendations that reflect changes and anticipate trends in the healthcare environment

2. PAI 2030 focused initiatives monitor the progress toward achievement

3. Use PAI 2030 Self-Assessment Tool to probe key components of a strategy and as a baseline for practice improvements

Questions or Comments?

If you have any questions or comments related to ASHP's PAI 2030, please send an email to pai@ashp.org.

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