

****DRAFT PAI 2030 RECOMMENDATIONS** (20 MAY 2019)**

	Patient-Centered Care	Pharmacist Role & Training	Technology & Data Science	Pharmacy Technician Role & Training	Leadership in Medication Use & Safety
Practice-Focused	A1. The pharmacy workforce should lead the medication reconciliation processes across the care continuum (e.g. emergency department, upon admission and discharge, ambulatory care setting, long term care).	B1. Pharmacists should manage medication therapy and be responsible and accountable for patient medication-related outcomes in all care settings.	C1. Pharmacists must leverage and utilize health information technologies to identify, prioritize, and manage individuals and populations of patients.	D1. Pharmacy technicians should be used in advanced roles in all practice settings to promote efficiency and improve access to patient care.	E1. Pharmacists should lead the development and implementation of personalized medication treatment using pharmacogenomic information.
	A2. The pharmacy workforce must collaborate with patients, caregivers, payers, and healthcare professionals to establish consistent and sustainable models for seamless transitions of care.	B2. Pharmacists should prescribe as part of the collaborative practice team.	C2. The pharmacy workforce should lead the development and adoption of advanced analytics (i.e., machine learning, AI), including risk assessments, to identify patient populations for disease and wellness care, manage the business of pharmacy, provide performance metrics, and demonstrate optimal outcomes across all settings.	D2. The paradigm for the pharmacy technician should shift to a complete ownership of advanced technical and supporting roles (e.g., order fulfillment, tech-check-tech, regulatory compliance, supply chain, diversion mitigation, revenue cycle management, patient assistance program).	
	A3. Pharmacists should collaborate with patients, families, and caregivers to share in patient-centered decision-making and ensure treatment plans respect their beliefs, values, autonomy, and agency.	B3. All practicing pharmacists should have an individualized continuing professional development plan.	C3. Pharmacists should take a leadership role in emerging patient care technologies (i.e., mobile applications, monitoring devices, digital wearables or ingestables, etc.) to support optimal medication use outcomes.		
	A4. Pharmacists, in all care settings, must have access to complete patient medical records and related health information.	B4. Pharmacists should leverage their scope of practice as a provider to advance and expand pharmacist patient care activities.	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.		
	A5. Pharmacist documentation of patient care must be available to all members of the healthcare team, including patients.				
	A6. The pharmacy workforce must partner with patients and the interprofessional care team to identify, assess, and resolve barriers to medication access, adherence, and health literacy.				
Organization-Focused	A7. The pharmacy enterprise should be integrated and modeled to provide patient centered care across the continuum, including effective care transitions (i.e., home and outpatient infusion, specialty pharmacy, community pharmacy, acute care).	B5. Pharmacists should commit to participation on and assume key roles with emergency response teams.	C5. Virtual pharmacy services (e.g., telepharmacy) should be deployed to optimize operational and clinical services that permit pharmacists to supervise staff, extend patient care services, and enhance continuity of care.	D3. All newly hired technicians should have completed an ASHP/ACPE-accredited technician education and training program.	E2. Pharmacy must be an active and accountable partner in the financial stewardship (e.g., minimizing waste, using cost-effective therapies) of care delivered in all settings.
	A8. The pharmacy workforce should lead comprehensive medication education for patients and facilitate effective care transitions (e.g. discharge plan, community pharmacist care coordination) across all settings of care.	B6. Health systems should require completion of ASHP-accredited residency training as a minimum credential for new pharmacist practitioners	C6. Sufficient pharmacy resources must be available to safely develop, implement, and maintain technology-related medication-use safety standards.	D4. Health systems should require technicians to be certified by the Pharmacy Technician Certification Board and support maintaining competency.	E3. Pharmacy leadership should ensure evidence-based selection of medications by measuring and analyzing processes and outcomes and communicating results of those analyses to keep pace with changes in best practice.
	A9. Pharmacists should play an active role in ensuring ethical principles drive clinical and business decision-making related to medication use.	B7. Pharmacists should participate in and be authorized through organization-based credentialing and privileging processes in all settings of care.	C7. Pharmacy departments should have a dedicated analytics resource(s), such as a data scientist, to collect, aggregate, measure, visualize, and disseminate data related to the financial and clinical performance of pharmacists in their institutions.		E4. Pharmacists must assume leadership roles in evolving and emerging medication stewardship activities at the local, state, and national levels to ensure use of best practices.
	A10. Patients should have access to 24/7 pharmacy services with advanced clinical capability available seven days a week.	B8. Pharmacy departments must ensure the existing pharmacy workforce has the knowledge and competency needed to adapt to emerging healthcare needs.	C8. Pharmacy departments should leverage technology to ensure the safe compounding of sterile products as a minimum standard of care.		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.
					E6. Health systems must support well-being and resiliency for their staff. E7. Pharmacy departments should strive to achieve equity, diversity, and inclusion in all technical, clinical, and leadership roles. E8. Pharmacy departments 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.	

DRAFT

Profession-Focused	Patient-Centered Care	Pharmacist Role & Training	Technology & Data Science	Pharmacy Technician Role & Training	Leadership in Medication Use & Safety
	A11. All patients should have a right and access to a pharmacist across all settings of care.	B9. Pharmacists practicing in specialty areas should be board-certified through the Board of Pharmacy Specialties or other appropriate body.	C9. Pharmacy should employ high reliability principles when designing and selecting health information technology.	D5. A scope of practice including core competencies should be developed and defined for pharmacy technicians in acute and ambulatory care settings.	E10. The pharmacy workforce should assess and mitigate risk in medication-use systems across all settings.
	A12. Pharmacists must lead, be an active voice, and advocate for ensuring safe and effective medication management is included in all healthcare delivery models.	B10. Pharmacists with appropriate training, credentials and privileges, should have a scope of practice that includes but is not limited to: patient assessment, prescribing, ordering, interpreting and monitoring tests, dispensing and administering medications, coordination of care and other health services for wellness and prevention of disease; and education of patients and caregivers.	C10. Health information technology should be interoperable and require transparent reporting on usability, security, and functionality across the continuum of care.	D6. Pharmacy departments should foster the development of a recognized professional career path for pharmacy technicians.	E11. Pharmacists should lead the development, implementation, and evaluation of medication-related national quality indicators and accountability measures (e.g. adverse drug event prevention, population health).
	A13. Pharmacy departments must take responsibility for optimizing outcomes of medication use across all sites of care including the creation of nontraditional external partnerships.	B11. Students, residents, and the current pharmacy workforce should be knowledgeable in reimbursement and payment, site of care, and business management in all areas of practice.	C11. Pharmacy should establish standards for autoverification of medication orders using artificial intelligence (AI) evaluation of patient populations, medication classes, and other risk factors.	D7. The profession should establish a national level technician examination.	E12. Pharmacists should be leaders in federal and state legislative and regulatory healthcare policy development related to improving individual and population health outcomes.
	A14. The pharmacy workforce should have education and on-going training in ethical decision-making.	B12. Pharmacists in all care settings must be included as integral members of the healthcare team and share accountability for patient outcomes and population health.			E13. Pharmacy should partner with interprofessional organizations to define and delineate practice changes to state and federal laws and regulations to optimize patient care.
		B13. The profession should foster innovative pharmacy workforce training models, including residencies, to support evolving practice needs.			E14. Pharmacy should align with new and innovative care delivery transformation payment models that compensate for the pharmacists role in improving patient outcomes associated with medication use and providing direct patient care.
		B14. The pharmacy workforce should be knowledgeable and have the resources to identify, care and meet the treatment challenges of behavioral and mental health disorders.			
		B15. The pharmacy workforce should be competent in the identification, challenges, and treatment of behavioral and mental health.			
		B16. Ambulatory care pharmacists must be considered primary care providers credentialed to meet the needs of a growing population.			
		B17. The profession should champion for national licensure and credentialing for pharmacists.			
	B18. Pharmacists, in collaboration with other key stakeholders, must work to increase public, regulatory, and health professional understanding of pharmacists' roles and value.				