

# ASHP Statement on Principles for Including Medications and Pharmaceutical Care in Health Care Systems

## Introduction

The United States government, individual state governments, and private health care systems are moving toward reforming the way that they provide health care to their citizens or beneficiaries. As they do so, policy makers must improve their medication-use systems to address problems of access, quality, and cost of medicines and pharmaceutical care services. This document offers principles for achieving maximum value from the services of the nation's pharmacists.

Although pharmaceuticals and pharmaceutical care are among the most cost-effective methods of health care available, there is evidence that the public is not currently realizing the full potential benefit from these resources. Illnesses related to improper medication use are costing the health care systems in the United States billions of dollars per year in patient morbidity and mortality. Pharmacists are prepared and eager to help other health providers and patients prevent and resolve medication-related problems, and health care systems should facilitate and take advantage of pharmacists' expertise.

These principles are offered to guide health policy makers in their deliberations concerning the inclusion of medications and pharmacists' services in health care systems.

## Principles

**Principle I.** Health care systems must make medications available to patients and provide for pharmaceutical care, which encompasses pharmacists' health care services and health promotional activities that ensure that medications are used safely, effectively, and efficiently for optimal patient outcomes.

**Principle II.** Careful distinction must be made between policies that affect pharmacist reimbursement and policies that affect pharmacist compensation. Health care systems must reimburse pharmacists for the medications they provide patients (including the costs of drug products, the costs associated with dispensing, and related administrative costs). Health care systems also must compensate pharmacists for the services and care that they provide to patients, which result in improved medication use and which may not necessarily be associated with dispensing.

**Principle III.** Patients differ in their needs for pharmaceutical care services. The method of compensating pharmacists for their services must recognize the value of the different levels and types of services that pharmacists provide to patients based on pharmacists' professional assessments of patients' needs.

**Principle IV.** Pharmacists must be enabled and encouraged to use their professional expertise in making medication-related judgments in collaboration with patients and health care colleagues. Health care systems must not erect barriers to pharmacists' exercising professional judgments; nor should health care systems prescribe specific services or therapies for defined types of patients.

**Principle V.** Pharmacists should have access to relevant patient information to support their professional judgments and activities. Pharmacists should be encouraged and permitted to make additions to medical records for the purpose of adding their findings, conclusions, and recommendations. Pharmacists will respect the confidential nature of all patient information.

**Principle VI.** Health care systems must be designed to enable, foster, and facilitate communication and collaboration among pharmacists and other care providers to ensure proper coordination of patients' medication therapies.

**Principle VII.** Quality assessment and assurance programs related to individual patient care should be implemented at local levels through collaborative efforts of health care practitioners rather than through centralized bureaucracies. Quality assessment and assurance procedures for medication use (such as pharmacy and therapeutics committees, formulary systems, drug-use evaluation programs, and patient outcomes analyses) are most effective when the professionals who care for covered patients are involved in the design and implementation of the procedures. Moreover, such programs must recognize local variations in epidemiology, demography, and practice standards. Information related to quality assessment and assurance activities must be held in confidence by all parties.

**Principle VIII.** Demonstration projects and evaluation studies in the delivery of pharmaceutical care must be enabled, fostered, and implemented. New services, quality assessment and assurance techniques, and innovative medication delivery systems are needed to improve the access to and quality of medication therapy and pharmaceutical care while containing costs.

**Principle IX.** Health care policies that are intended to influence practices of those associated with pharmacy, such as the pharmaceutical industry or prescribers, should address those audiences directly rather than through policies that affect reimbursement, compensation, or other activities of pharmacists.

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*This statement was reviewed in 2012 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.*

Approved by the ASHP Board of Directors, November 18, 1992, and by the ASHP House of Delegates, June 7, 1993. Developed by a committee of the Joint Commission of Pharmacy Practitioners and subsequently reviewed and approved by the ASHP Council on Legal and Public Affairs.

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