

Methods & Resources For Engaging Pharmacy Partners



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Contents

Overview	1
Approach to Action	1
Evaluating Impact	3
Methods and Resources for Engaging Partners	4
Method 1: Identify Pharmacy Partners and Convene Stakeholders	4
Method 2: Assess Pharmacy Environment to Guide Actions	7
Method 3: Promote Team-Based Care	8
Method 4: Provide Pharmacy Training and Education	13
Method 5: Identify Opportunities to Establish, Enhance, and Expand Pharmacy Services	14
Method 6: Advance Data-Sharing Capabilities	16
Method 7: Understand Reimbursement Opportunities	19
Conclusion	22
References	23
Appendix: Abbreviations	24

Overview

The goal of this publication is to give public health departments methods and resources they can use to engage pharmacy partners to enhance team-based care and form community-clinical links that result in improved population health. Community-clinical links help to connect health care providers, community organizations, and public health departments so they can improve patients' access to preventive and chronic care services. These links have been shown to improve the management of chronic conditions by improving access, referral, and payment for effective community programs.¹ Over the past 20 years, the role of the pharmacist has expanded to include participation in team-based care and chronic disease management.² Community and ambulatory care pharmacists are well-positioned to deliver patient care services and referrals for additional clinical services. Pharmacists have been recognized by the Centers for Disease Control and Prevention (CDC) as health care "extenders" in the community who can help improve chronic disease self-management.²

In 2012, CDC released *A Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases*, which provides health departments with an overview of pharmacy terminology, capabilities, and partnership strategies.³ This program guide serves as a starting point for public health departments to build relationships with pharmacists and pharmacy organizations.

This publication, *Methods and Resources for Engaging Pharmacy Partners*, is designed to be a supplement to the 2012 program guide. It highlights methods that can be used to develop and expand partnerships between health departments and pharmacies, as well as complementary pharmacy resources. Many of these resources were developed by local and national pharmacy organizations and are generally accepted by the profession as standard approaches for creating new practice models, training pharmacists, and implementing pharmacy services.

The objectives of this publication are to:

- Describe methods that health departments can use to establish or expand pharmacy services as part of public health initiatives.
- Provide resources that help health departments understand current pharmacy practices and successful pharmacy patient care initiatives.
- Inform health departments about pharmacy resources that can be used to advance public health initiatives, team-based care, and community-clinical links.

Approach to Action

As public health departments begin to partner with pharmacy stakeholders, they will likely find that the pharmacy environment across the United States varies among states and communities. The methods in this publication can be implemented at different stages, depending on the readiness of the potential pharmacy partners. Readiness can be assessed through the three-level stakeholder readiness framework outlined in [Figure 1](#). Although the methods

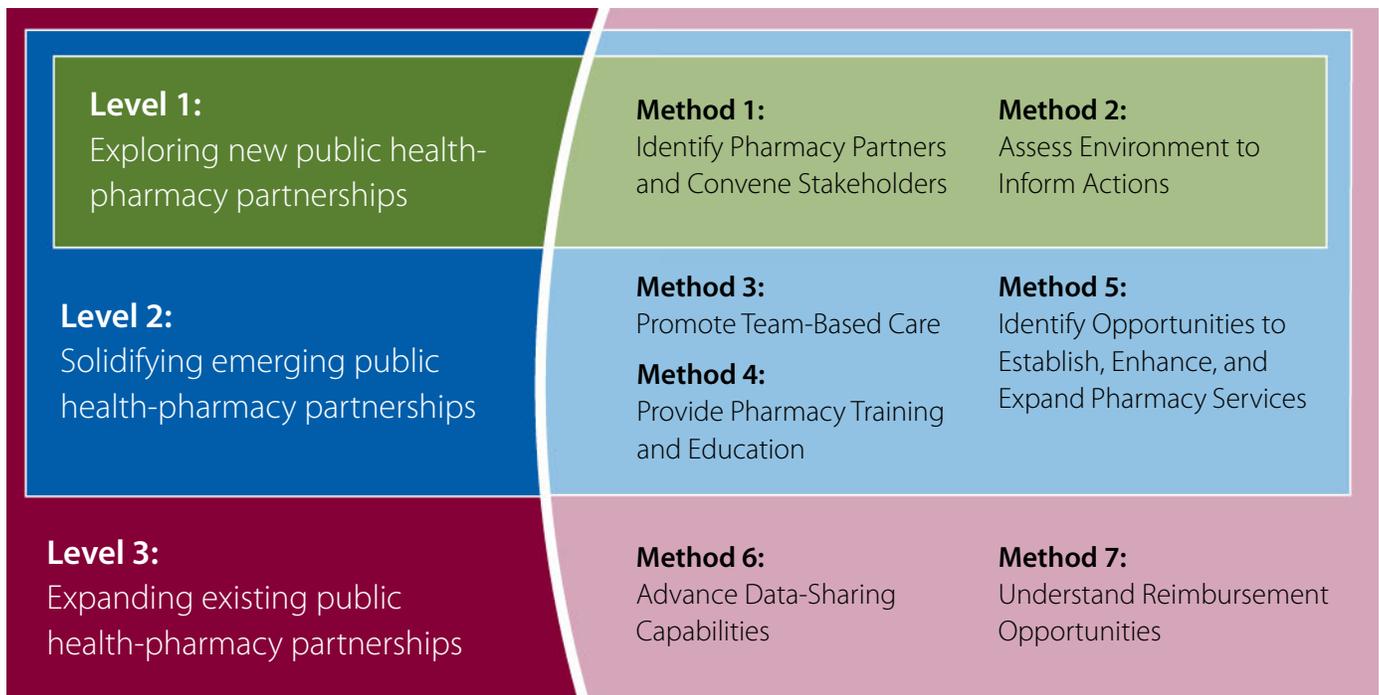
described here can be used in any order, [Figure 1](#) is designed to help health departments determine which methods to use based on each stakeholder’s stage of readiness. The methods in Level 1 are intended to open the lines of communication between health departments and pharmacies and to promote the exploration of new ideas and areas to work together. Once these areas have been identified, Level 2 methods can help the partners advance ideas into meaningful action. Level 3 methods

can be used to expand on the programs established at Level 2 by focusing on activities that enhance quality and sustainability.

Staff members in public health departments who are best positioned to collaborate with pharmacy stakeholders are those responsible for program management, partnership engagement (including with other health care professionals), or outcome reporting. Public health staff members are encouraged to

talk with pharmacy partners about the levels and methods described in this publication in order to identify local needs, set priorities, and develop an action plan that will advance public health and strengthen pharmacy practices’ connectivity to the community and other clinicians. Through this collaboration, local stakeholders can develop a customized approach to action that includes the most appropriate components from each level and method.

Figure 1. Aligning Pharmacy Engagement Methods with Stakeholder Readiness



Evaluating Impact

Public health-pharmacy partnerships can lead to improved population health, and quantifying the impact of partnerships can help health departments achieve their goals. Sample measures that can be affected by pharmacy activities, whether alone or through partnerships with other members of a health care team, include the following:

- Number of self-management education programs available in a county or community.
- Proportion of community pharmacists promoting self-management.
- Percentage of pharmacists receiving training to provide self-management education.
- Proportion of patients that have a chronic disease self-management plan.
- Percentage of patients achieving health goals (e.g., blood pressure control).
- Average medication adherence rates (e.g., proportion of days covered).



- Number of institutions with policies to encourage multidisciplinary team-based care.
- Percentage of referrals to primary care or community services (e.g., for patients with heart disease).
- Percentage of health care settings using electronic health records (EHR) (e.g., for e-prescribing).

In many states, pharmacists can also measure, document, and provide education about disease-specific measures, such as hemoglobin A1C for diabetes control or blood

pressure, during the course of care delivery, which can help improve the quality of health care efforts. As part of the initial collaboration with pharmacy partners, health departments should identify the health outcomes they want to influence. This information will help health departments and pharmacies choose engagement methods that align with these outcomes and data collection methods and resources that can help evaluate their partnership efforts.

Methods and Resources for Engaging Partners

Method 1: Identify Pharmacy Partners and Convene Stakeholders

Public health departments can seek out pharmacy partners such as local, state, regional, and national pharmacies and pharmacy organizations. Each of these potential partners brings a unique perspective and connections and can help health departments understand current pharmacy activities. National pharmacy organizations are highlighted in *A Program Guide for Public Health: Partnering with Pharmacists in the Prevention and Control of Chronic Diseases* and can be a resource when trying to create partnerships that cross state lines or are focused on a specific pharmacy sector, such as managed care or independently

owned pharmacies. Local and state pharmacy organizations can help identify which pharmacies in a specific area have the highest capacity and willingness to implement certain initiatives. They can also provide introductions to leaders of these pharmacies.

Once key pharmacy partners are identified, health departments can invite them to join larger stakeholder groups, which can include physicians, other medical partners, and community partners, to create community-clinical links.

Stakeholders can be convened in one of two ways:

- By supporting an existing group or by helping to create a new work group, coalition, or collaborative

Level 1: Exploring New Public Health-Pharmacy Partnerships

among key partners that have common goals and that are interested in using pharmacists as a health care resource. Supportive activities that health departments can lead include the following:

- Develop a strategic plan.
- Create guidance for guide future direction.
- Assess current investments related to public health initiatives.
- Host meetings.
- Help with communications.
- By supporting the development of team-based care and community-clinical links by serving as the introducing or connecting entity between pharmacies, community organizations, and health care providers. Although these partners may implement promising practices independently of each other, health departments can promote communication between them to ensure that they have a shared understanding of goals and resources.



Potential Partners

State Pharmacy Associations

The [National Alliance of State Pharmacy Associations](#) provides contact information for state pharmacy associations, which can be helpful in the planning and partner-seeking phases of implementing an initiative. These organizations can help public health departments by:

- Identifying pharmacy trends in the state.
- Vetting and fielding surveys to pharmacist members.
- Sharing best practices and pharmacy successes that have been achieved in the state and across the country.
- Informing pharmacists and other health care stakeholders about current laws that empower or limit pharmacists' ability to provide patient care services.
- Delivering pharmacist training programs or continuing education.
- Identifying data sources for tracking and reporting community pharmacist performance measures.

- Introducing health department staff to innovative pharmacists and pharmacy managers who could provide additional information or allow their pharmacies to serve as implementation sites for public health initiatives.

Some pharmacy associations have also formed pharmacist care networks and may be appropriate partners for programs that affect direct patient care. The executive director of each state pharmacy association is the best point of initial contact for health department staff.

State Boards of Pharmacy

The [National Association of Boards of Pharmacy](#) provides contact information for boards of pharmacy, which are knowledgeable about current and prospective laws, regulations, and pharmacy practice in each state. These boards also have the most complete list of pharmacists who are licensed to practice in each state. They can be important partners for health departments. The general inquiry line or the executive director of each board can provide information about who to work with.

Schools and Colleges of Pharmacy

The [American Association of Colleges of Pharmacy](#) provides contact information for schools and colleges of pharmacy, which can be helpful in the planning, partner identification, and implementation phases of an initiative. They can help by:

- Serving on advisory panels to guide plan development.
- Identifying innovative models of care that are being used by faculty.
- Connecting health departments with alumni or adjunct faculty preceptors (tutors) who could serve as implementation partners or expert advisors.
- Delivering pharmacist training programs or continuing education.
- Overseeing students to help implement public health initiatives.

The chair of the Department of Pharmacy Practice often has the best understanding of a school's strategic vision and how faculty members are working in clinical practice settings to advance patient care services. The chair is also in direct contact with the person in charge of student affairs and can help establish partnerships with student organizations.

Resources for Identifying Partners

State Pharmacy Associations

These associations:

- Represent the interests of pharmacists who live and practice in that state.
- Focus on uniting pharmacists, providing education and practice-enhancing opportunities, and advocating to ensure pharmacy professionals are recognized, engaged, and valued as essential members of health care teams.
- Are aware of the most innovative pharmacy practices in a state.
- Maintain relationships with both chain and independent pharmacists.

State Boards of Pharmacy

These boards:

- Regulate, interpret, and enforce state laws related to pharmacies and pharmacists.
- License pharmacists and pharmacies.
- Share information about changes in laws and regulations.
- Share public health information with pharmacists in the state.

Schools and Colleges of Pharmacy

These schools and colleges:

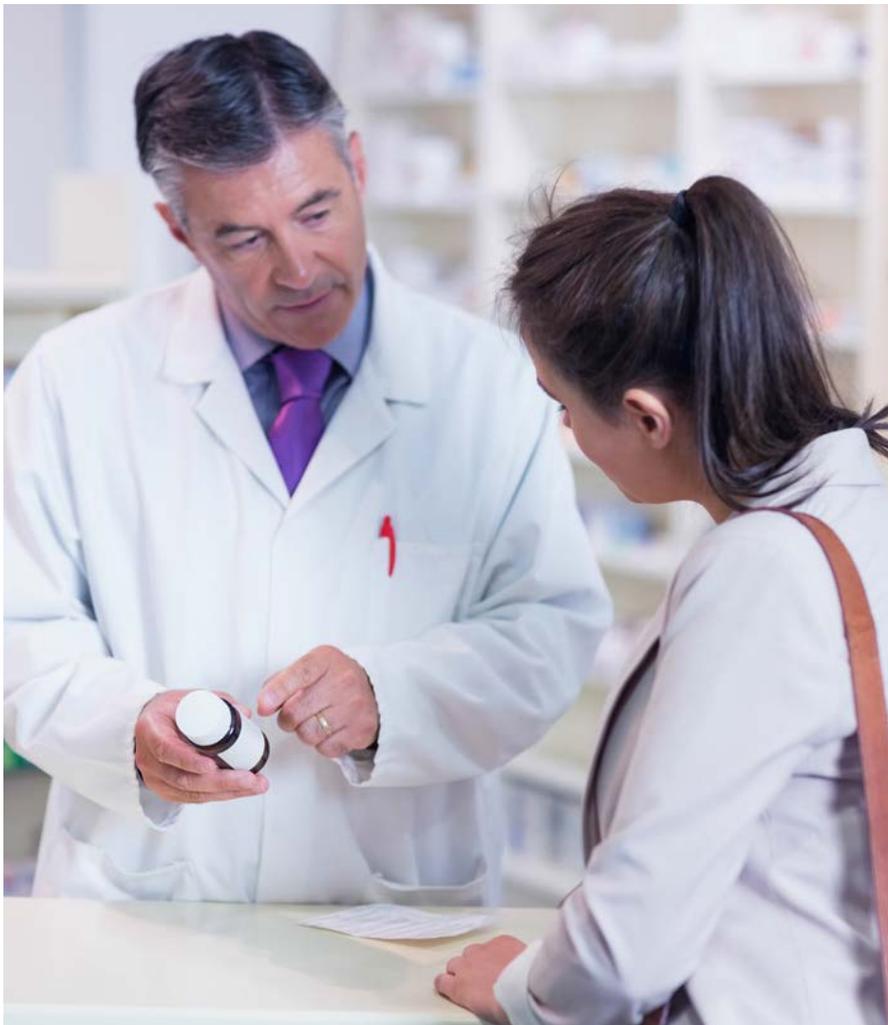
- Implement innovative models in clinical practice settings, including community, ambulatory, and inpatient settings, used by faculty.
- Place student pharmacists into practice sites with preceptor pharmacists for educational rotations during students' final year of school.
- Facilitate provision of patient care services and community outreach that closely align with public health goals by student pharmacists, faculty, and preceptors through rotations and student organizations.

Method 2: Assess Pharmacy Environment to Guide Actions

Understanding the pharmacy environment in the location of interest will be key to implementing, expanding, and sustaining public health initiatives and community-clinical links that include pharmacists. State pharmacy associations and their regional affiliates can serve as valuable partners to gather information

about the current environment and share that information with public health stakeholders. Health departments may find value in assessing the following areas:

- Pharmacy practice through an environmental scan or pharmacist survey that focuses on the topics of medication therapy management (MTM), disease self-management education, or team-based care.
- Patient perceptions and experiences of pharmacy services that are currently provided.



Level 1: Exploring New Public Health-Pharmacy Partnerships

- Laws, regulations, and policies that govern pharmacy practice, including collaborative practice agreements (CPAs) between pharmacists and other health care providers.

Resource for Assessing the Pharmacy Environment

Consumer Experience with Pharmacy Services Survey

This survey:

- Assesses consumer experiences with the key elements of pharmacy services and is more in-depth than a satisfaction survey.
- Focuses on the information flow between pharmacists and patients from the patient's perspective.
- Can be used to evaluate the patient experience with the pharmacist as it relates to patient care services.
- Modeled after similar surveys of physicians and health plans.
- Developed and validated by the Pharmacy Quality Alliance (PQA).

Method 3: Promote Team-Based Care

Team-based care is an integral part of improving chronic disease management and population health, and pharmacists can serve as medication experts and chronic disease coaches on health care teams. Team-based care can support community-clinical links because interactions with the patient extend beyond a single clinical setting and into the community, where pharmacists may provide patient care services.

As health departments devote attention to promoting team-based care that includes pharmacists, they may choose to direct action toward the following actions:

- Building and supporting relationships between schools of

pharmacy, nursing, and medicine and other health professionals to promote integration of team-based care into curricula, experiential training, and residency programs.

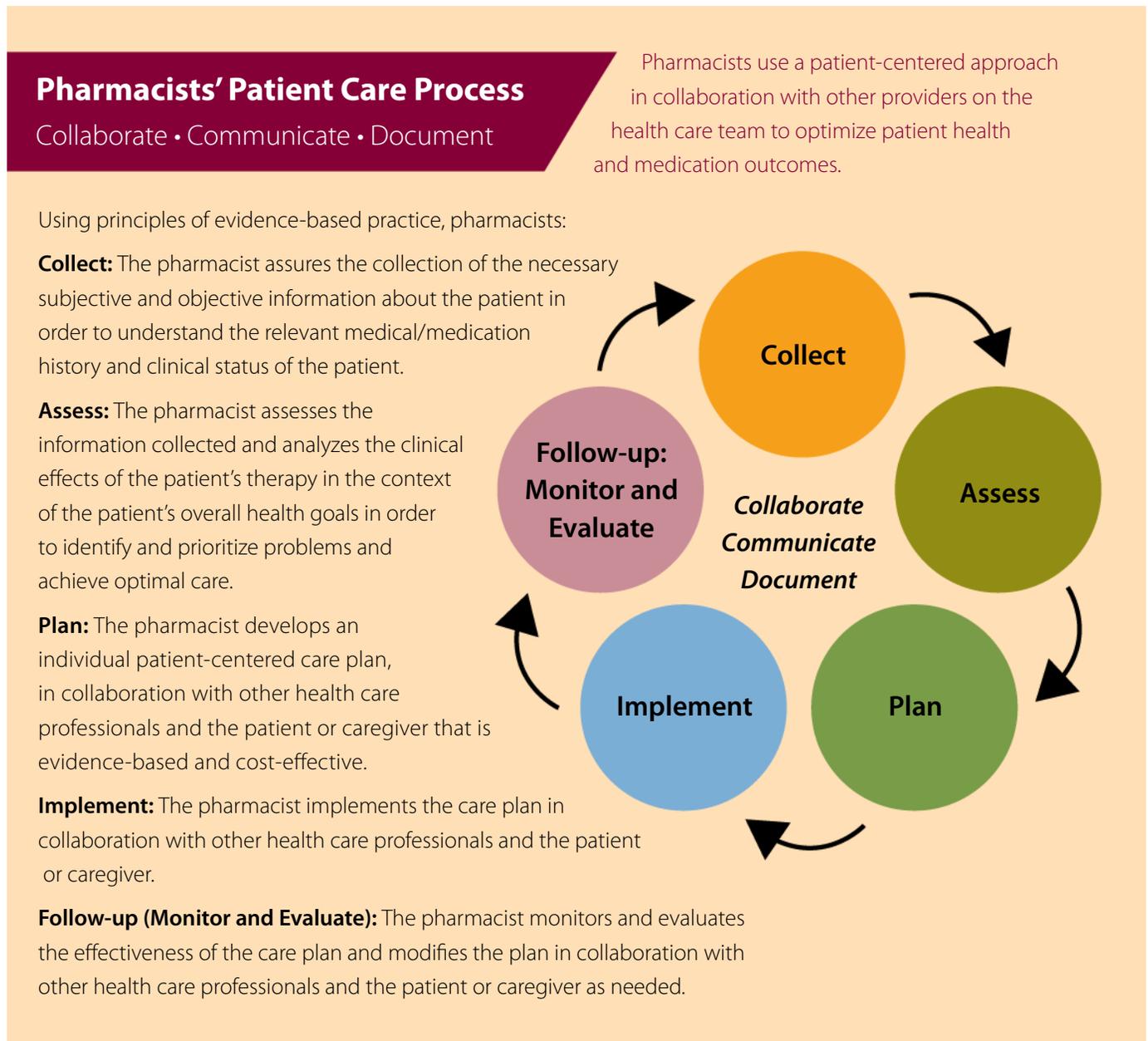
- Educating health care professionals on the pharmacists' patient care process (Figure 2) and medication therapy management (MTM) core elements (Figure 3) to create awareness of the pharmacist's role on the team.
- Sharing national, regional, and local success stories and evidence through communication channels that best reach health care professionals in a state (e.g., state medical journals, professional conferences, webinars).
- Offering team-based training with providers and pharmacist in attendance.

Level 2: Solidifying Emerging Public Health-Pharmacy Partnerships

- Facilitating the use of CPAs by educating health care providers on the benefits of collaborative agreements with pharmacists in their community by:
 - Hosting webinars on best practices.
 - Developing tool kits on how to set up a CPA.
 - Promoting physician-pharmacist teams to serve as "team-based care champions" that can mentor newer teams.
 - Understanding what restrictions exist on the use of CPAs that may limit pharmacists' scope of practice.
 - Sharing CPA tools to appropriate audiences.
- Supporting health care teams as they integrate pharmacists into the patient-centered medical home (PCMH) model, including the provision of MTM as part of a comprehensive medication management service.

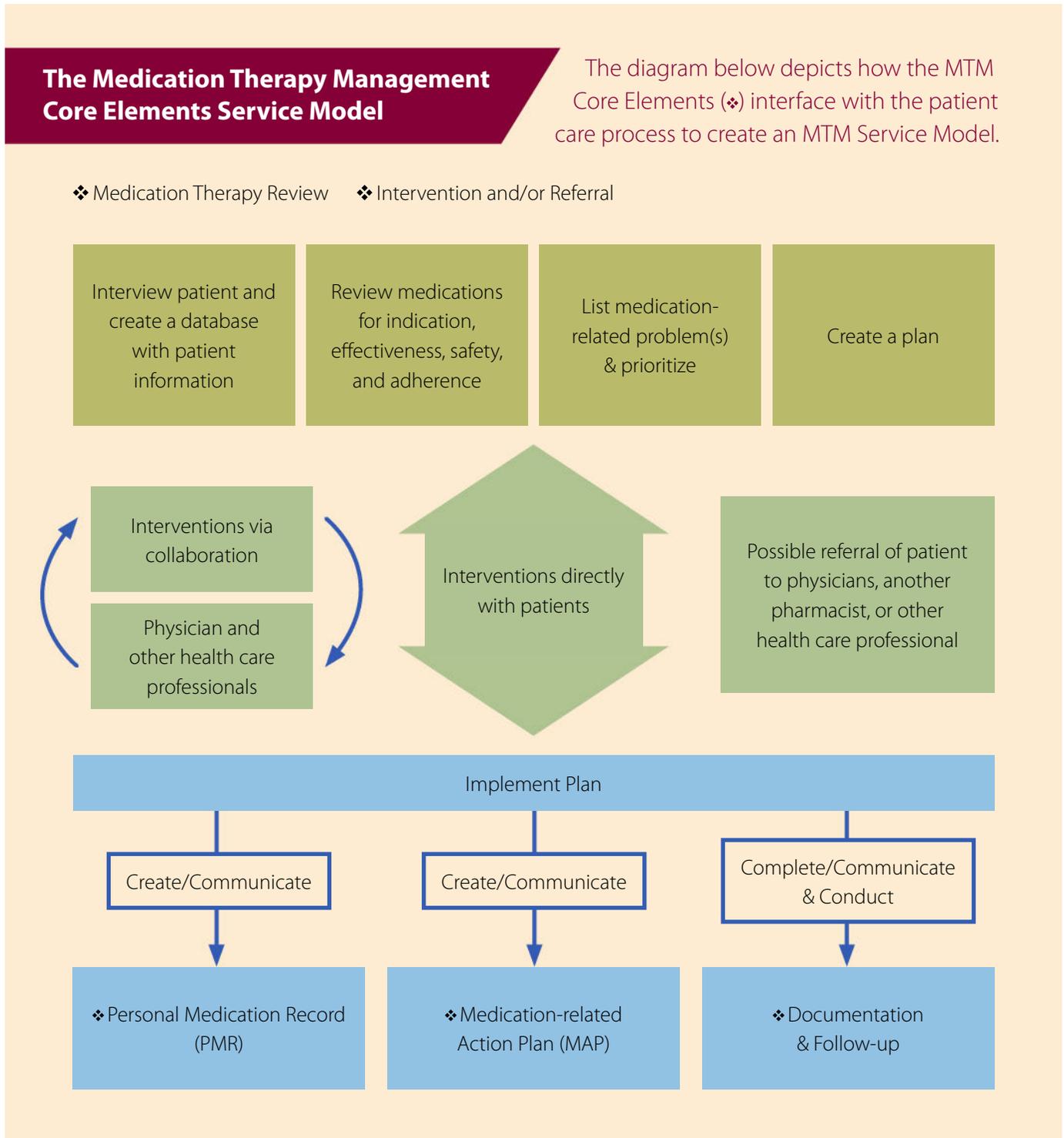


Figure 2. Pharmacists' Patient Care Process



Source: Joint Commission of Pharmacy Practitioners. *Pharmacists' Patient Care Process*. Washington, DC: Joint Commission of Pharmacy Practitioners; 2014.

Figure 3. Medication Therapy Management (MTM) Core Elements



Source: American Pharmacists Association and National Association of Chain Drug Stores. *Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2.0.* Washington, D.C. American Pharmacists Association; 2008.

Resources for Team-Based Care

Pharmacists' Patient Care Process

This publication:

- Promotes a consistent process in the delivery of pharmacists' patient care services in any practice setting. Collaboration, communication, and documentation are key components to this process.
- Serves as the basis for the consistent implementation of pharmacists' patient care services.
- Applies to diabetes, high blood pressure, or any other type of MTM educational session.
- Was created and adopted by the Joint Commission of Pharmacy Practitioners, which includes 11 national pharmacy associations.

Medication Therapy Management in Pharmacy Practice: Core Elements of an MTM Service Model. Version 2

This publication:

- Is the backbone of pharmacist-provided MTM. The services described in this publication can serve as a reference point when discussing implementation of MTM with a pharmacy partner.
- Focuses on the provision of MTM services in settings where patients or their caregivers can be actively involved in managing their medications.
- Was written to maximize effectiveness and efficiency of MTM service delivery across pharmacy practice settings in an effort to improve continuity of care and patient outcomes.
- Is known in the pharmacy profession as the MTM core elements.

Community Preventive Services Task Force Recommendation on Team-Based Care to Improve Blood Pressure Control

This recommendation:

- Is based on a review of 80 studies related to team-based care that included primarily nurses and pharmacists working in collaboration with primary care providers, other professionals, and patients.
- Includes economic evidence that indicates that team-based care is cost-effective.
- Was developed by a panel of independent, nonfederal, unpaid public health and prevention experts.

Resources for Team-Based Care (Continued)

Successful Practices in College/School Involvement with Partnerships Contributing to the Implementation of Pharmacists' Services for Team-Based, Patient-Centered Care

This publication:

- Includes a synopsis of academic clinical pharmacy program successes.
- Focuses on team-based, patient-centered care in 13 schools of pharmacy.
- Is a good reference to use when partnering with a school or college of pharmacy.
- Is compiled annually by the American Association of Colleges of Pharmacy.

Collaborative Practice Agreements (CPAs)

These agreements:

- Are used to create formal relationships between pharmacists and physicians or other health care providers that allow pharmacists to provide expanded services to patients and the health care team.
- Define certain patient care functions that a pharmacist can autonomously provide under specific situations and conditions, which can improve the health care experience for patients.

CPA publications and resources include the following:

- [Consortium recommendations for advancing pharmacists' patient care services and collaborative practice agreements](#)
- CDC collaborative practice agreements and Pharmacists' Patient Care Services guides:
 - [A Resource for Pharmacists](#)
 - [A Resource for Doctors, Nurses, Physician Assistants, and Other Providers](#)
 - [A Resource for Government and Private Payers](#)
 - [A Resource for Decision Makers](#)

Improving Patient Health through Medication Management

This publication:

- Was developed to provide a framework for integrating comprehensive MTM into the PCMH as part of the shift from individual and group practices to the team-based PCMH model.
- Reinforces the need for payment reform to support the PCMH and include payment for comprehensive MTM as an essential service for effective integrated care.
- Introduces concepts about the MTM process, the pharmacist's role, and the integration of pharmacists into existing PCMHs.
- Was created by the Patient-Centered Primary Care Collaborative (PCPCC).

Method 4: Provide Pharmacy Training and Education

To enhance pharmacists' skills and empower them to effectively meet patient and population health needs, health departments can increase awareness of the potential role of pharmacists in helping patients manage their medications and chronic diseases like heart disease and diabetes, as well as in supporting efforts to measure and improve health service quality. Training programs can advance public health, promote healthy behaviors, and improve patient safety by introducing pharmacists to current best practices. Pharmacists can access training programs through various channels, including national pharmacist associations and schools of pharmacy that offer continuing education. Some

programs charge a fee, while others are free to association members. These programs allow pharmacists to increase their ability to deliver high-quality patient care services, which expands patients' access to health care and increases the number of health care professionals who are working to improve public health.

Graduates of pharmacy schools currently earn a doctor of pharmacy, and many go on to complete residency training in health systems, ambulatory care settings, or community pharmacies. After graduation, pharmacists look to pharmacy organizations to provide training programs to help them develop, expand, refresh, and refine their skills. These programs may focus on clinical knowledge, care delivery models, or the broader role of the pharmacist.

Level 2: Solidifying Emerging Public Health-Pharmacy Partnerships

Health departments that work with pharmacy partners who have developed or are providing training may be able to give pharmacists state data, information on the public health problems associated with high chronic disease rates, and resources to enhance team-based care. Partnering to deliver pharmacist training on chronic disease management can help health departments meet their goals to build the country's public health capacity and, as services taught in the training area are implemented, to improve people's health and well-being.

Resources for Pharmacy Training and Education

- Academy of Managed Care Pharmacy (AMCP)
- American Association of Colleges of Pharmacy (AACCP)
- American College of Apothecaries (ACA)
- American College of Clinical Pharmacy (ACCP)
- American Society of Consultant Pharmacists (ASCP)
- Accreditation Council for Pharmacy Education (ACPE)
- American Pharmacists Association (APhA)
- American Society of Health-System Pharmacists (ASHP)
- National Alliance of State Pharmacy Associations (NASPA)
- National Association of Boards of Pharmacy (NABP)
- National Association of Chain Drug Stores (NACDS)
- National Community Pharmacists Association (NCPA)
- Pharmacy Quality Alliance (PQA)

Method 5: Identify Opportunities to Establish, Enhance, and Expand Pharmacy Services

While holding discussions with stakeholders, reviewing environmental assessments, and reviewing the merits of team-based care with pharmacists and other providers, public health departments can seek out gaps in the pharmacy services provided in their communities and serve as examples of successful models that could be enhanced or expanded. These opportunities for improvement can be aligned with team-based care models or other pharmacy practice models. Pharmacy partners can help identify best practices at the state level, dissect models to identify successful tactics, and provide insight into how to improve care. Pharmacy associations and schools of pharmacy often create how-to guides related to emerging models of pharmacy practice and provide tools to promote adoption of innovative patient care processes.

Health departments may want to take the following actions as they work with pharmacy partners to identify unmet needs where pharmacists could enhance or expand existing services:

- Collaborate with state pharmacy associations to identify examples of innovation at the local level.

- Identify health systems and clinics that treat underserved populations (e.g., Federally Qualified Health Centers, community health clinics) but have no in-house pharmacist support. Health departments can connect these service providers with existing pharmacies and pharmacy schools that could integrate pharmacists, faculty, and students into the service providers' care models. This support can help service providers use team-based approaches, CPAs, MTM, or self-management education to manage patients with chronic diseases who do not have their conditions under control and who are at high risk for poor health outcomes.
- Promote adoption of interventions designed to improve medication adherence, such as medication synchronization and the appointment based model (ABM), for patients who take medications for multiple chronic conditions.
- Identify pharmacies with successful MTM programs and offer to enhance the quality of MTM delivery by collecting data, monitoring and reporting performance, building referral systems, or enhancing reimbursement opportunities.

Level 2: Solidifying Emerging Public Health-Pharmacy Partnerships

- Help to expand or sustain pharmacist-led chronic disease management programs that have demonstrated economic and clinical success into populations identified as being at high risk. These efforts may include expanding local models to new settings or adopting successful national models, such as those led by the [American Pharmacists Association \(APhA\) Foundation](#), [Community Pharmacy Foundation](#), [American Society of Health-Systems Pharmacists \(ASHP\) Foundation](#), or [Alliance for Integrated Medication Management \(AIMM\)](#).
- Develop and share tools and resources that enhance chronic care delivery and patient care or connect pharmacies to existing resources.

Pharmacy's Appointment Based Model: A Prescription Synchronization Program that Improves Adherence

The AMB process described in this publication:

- Gives each patient a designated appointment day to pick up all medications.
- Asks pharmacy staff to call patients in advance of their appointment to identify any changes to the medications and confirm that each prescription should be refilled.
- Asks pharmacists to proactively identify nonadherence, changes in therapy, transitions of care, and other medication-related issues.
- Has been shown to improve adherence, enhance patients' pharmacy experience and satisfaction, and streamline pharmacy workflow to allow more time for patient care services.
- Can be implemented in any pharmacy and requires almost no financial investment.
- Is increasingly being used by regional chains and independent pharmacies.
- Is also called medication synchronization.

Other resources:

- *Pharmacy's Appointment Based Model: Implementation Guide for Pharmacy Practices*
- [Align My Refills](#) website: Information about patient education campaign and an ABM pharmacy locator map.

Pharmacist Drug Adherence Work-up (DRAW) Tool

This tool:

- Was developed to give pharmacists a step-by-step approach to assessing and addressing medication adherence challenges for their patients.
- Can be used as a stand-alone intervention or in combination with other adherence programs.
- Created by the University of Iowa and has been promoted as part of Million Hearts® as an effective pharmacist intervention.

Million Hearts® Team Up. Pressure Down.

This educational program:

- Promotes team-based care and offers support for health care professionals helping patients improve medication adherence and manage blood pressure.
- Developed to allow pharmacies to expand the program based on unique needs and to help pharmacists provide advice and counseling to patients.
- Includes three tiers of involvement:
 - Tier 1: General Program Awareness.
 - Tier 2: Medication Adherence Messaging.
 - Tier 3: Blood Pressure Counseling Services.
- Includes videos, resources, and continuing education to help incorporate the program and its resources into pharmacy practice settings.

Method 6: Advance Data-Sharing Capabilities

Evaluating the effect that pharmacists' services and team-based care have on patient outcomes and quality of care is essential to the work performed within public health. Pharmacy systems contain a wealth of information about patients' medication-taking behavior, and many pharmacies that provide patient care services are also able to capture clinical information about their patients. However, integration of medical and pharmacy data is still a challenge. Measurement

and transmission of pharmacy and clinical data is an area of focus in pharmacies, and health departments can facilitate data collection and sharing by:

- Encouraging pharmacies to join health information exchanges (HIEs), use MTM software that incorporates clinical decision-making tools, and connect to EHRs.
- Encouraging the use of pharmacy dispensing data and payer claims data to identify patients with poor chronic disease management or medication adherence for specific interventions.
- Supporting the training of pharmacists on the importance of and tactics for effective collection of quality data.
- Promoting the collection of defined and tested quality measures, such as those developed by PQA.

Level 3: Expanding Public Health-Pharmacy Partnerships



Resources for Pharmacy Health Information Technology (HIT)

The Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care: 2014 to 2017 Update

This publication:

- Promotes the meaningful use of EHRs that support safe and effective medication use, continuity of care, and access to the patient care services of pharmacists in conjunction with other members of the patient care team.
- Outlines the pharmacy profession's HIT goals and describes how pharmacists contribute to the meaningful use of EHR quality measures, EHR certification and adoption, and HIT effectiveness.
- Provides evidence demonstrating improved quality outcomes as a result of pharmacist-provided patient care services.
- Summarizes the value of the pharmacist's role in HIT by identifying those pharmacy services and functions with the highest priorities for action to ensure the successful integration of pharmacy HIT into the national EHR infrastructure.

Pharmacy HIT Collaborative Guidance Documents

These publications provide more in-depth information about how to increase pharmacies' use and access to HIT:

- *Integrating Pharmacists into Health Information Exchanges* informs pharmacists about HIEs and provides best practices to help them electronically exchange health information through state-run HIEs.
- *Documenting Comprehensive Medication Management in Team-Based Models Using SNOMED CT Codes* provides examples about how these clinical medical codes are used by pharmacists in various care delivery models, including PCMHs.
- *Workflow of Pharmacist Clinical Documentation Process in Pharmacy Practice Settings* helps pharmacists educate their system vendors about how they document their care services as a way to move pharmacists toward more use of electronic documentation.
- *Electronic Health Record Certification: Making the Pharmacists' Case to System Vendors* helps pharmacists understand the value of adopting EHRs and working with their system vendors toward a broader adoption of EHRs.
- *System Vendor Checklist for Pharmacist Clinical Documentation Workflow* helps pharmacists define their clinical documentation workflow and external and internal data sources.
- *Case Study Examples: Pharmacists Working in Collaboration with Physicians and Other Health Care Professionals* highlights the value of MTM services by using real-world examples specifically related to billing codes for MTM, where pharmacists are integrated into pay-for-value and population-based health care delivery models.

Resources for Pharmacy Quality Measures

PQA Endorsed Measures

These measures:

- Aim to improve the quality of medication management and use across health care settings by developing and implementing performance measures.
- Include pharmacy quality measures in the development process through methods that have been tested and endorsed.
- Guide the data collected and evaluated in collaboration with pharmacy partners.
- Were developed by PQA, the leading standards development organization in the pharmacy profession.

Update on Medication Quality Measures in Medicare Part D Plan Star Ratings-2016

This PQA website:

- Summarizes pharmacy-related quality measures included in the Medicare Part D star ratings system, such as those that focus on high-risk medication use in the elderly, treatment of high blood pressure in people with diabetes, and the proportion of days covered for medication adherence.



Method 7: Understand Pharmacist Reimbursement

Pharmacist partners are seeking innovative ways to implement team-based patient care services in a viable and sustainable way. Sustainability can be achieved by ensuring that pharmacists are paid for delivering patient care services, which allows them to practice at the top of their license and in a way that complements the work of other health care professionals. The pharmacy profession has supported the introduction of federal legislation into both houses of Congress to expand access to care for patients across the United States through legal recognition of pharmacists as health care providers. Several states have passed similar legislation to increase patient access

to pharmacists' patient care services and broaden pharmacists' ability to be compensated for their time spent providing patient care.

When they partner with pharmacies, health departments need to understand the efforts happening in the pharmacy profession to advance payment for pharmacists' services. Health departments can become involved by:

- Becoming familiar with the national goals of pharmacies to improve patient access to pharmacists' services and aligning their efforts with these goals.
- Conducting research that evaluates clinical and economic outcomes when pharmacists provide care as members of health care teams and documents their contributions to community-clinical links.

Level 3: Expanding
Public Health-Pharmacy
Partnerships



- Identifying pharmacies that currently deliver diabetes prevention and education classes that are not recognized by the American Diabetes Association, accredited by the American Association of Diabetes Educators as approved diabetes self-management education programs, or recognized by CDC as approved lifestyle change programs. Provide these pharmacies with technical assistance, resources, and training to help them seek recognition or accreditation, which will allow them to be reimbursed for services.



Resources for Expanding Access to Pharmacists' Services

Patient Access to Pharmacists' Care Coalition

This coalition:

- Includes organizations representing patients, pharmacists, and pharmacies, as well as other interested stakeholders.
- Recognizes the current and growing shortage of primary care professionals, particularly in already underserved communities.
- Seeks to enable Medicare to reimburse pharmacists for services they are already licensed to deliver in their states.

PQA Quality Forum: Federal Provider Status Efforts: Providing Solutions to Patients, Payers & Providers

This document:

- Provides an overview of the pharmacy profession's efforts to advance the status of pharmacists to be "health care providers" under the Social Security Act.

Pharmacist Provider Status in 11 State Health Programs

This analysis by the American Society of Health-System Pharmacists:

- Provides examples of how pharmacists have been paid for services in 11 state health programs.
- Includes lessons learned and examples.



Resources for Payment for Pharmacists' Services

Medication Therapy Management Digest

This publication of the American Pharmacists Association:

- Has been published annually since 2008.
- Serves as a benchmark to understand payment for and adoption of pharmacists' patient care services.
- Tracks implementation of MTM across the United States, highlighting survey responses from MTM payers and providers and discussing key developments in the marketplace.

Perspectives: Applying Value-Based Incentive Models Within Community Pharmacy Practice

This publication:

- Highlights how to align incentives for community pharmacists to focus on quality priorities for payers.
- Describes several examples of incentive realignments.
- Defines market dynamics in a step-by-step approach to considering whether to use value-based incentive models.
- Drives clinical values across health care teams and promotes a shift to patient-centered goals within care delivery.

Resources for Billing for Pharmacists' Services

Analyzing the Costs to Deliver Medication Therapy Management Services

This journal article:

- Provides rules to help pharmacists and others determine the appropriate pricing structure for the delivery of MTM services.
- Highlights key costs that should be considered and identifies an online service cost calculator that that can be used to perform customized calculations.

Billing for MTM Services: Tips for Pharmacists

This document:

- Describes how payment for pharmacists' services can be a barrier to implementation in many settings.
- Provides high-level considerations that pharmacies and their partners should consider as new programs are implemented.

Conclusion

Public health and pharmacy partnerships can drive team-based care and community-clinical links by connecting organizations and individuals who have a common goal to improve population health but would otherwise be working separately. As partnerships are forming, public health departments can identify new stakeholders through interactions with state pharmacy associations, state boards of pharmacy, and schools and colleges of pharmacy. Convening stakeholders and assessing pharmacy environments are effective ways to explore areas of collaboration that can yield the most benefit.

Once public health personnel have an understanding of the opportunities to engage pharmacy partners, efforts can shift to demonstrating the effectiveness of evidence-based efforts to improve patient care. These efforts can include promoting team-based care through MTM and the Pharmacists' Patient Care Process⁴, providing training to pharmacists to enhance the delivery of patient care services, or establishing and



expanding services, such as those focused on medication adherence and chronic disease management. Highly functioning public health and pharmacy partnerships can focus their efforts on infrastructure adjustments that will empower pharmacists to collect and report patient outcome data, which can support public health evaluation efforts. Partners can also work to understand national and state legislative efforts, conduct research, and provide technical assistance that will expand opportunities for pharmacists to be compensated for delivery of patient care.

In addition to using the seven methods described in this publication to engage pharmacy partners, public health departments can use resources developed by the pharmacy profession to support partnerships, program implementation, outcome measurement, and quality improvement. They can also help to promote, establish, and expand pharmacy services that increase team-based care and community-clinical links, advance public health initiatives, and improve the indicators of population health.

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Appendix: Abbreviations

AACP	American Association of Colleges of Pharmacy	CPA	collaborative practice agreement
ABM	appointment based model	DRAW	Drug Adherence Work-Up
ACA	American College of Apothecaries	EHR	electronic health record
ACCP	American College of Clinical Pharmacy	HIE	health information exchange
ACPE	Accreditation Council for Pharmacy Education	HIT	health information technology
AIMM	Alliance for Integrated Medication Management	MTM	medication therapy management
AMCP	Academy of Managed Care Pharmacy	NABP	National Association of Boards of Pharmacy
APhA	American Pharmacists Association	NACDS	National Association of Chain Drug Stores
ASCP	American Society of Consultant Pharmacists	NASPA	National Alliance of State Pharmacy Associations
ASHP	American Society of Health-System Pharmacists	NCPA	National Community Pharmacists Association
CDC	Centers for Disease Control and Prevention	PCMH	patient-centered medical home
		PQA	Pharmacy Quality Alliance