



APhA Practice Perspectives Report

The Next Transition in Community-Based Pharmacy Practice

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Executive Summary

Community-based pharmacy practice has maintained professional recognition within society by responding to the challenges of drug-related morbidity and mortality. During transitions, however, pharmacists who were trained and socialized to expect certain professional roles oftentimes experienced work settings that were not conducive to such a practice. The purposes of this commentary are to review transitions in community-based pharmacy practice, describe current perceptions of community-based pharmacy practice, and propose recommendations for future consideration.

The pharmacy profession has entered a new “patient-centered, medication experience” era in which new roles are being adopted and traditional roles are being filled by other workers, procedures, or technology. Community-based pharmacy practice organizations appear to be following the principles of “collaboration theory” for developing new systems of care.

Early in 2018, the American Pharmacists Association conducted a national survey of pharmacists to describe perceptions of community-based pharmacy practice. The results showed that most pharmacists have favorable perceptions of community-based pharmacy practice; their reasons included personal fulfillment, the ability to help patients, accessibility to those who can benefit from their services, and working as a team member with others. However, pharmacists also reported that commercial characteristics of community-based pharmacy practice result in stressful and unsupportive working conditions, a focus on dispensing/profits over patient care/outcomes, and lack of recognition and opportunities for advancement.

We suggest that new professional roles for community-based pharmacists abound in the new patient-centered, medication experience era. This new era requires team-based patient-centered care, precision medicine, and value-based care. In order to maximize professional opportunities for community-based pharmacy practitioners, we recommended: (1) advancing pharmacy technician practice; (2) creating payment models and patient care business competencies for community-based pharmacy practice; (3) expanding community-based pharmacy practice residency programs; and (4) seeing transformations “through the patient’s eyes.”

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Introduction

According to Higby and Traynor, community-based pharmacy practice has evolved in order to maintain professional recognition within society in response to ineffective and unfortunate consequences of medication use.¹ Throughout the product provision (pre-1966), clinical pharmacy (1966–1990), and pharmaceutical care eras (1991–2015), capacity for new roles in community-based pharmacy practice has developed.^{1–3} However, Higby and Traynor also described “inconsistent socialization,” “realistic disenchantment,” and “role conflict” that have been persistent over many decades for pharmacists who were trained and socialized to expect a certain professional role only to experience work settings that were not conducive to such a practice.¹ They described this tension as a duality that mixes two distinct identities in community-based pharmacy practice: namely, professional and commercial.¹ As community-based pharmacy practice enters into its next era, these challenges remain. The purposes of this commentary are to review transitions in community-based pharmacy practice, describe current perceptions of community-based pharmacy practice, and propose recommendations for future consideration.

The New Era: The Medication Experience

Community-based pharmacy practice has evolved from a primary focus on medicinal products (pre-1966), clinical information (1966–1990), and practice models (1991–2015) to one that is now focused on helping patients manage their medication experiences. It is estimated that over 500 million times a day in the United States, individuals make the decision whether to take or not to take a prescription medication⁴ and, arguably, is the most frequently occurring health care event in America.^{5–12} “Medication experience” represents the sum of all events in a person’s lifetime that relate to drug therapy, including attitudes, beliefs, preferences, concerns, expectations, and medication-taking behavior.^{13–17} As the U.S. health care system embraces team-based patient-centered care, precision medicine, and value-based care,^{13–23} there is a need for a way to unify and coordinate individuals’ health care even as these individuals enter and exit various components of the health care system and as they shift between their preferred identity as a person and their sometimes necessary identity as a patient.

Pharmacists' Roles in the Medication Experience Era

Pharmacists are important contributors to the health care system serving in expanded roles such as medication care coordinators for patient-centered medical homes and primary care teams, members of chronic disease management teams that focus on longitudinal care, and health care professionals responsible for ensuring optimal medication therapy outcomes through medication management services provision.^{4,24-44}

Growth of medication use in society and the expansion of the pharmacist's role in direct patient care continue to generate demand for pharmacist expertise and services.⁴⁵ The pharmacy profession has reached a point at which new roles for pharmacists are being adopted,^{4,24-44} and traditional roles are being filled by other workers, procedures, or technology.⁴⁵ A report from the National Governors Association suggested that pharmacists' roles are evolving to include providing direct patient care as members of integrated health care provider teams and that this has the potential to improve health outcomes.⁴⁶ To help ensure the profession's capacity for its emerging roles in health care, the pharmacy profession has increased its focus on direct patient care and collaborative practice resulting in reforms for both pharmacist training and practice.⁴⁷⁻⁵¹

The pharmacy profession has developed the capacity for direct patient care, medication management services, and integration into overall health systems.⁵²⁻⁵⁵ Typically, the health care system views medication use in terms of clinical problem solving (e.g., diagnosing, prescribing, monitoring, reconciling) and medication regimen adherence (e.g., following directions). However, patients hold patient-centered viewpoints of medication use based on their personal expectations and life experiences, which differ from prescribers, pharmacists, and patient advocates who use health care-centered viewpoints based on their professional training and experience.⁵⁶⁻⁶¹ For patients, the medication experience is more than a clinical experience: it is a social and personal experience. Patients have different abilities, motivations, and needs regarding medication use. The challenge, then, is to meet the needs of each individual.⁶²

For patients, the medication experience is more than a clinical experience: it is a social and personal experience.

New professional roles for community-based pharmacists abound, but there is a tension between this professional identity and the essential commercial identity. At the time this commentary is being written, pharmacy practice organizations are engaged in mergers, acquisitions, partnerships, vertical integration, and horizontal integration. As described by Schommer and colleagues, community-based pharmacy practice has entered into “integrated, orchestrated, and harmonization stages of its development, and organizations will experience success and failure as channel members compete for market power, efficiencies, and chances to be opportunistic in order to be profitable in both the short and long term.”⁶³ Furthermore, strategies that are being implemented by community-based pharmacy practice organizations appear to be following the principles of “collaboration theory” in which “joint decision making among autonomous, key stakeholders of an interorganizational domain can be used to resolve planning problems of the domain and/or manage issues related to the planning and development of the domain.”⁶⁴ This approach involves collaborative performance systems, information sharing, decision synchronization, incentive alignment, and integrated processes.⁶⁴

As these transformative changes are implemented, how will professional opportunities for community-based pharmacy practitioners be affected? To help address this question, a survey was conducted to describe current perceptions of community-based pharmacy practice. Findings from this survey will be summarized next.

Perceptions of Community-Based Pharmacy Practice

In early 2018, the American Pharmacists Association (APhA) conducted a Community Pharmacy Perception Survey⁶⁵ to address the following objectives:

- Determine the perceptions of community-based pharmacy practice among pharmacists.
- Evaluate the differences between perception of community-based practice and hospital/health-system practice.
- Gather reasons why pharmacists may have specific favorable or unfavorable perceptions of community-based pharmacy practice.
- Understand the differences in favorable or unfavorable perceptions of community-based pharmacy practice by certain subsets of pharmacists (i.e., academics, community-based practitioners, and health-system pharmacists).
- Gain insights into specific tools and resources that could improve the perception of the role and value of community-based pharmacy practice.
- Inform the development and implementation of a stakeholder meeting to develop a national action plan for promoting the value of community-based pharmacy practice.

Data were collected from a national sample of 6,516 pharmacists selected from APhA records. A cross-sectional, self-administered, online survey design was used for collecting data through the use of Qualtrics surveys (www.qualtrics.com). A four-contact approach was utilized from January 20 through February 10, 2018. A total of 342 sample members (5%) responded. Descriptive statistics were used for summarizing the results. A copy of the full report⁶⁵ may be obtained from the corresponding author.

The findings showed that 54% of respondents were familiar with the term “community-based pharmacist practitioner.” The more familiar pharmacists were with the term “community-based pharmacist practitioner,” the more likely they were to describe it with regard to the type of work performed. Those less familiar with the term described it with regard to the place of practice or simply reported that they were not sure.⁶⁵

Regarding perceptions of community-based practice and hospital/health-system practice, both were favorable. The patterns of responses were similar for each practice type. Regarding how others perceive these practice types, there was a difference. Respondents reported that they thought community-based practice was viewed less favorably by some practitioners, patients, family, and friends. It is noteworthy that more recent graduates were more likely than others to report an unfavorable opinion of both hospital/health-system practice and community-based practice. It appears that more recent graduates are more likely to have an unfavorable opinion of pharmacy in general.⁶⁵

The reasons why respondents have favorable perceptions of community-based pharmacy practice included: (1) personal experiences and personal benefits received from this type of practice; (2) the ability to help patients; (3) being accessible to those who can benefit from their services; and (4) working as a team member with other practitioners, caregivers, stakeholders, and community leaders. Respondents from the Northeast and the South were more likely than others to report that “helping patients” was their reason for having a favorable perception of community-based pharmacy practice. Respondents from the Midwest were more likely to list “personal experience/benefit.” Respondents from the West were more likely to report “accessibility” and “team member.”⁶⁵

The reasons why respondents had unfavorable perceptions of community-based pharmacy practice included: (1) stressful and unsupportive working conditions; (2) focus on dispensing/profits over patient care/outcomes; and (3) lack of recognition and opportunities for advancement. It appears that the potential for contributions to patient care and public health is established in community-based pharmacy practice. However, the necessity for the ever-increasing efficiency required to keep medication dispensing models economically viable is in conflict with the need for the development of new, viable business models for community-based, pharmacist-provided patient care.⁶⁵

For respondents from academic settings, 78% had practiced previously in community-based pharmacy practice. The primary reason for leaving community-based practice was to accept a job in an academic setting—with many still working in community-based practices. For the eight respondents who reported not ever working in community-based practice, they commented that they did not want to deal with financial aspects of prescription drug dispensing (e.g., insurance) and wanted to work in a setting that focused more on patient care and application of their clinical skills.⁶⁵

Only 6% of respondents from academic settings reported that they portray community pharmacy practice to their students in an unfavorable way. However, they reported that 33% of their academic colleagues portrayed community pharmacy practice unfavorably. The reasons they gave for why their colleagues would portray community-based practice unfavorably included: (1) lack of awareness; (2) the perception that community pharmacists do not practice at the top of their license; (3) limits on the opportunity to use clinical skills; and (4) a personal preference for hospital-based practice. The majority of respondents reported that 10% or less of the faculty at their college or school of pharmacy are employed in a community pharmacy practice setting. It appears that most pharmacists working in academia have had community-based pharmacy practice experience and portray community-based practice in a favorable way to their students. However, their academic colleagues may not be pharmacists and do not portray community pharmacy practice favorably because of a lack of awareness or lack of relevance to their roles at the school or college.⁶⁵

Respondents working in community-based pharmacy practice settings placed importance on having a positive perception of their role and value from other pharmacists, other health care providers, patients, family, and friends. The most important perceptions to them were from their patients and other health care providers. The majority of respondents reported that the kind of recognition they would like to receive was acknowledgment and respect for their roles and the value they bring. It appears that efforts focused on promoting community-based pharmacist practitioners' roles and value to patients and other health care providers would be beneficial.⁶⁵

Among respondents who currently work in a setting that is both not academia and not community-based pharmacy, 78% had once practiced in community-based pharmacy practice. The primary reason for leaving community-based practice was to obtain better working conditions or to obtain better opportunities in clinical type work. For the 11 respondents who reported not ever working in community-based practice, they commented that they did not want to work in poor working conditions and wanted to work in a setting that focused more on patient care and application of their clinical skills.

Recommendations

Based on the research results outlined above, we propose recommendations in four areas that may help maximize opportunities for community-based pharmacy practitioners.

1. Payment and Business Models for Community-Based Pharmacy Practice

As mergers, acquisitions, partnerships, vertical integration, and horizontal integration take place,⁶³ which payment models for community-based pharmacy practice will emerge? Isetts described the transition from fee-for-service payment models to “global population-based payments designed to be accountable for both quality and total cost of care.”⁷⁰ In that project, medication therapy management services provided by community-based pharmacists were integrated into a community-based accountable care organization through the use of a health information technology system.⁷⁰ We propose that integration models might be a viable option.

In another study, Goedken and colleagues demonstrated the Continuous Medication Monitoring (CoMM) model in which pharmacists “systematically review the patient’s medication record and monitor every medication being dispensed to prevent, identify, and resolve drug therapy problems or obstacles to optimal therapy during the dispensing process.”⁷¹ They reported an average of 6.8 interventions for each patient and showed how all patients in a population can be monitored to proactively identify and resolve clinical drug therapy problems. We propose that this type of model could be incorporated into overall systems of patient care through the use of contracting and shared-savings agreements.

As health care in the United States moves more to principal-, preferred-, and single-payer systems, community-based pharmacy practice models in other countries are providing important experiences and lessons that could be adapted in U.S. systems of care. Chen describes the Australian model for pharmacist-led home medicines review and residential medication management review.⁷² Under this model, both the pharmacist conducting the home visit and the prescriber who receives and acts upon the pharmacist’s recommendations receive single-payer reimbursement for their services. This model was shown to improve both the drug burden index and the medication appropriateness index.⁷² We propose that home-visit models, such as the Australian model, are consistent with the new era of pharmacy practice in the United States that focuses on patient-centeredness and patients’ medication experiences.

These are just a few examples of potential payment models and patient care business management models for community-based pharmacy practice. We propose that organizations develop collaborative performance systems, share information, synchronize decisions, align incentives, and integrate processes. Community-based pharmacy practice has another opportunity for maintaining recognition within society¹ if it is willing to engage in, and lead, these transformations.

2. Advances in Pharmacy Technician Practice

Adams described an Idaho State Board of Pharmacy initiative that broadened the ability of pharmacists to delegate tasks to technicians under their supervision in two domains.⁶⁶ The first was medication dispensing support and included activities such as technician product verification, accepting verbal prescription orders, transferring prescriptions, and performing remote data entry.⁶⁶ The second was support for pharmacist clinical services and included activities such as administration of immunizations.⁶⁶ This advance moved the locus of control in technician scope of practice from a legal approach to pharmacist delegation. The goal was to allow pharmacist discretion in delegation to technicians so that division of labor in pharmacies optimally deploys pharmacist's time for using their clinical expertise.⁶⁶⁻⁶⁹

An 18-month pilot project was conducted in seven community pharmacies in Iowa to evaluate the effects of a technician product verification program on: (1) rate of dispensing errors; (2) pharmacist work activities; and (3) amount of reimbursed patient care services.⁶⁸ Findings from that study showed technician product verification for refill prescriptions preserved dispensing safety and resulted in an increase in pharmacists' time spent in clinical services. Total documented service provision per pharmacist hour increased, but the number of reimbursable services per pharmacist hour did not increase in the study.⁶⁸

Advances in pharmacy technician practice free up time for pharmacists to engage in clinical services in community-based pharmacy practice, but we propose that there still needs to be both payment models for these services as well as owner/decision-maker training on managing a profitable patient care business. Refer to Recommendation 1.

3. Community-Based Pharmacy Practice Residency Programs

Community-based pharmacy practice residency programs have been used as incubators for new ideas in community-based practice—especially those in the areas of advanced and innovative patient care.^{73,74} A recently published community-based pharmacy residency issue of the *Journal of the American Pharmacists Association* (May/June 2017, Volume 57, Issue 3, Supplement) highlighted four basic tenets of community-based pharmacy practice: “direct patient care, team-based care delivery, patient care services management, and leadership for advancing patient care.”^{75,76} Heaton pointed out that individuals who lead and participate in these residency programs require an “understanding of sustainable business models as well as community needs.”⁷⁵ We believe that this is an important next step for community-based pharmacy residency programs. In addition to the strong tradition of clinical skills development and innovative patient care models, there is a need for residency programs to engage in advancement of performance systems, health informatics, decision making, negotiation, incentive alignment, contracting, and integration processes within emerging systems of health care.

Partnerships with academic institutions, health care organizations, business leaders, and professional organizations will continue to be important for developing residency programs in these new domains. In addition, we propose that the Partner for Promotion (PFP) development model described by Rodis and colleagues⁷⁷ would be helpful. PFP is a community-based patient care service model that was created by five community pharmacy residency programs for the purpose of “optimizing community pharmacy resident experiences, developing new patient care services, and achieving residency accreditation standards.” This approach could be used by partner programs to develop and enhance their residency programs.

4. Seeing Transformations “Through the Patient’s Eyes”

In their seminal work, *Through the Patient’s Eyes: Understanding and Promoting Patient-Centered Care*, Gerteis and colleagues⁷⁸ identified seven dimensions of patient-centered care (with an eighth principle—access to care—an unstated given):

- Respect for patients’ values, preferences, and expressed needs.
- Coordination and integration of care.
- Information, communication, and education.
- Physical comfort.
- Emotional support and alleviation of fear and anxiety.
- Involvement of family and friends.
- Transition and continuity.

Although these were developed for hospital-based inpatient care, we suggest that they apply to community-based pharmacy practice. In 2015 and 2016, Schommer and Brown led the National Consumer Survey on the Medication Experience and Pharmacists’ Roles.⁷⁹ Findings from this survey of 36,673 individuals support the notion that most individuals would like to experience patient-centered care when they interact with community-based pharmacists. The findings also revealed variability in peoples’ perceptions of community-based pharmacy practice. Most people do not know much about pharmacists and rarely interact with them.^{53,79,80} However, most people also are willing to accept services from pharmacists that will help them and see pharmacists as a way to overcome their frustrations with the health care system.^{79,81}

We propose that community-based pharmacy practice could be improved if more attention were given to patients’ wants and needs. In their chapter on Professional Socialization of Pharmacists, Higby and Traynor¹ quoted a 1996 statement by William Zellmer⁸²: “Let’s dedicate ourselves to remaking this occupation of ours into a profession that gives people what they want and need.” We believe that Zellmer’s statement is one to heed today. The greatest advances in community-based pharmacy practice are likely to reside in seeing ourselves through our patients’ eyes.

Summary

This commentary reviews transitions in community-based pharmacy practice, describes current perceptions of community-based pharmacy practice, and proposes recommendations for future consideration. We suggest that new professional roles for community-based pharmacists abound in the new patient-centered, medication experience era. This new era requires team-based patient-centered care, precision medicine, and value-based care. In order to maximize professional opportunities for community-based pharmacy practitioners, we recommended: (1) creating payment models and patient care business competencies for community-based pharmacy practice; (2) advancing pharmacy technician practice; (3) expanding community-based pharmacy practice residency programs; and (4) seeing transformations “through the patient’s eyes.”⁷⁸

We suggest that new professional roles for community-based pharmacists abound in the new patient-centered, medication experience era.

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