Contents lists available at ScienceDirect



Journal of the American Pharmacists Association

journal homepage: www.japha.org



COMMENTARY

Recognition of community-based pharmacist practitioners: Essential health care providers

Marialice Bennett, Jean-Venable R. Goode^{*}

ARTICLE INFO

Article history: Received 2 February 2016 Accepted 26 April 2016

ABSTRACT

Objectives: To introduce the term community-based pharmacist practitioner (CPP), detail how community pharmacists are transitioning into this essential role, suggest 4 tenets of CPPs, and discuss the role of CPPs in future pharmacy practice. *Summary:* The focus and nature of community pharmacy is expanding into new practice settings and including enhanced patient care services. With these shifts toward better meeting the health care needs of the communities they serve, community-based pharmacists who provide patient care services have refined specialized skills and should be widely viewed and accepted by the profession, patients, other health care providers, and the public as health care practitioners. Four suggested tenets of CPPs are: deliver direct patient care, contribute to teambased care, manage patient care services, and serve as leaders for advancing patient care. *Conclusion:* Pharmacist-provided patient care services are expanding in a variety of community-

based settings. The term "community-based pharmacist practitioner" highlights the unique skillset that pharmacists use when they provide patient care services, and it brings recognition to the value community pharmacists contribute to patients, communities, and the health care system.

© 2016 American Pharmacists Association®. Published by Elsevier Inc. All rights reserved.

In health care, the term "practitioner" is used to identify someone who is qualified to provide and routinely deliver a certain level of services. During the 2015 evaluation of the vision and future of Postgraduate Year 1 (PGY1) Community Pharmacy Residency Programs, a planning committee of pharmacy thought leaders identified that pharmacists in a growing variety of community settings across the United States are providing patient care services, and the percentage delivering these services is likely to climb as the value of pharmacist-provided services is more broadly recognized, once provider status is achieved and compensation for patient care service delivery becomes routine. The planning committee recognized that those pharmacists who embrace their expanding roles in community-based patient care are

Disclosure: Ms. Bennett and Dr. Goode declare no conflicts of interest or financial interests in any product or service mentioned in this article, including grants, employment, gifts, stock holdings, honoraria, consultancies, expert testimony, patents, or royalties.

* **Correspondence:** Jean-Venable R. Goode, PharmD, BCPS, FAPhA, FCCP, Virginia Commonwealth University School of Pharmacy, Department of Pharmacotherapy and Outcomes Science, PO Box 980533, Richmond, VA 23298-0533.

assuming the role of "practitioners." Introduced in detail within the present commentary, the term "community-based pharmacist practitioner" (CPP) describes a pharmacist who routinely provides enhanced patient care services within the community. Based on the current landscape and trajectory of community practice, CPPs are essential members of the health care team and are the future of our profession.

Pharmacists' evolving role

The United States health care system is rapidly evolving, with increases in the number of insured individuals, shortages of primary care providers, a renewed focus on team-based collaboration, and emphases on quality of care and cost efficiency.¹ These issues are expected to become even more important as the Medicare population exceeds 80 million people by 2030 and underserved areas and populations expand as provider shortages grow.² Health plans and providers are seeking viable solutions that will result in improved patient access and outcomes.

Historically, pharmacists' primary role has been viewed as centering on safely and accurately dispensing medications. However, over the past decades, pharmacist training has evolved to focus on medication optimization, chronic condition

E-mail address: jrgoode@vcu.edu (J.-V.R. Goode).

Key Points

Background:

- Pharmacist training is evolving with a focus on medication optimization, chronic condition management, health and wellness, patient empowerment, care coordination, team-based care and other patient care services.
- Practice settings are expanding beyond the traditional community pharmacy to physician offices, ambulatory and outpatient clinics, patient-centered medical homes, and other community-based settings.
- The shift in practice setting and a focus on patientcentered care is confounding the notion of a "community pharmacist."
- The term community-based pharmacist practitioner (CPP) helps to clarify this shift by encompassing all pharmacists who routinely provide patient care services in any community-based setting.

Findings:

- The CPP highlights the unique skillset pharmacists use when they provide patient care services in a variety of community-based settings.
- CPPs embrace 4 tenets-direct patient care, teambased care delivery, patient care services management, and leadership for advancing patient care.
- CPP's are essential members of the health care team and the future of our profession.

management, health and wellness, patient empowerment, care coordination, team-based care, and other patient care services. In the current health care landscape, pharmacists are conveniently accessible health care professionals who, in coordination and collaboration with other health care team providers, are capable of taking on a greater role in the delivery of health care services.

Ever since the expansion of hospital-based pharmacy residencies in the 1970s, pharmacists and pharmacy residents have been increasingly included as the medication experts on interprofessional inpatient health care teams.³ The impact that pharmacists can have on patient outcomes and total cost of care has been realized in the inpatient setting, and over the past two decades the health care system has begun to recognize that pharmacists in the community can have an equally dramatic impact on patient outcomes. This realization is due in part to the shift to the Doctor of Pharmacy curriculum and the expansion of PGY1 Community Pharmacy Residency training, but the main shift in perception likely comes from pharmacists providing patient care services in communities outside the inpatient setting throughout America.

Introduction of the community-based pharmacist practitioner

There are approximately 175,000 pharmacists practicing in community settings.⁴ A majority of these pharmacists are administering immunizations, and increasingly they are

conducting health and wellness screenings, managing chronic conditions, providing medication management, and coordinating care transitions. Although many are assuming these roles within traditional community pharmacies, opportunities are expanding to join care teams in physician offices, ambulatory and outpatient clinics, patient-centered medical homes, and other community-based settings. For other health care providers, patients, and even within the pharmacy profession, these philosophic and functional shifts in practice setting and focus on patient-centered care are confounding the traditional notion of a "community pharmacist."

The term "community-based pharmacist practitioner" helps to clarify the shifts in practice by encompassing all pharmacists who routinely provide patient care services that meet patients' health care needs in any community-based setting. The scope of services that CPPs provide range from brief educational consultations to complicated management of patients and accountability for medication optimization, and pharmacists should identify themselves as CPPs if they consistently provide community-based patient care services.

Pharmacists may choose to broaden and strengthen their patient care skills through residency training or other education programs, such as APhA's Certificate Training Programs, but currently pharmacists in community-based settings can realize their potential as a CPP by dedicating themselves to the community they serve and regularly providing high quality patient care services.

Defining the "community"

As service delivery is transforming toward a focus on quality, cost efficiency, and coordinated team-based care, CPPs are rising to meet provider and patient needs by integrating within a variety of community locations. Community settings refer to locations where direct patient care is delivered outside of the inpatient health-system setting. Specific examples of these settings include chain and independent pharmacies, hospital-based outpatient clinics and pharmacies, physician offices, free clinics, federally qualified health centers, nursing homes, telehealth, houses of worship, barber shops, and community health events. CPPs provide access to care where people work, live, play, and pray. Simply stated, CPPs are engaging patients anywhere in the community where health and medication needs exist.

Primary tenets of community-based pharmacist practitioners

To better describe the functions and commitment of CPPs, it is proposed that the profession adopt 4 tenets to which CPPs hold themselves: direct patient care, team-based care delivery, patient care services management, and leadership for advancing patient care. Pharmacists who are providing patient care services in the community are encouraged to incorporate these primary tenets into their practice to self-identify as CPPs. Using the term community-based pharmacist practitioner when communicating with patients, physicians, and other health care providers will help to describe the pharmacist's skills and experience in improving patient health in the community and will become synonymous with the 4 tenets: Download English Version:

https://daneshyari.com/en/article/5555766

Download Persian Version:

https://daneshyari.com/article/5555766

Daneshyari.com