

**ASHP/ASHP Foundation
Ambulatory Conference and Summit**

**Preliminary Consensus Recommendations
February 26, 2014**

The goal of the Ambulatory Care Pharmacy Practice Model Initiative is to create a vision for forward thinking pharmacy practice models that will ensure that pharmacists participate as members of the ambulatory healthcare team who are responsible and accountable for patient and health system outcomes. The draft recommendations below, developed with guidance from the [Ambulatory Care Consensus Recommendations Panel](#), aim to advance patient care and optimize pharmacists' roles in ambulatory care settings. Participants at the Ambulatory Care Conference and Summit will have an opportunity to vote on these visionary recommendations and suggest revisions during an iterative consensus-building process.

1. Defining Ambulatory Care Pharmacy Practice

- 1.1 As members of the multidisciplinary patient care team, ambulatory pharmacists should perform patient assessments, have prescriptive authority for medications and laboratory tests, develop and manage therapeutic plans, provide literacy and culturally sensitive patient education, document findings and recommendations in the medical record, provide care coordination and other health services for wellness and prevention of disease, and provide follow-up care.
- 1.2 Pharmacists who provide care in the ambulatory setting should: be licensed through the appropriate board of pharmacy; have completed an ASHP-accredited residency or have appropriate practice experience; be certified by the Board of Pharmacy Specialties; and have completed an organization-based (e.g., health system) credentialing and privileging process.
- 1.3 Pharmacists who provide direct patient care in the ambulatory setting should establish scope of practice agreements with physician colleagues.
- 1.4 Patients in every ambulatory setting - including primary care practices, specialty practices, clinics, and community pharmacies - should have access to and be evaluated by an ambulatory pharmacist who participates as a member of the multidisciplinary patient care team.
- 1.5 The number of available ASHP-accredited Ambulatory Care Pharmacy residency positions must be increased in order to ensure an adequate capacity of appropriately trained pharmacists to provide direct patient care in the ambulatory setting.

2. Patient Care Delivery and Integration

- 2.1 Ambulatory pharmacists must have complete access to patients' medical records, including health services resource utilization, in order to provide and document provision of comprehensive, integrated and coordinated clinical pharmacist services.
- 2.2 Ambulatory pharmacists must collaborate with other health professionals to establish consistent and sustainable models for seamless transitions of care including discharge care coordination.
- 2.3 Ambulatory pharmacists should leverage health information technologies to efficiently identify populations of patients with chronic diseases for whom evidence-based, comprehensive medication management is indicated.
- 2.4 ASHP and the ASHP Foundation should develop resources, including a complexity score to identify patients who require advanced care from pharmacists, to advance patient care and pharmacy practice in the ambulatory setting.
- 2.5 ASHP, the ASHP Foundation, and individual ambulatory pharmacists should work to increase public and health professional awareness of pharmacists' roles as members of patient care teams.
- 2.6 The roles of pharmacy technicians, who have completed an accredited training program and are certified by the Pharmacy Technician Certification Board, should be optimized to enable ambulatory pharmacists to assume direct patient care responsibilities.

3. Sustainable Business Models

- 3.1 The United States Social Security Act must be amended to recognize pharmacists as healthcare providers. In addition to federal recognition, states and other jurisdictions that have pharmacy practice acts and commercial insurance payers must recognize pharmacists as providers.
- 3.2 The value proposition for provision of advanced ambulatory pharmacists' services must be defined and quantified.
- 3.3 Individual patient outcomes, population outcomes, and ambulatory pharmacist metrics should be used to create and sustain business models for ambulatory pharmacists' practices. Technology solutions must enable correlation of ambulatory pharmacists' interventions with patient outcomes.
- 3.4 Ambulatory pharmacists must be included as integral members of the healthcare team in patient-centered medical homes (PCMH), accountable care organizations (ACO), and

other patient care delivery models where they will be responsible and accountable for outcomes for panels of patients with complex and/or high cost medication regimens.

- 3.5 Services provided by ambulatory pharmacists who practice in PCMH and/or ACO models, as well as other patient care delivery models focused on achieving a set of quality and cost measures, should be reimbursed through capitated payments system and should be offset by demonstrated improvements in outcomes related to safety, effectiveness, patient experience, and efficiency.
- 3.6 Ambulatory pharmacists should continuously identify, evaluate and use technology solutions to deliver reimbursable pharmacists' services to select patients and patient populations.

4. Outcomes Evaluation

- 4.1 Based on established standards of care, pharmacy organizations should develop and validate metrics for ambulatory pharmacists' services that are deemed essential to medication management across the continuum of care.
- 4.2 Technology infrastructures must be developed for data collection, monitoring, and analysis of metrics for pharmacists' services.
- 4.3 Metrics for pharmacists' services should be correlated with individual patient care and population outcomes related to safety, effectiveness, patient experience, timeliness, efficiency and equity.
- 4.4 Through partnerships with patients and as members of the ambulatory healthcare team, pharmacists must demonstrate measureable effects on individual patient and population outcomes.
- 4.5 Ambulatory pharmacy leaders must define the components of a measurable value proposition that correlate pharmacists' unique contributions and high quality patient outcomes within new and emerging payment models.
- 4.6 Ambulatory pharmacists must demonstrate knowledge and understanding of quality measurement processes. Further, ambulatory pharmacists should participate in patient care policy development processes in their health systems *and* contribute to quality improvement research.