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.

The following preliminary recommendations were revised on March 3, 2014 based on feedback from participants in the ASHP Ambulatory Care Conference and Summit.

Domain 1: Defining Ambulatory Care Pharmacy Practice

1.1 To provide optimal patient-centered care, ambulatory care pharmacists should attain and maintain an appropriate competency standard which may include: an ASHP-accredited residency offering training in ambulatory care or equivalent practice experience; board certification (e.g., BPS, BC-ADM, CDE, CGP); and have completed an organization-based credentialing and privileging process.

1.2 As members of the interprofessional patient care team, ambulatory care pharmacists should perform patient assessments; have prescribing authority to manage disease through medication use and provide collaborative drug therapy management; order, interpret, and monitor medication therapy-related tests; provide care coordination and other health services for wellness and prevention of disease; provide education to patients and caregivers incorporating health literacy and cultural sensitivity; and document care processes in the medical record.

1.3 Ambulatory care pharmacists who provide direct patient care must establish a collaborative practice with their interprofessional team.

1.4 Across the continuum of ambulatory care, patients in every setting should have access to an ambulatory care pharmacist who participates as a member of the interprofessional patient care team.

1.5 Increase ASHP-accredited residency positions offering training in ambulatory care and similar training outside of residency in order to ensure appropriately trained pharmacists to meet the needs of patients, providers, health systems, and payers.
1.6 We recognize there is a critical need to articulate and promote a standardized pharmacist patient care process.

**Domain 2: Patient Care Delivery and Integration**

2.1 Ambulatory care pharmacists must have access to patients’ medical records and health information, including health services resource utilization, in order to provide and document provision of comprehensive, integrated and coordinated clinical pharmacist services which is accessible to all members of the healthcare team.

2.2 Ambulatory care pharmacists must collaborate with all healthcare professionals and caregivers to establish consistent and sustainable models for seamless transitions across the continuum of care.

2.3 Ambulatory care pharmacists must leverage health information technologies to efficiently identify populations of patients for whom evidence-based, comprehensive medication management is indicated.

2.4 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. *(MOVED FROM DOMAIN 3 – SUSTAINABLE BUSINESS MODELS)*

2.5 ASHP and the ASHP Foundation must develop resources and tools, to identify patients who require comprehensive medication management to optimize patient care and pharmacy practice in the ambulatory care setting.

2.6 ASHP, the ASHP Foundation, and ambulatory care pharmacists in collaboration with other key stakeholders must work to increase public, regulatory, and health professional understanding of pharmacists’ roles and the value they bring as members of inter-professional healthcare teams.

2.7 To promote efficiency when providing direct patient care, ambulatory care pharmacists should optimize the role of certified pharmacy technicians and other members of the healthcare team.

2.8 Ambulatory care pharmacists must partner with patients, families, and caregivers to set goals of therapy and promote accountability for self-management. *(NEW)*
Domain 3: Sustainable Business Models

3.1 Pharmacists must be recognized as healthcare providers. To achieve this, the United States Social Security Act (insert exact section number of the Act here) must be amended to add pharmacists to be recognized as providers. In addition to federal recognition, states and other jurisdictions that have pharmacy practice acts as well as other payers must recognize pharmacists as providers.

3.2 The value proposition for ambulatory care pharmacist services must be articulated and promoted for internal and external stakeholders.

3.3 Technology solutions must be able to attribute ambulatory care pharmacists’ interventions to achieve standard measures that validate patient and population-based outcomes.

3.4 Services provided by ambulatory care pharmacists should be focused on achieving a set of quality and cost measures, should be compensated, and should be valued by demonstrated improvements in patient outcomes.

3.5 Ambulatory care pharmacists should continuously identify and evaluate solutions to market and deliver financially viable pharmacists’ services to patients and other healthcare stakeholders.

Domain 4: Outcomes Evaluation

4.1 Ambulatory care pharmacists, in collaboration with patients, providers and payers, must define the components of measurable value that correlate pharmacists’ unique contributions to high quality patient outcomes.

4.2 Through partnering with patients and as members of the interprofessional healthcare team, ambulatory care pharmacists must demonstrate measurable and meaningful impact on individual patients and population outcomes.

4.3 Interoperable technology must be developed and or adapted to optimize patient care delivery and enable timely data collection, monitoring and analysis of ambulatory care pharmacists’ services.

4.4 Based on standards of care, ambulatory care pharmacists working interprofessionally should contribute to developing, incorporating and validating metrics for ambulatory care pharmacists’ services that are essential across the continuum of care.

4.5 Ambulatory care pharmacists should interpret quality measures, apply quality improvement principles, and disseminate findings.

4.6 Ambulatory care pharmacists should participate in patient care policy development and analysis.