

**Academia-CPESN Transformation (ACT)  
Pharmacy Collaborative**

Facilitating Collaborations between Colleges/Schools  
of Pharmacy and CPESN Pharmacies and Networks

# Community Practice Transformation: Curricular Framework

ACT Pharmacy Collaborative  
*#ACTforPharmacy*



## INTRODUCTION

The COVID-19 pandemic shone bright light on community pharmacies nationwide. Pharmacies kept their doors open to the public while other health facilities limited patient volume and often turned to telehealth options making it more difficult for patients with limited technology access and health literacy. Pharmacies served as an instant pipeline for the delivery of COVID-19 vaccinations for all age groups delivering over 258.1 million COVID-19 vaccine doses from over 41,000 pharmacies nationwide as of July, 2022.<sup>1</sup> Community pharmacies proved in real time that they are the “front door” to health care and in turn, are the “front door” to the profession of pharmacy.<sup>2</sup> The increase in visibility of pharmacists and their teams as patient care providers has increased opportunities for patient care service contracts, often utilizing medical billing, and at the same time, has created strain on the pharmacy workforce with rapidly changing expectations and delivery of care while the systems and workflow lag.

CPESN USA – a network of over 3,500 independent community pharmacies nationwide is recognizing the need for pharmacy graduates to be practice-ready – and able to develop and lead the implementation of patient care services.<sup>3</sup> CPESN Networks nationwide are currently engaged in contracts with health payors for the provision of pharmacist-provided patient care services in community pharmacies. Importantly, graduates need to be agile to the changing expectations and opportunities including technology, billing, digital health, and community partnerships.

Academia has a critical, fundamental role in developing the leaders of tomorrow who will continue to transform and grow our profession. As the business model has evolved from a dispensing-focused model, with declining reimbursement rates, to a mixed-model of dispensing, vaccinations, point-of-care testing, medication therapy management, chronic care management and more – the demands on the pharmacists and their teams have grown. Several schools and colleges of pharmacy recognized this shifting tide and in 2018 created the Academia-CPESN Transformation (ACT) Collaborative to strengthen the efforts between community pharmacies and academia for the advancement of the profession.<sup>4</sup>

The ACT Collaborative, now representing 97 colleges/schools of pharmacy has developed several initiatives to connect, coordinate, and enhance community pharmacy practice. Together with CPESN pharmacist leaders, faculty leaders, and professional pharmacy associations, (American Association of Colleges of Pharmacy (AACCP), National Community Pharmacists Association (NCPA), American College of Clinical Pharmacy (ACCP), and American Pharmacists Association (APhA)), we have developed a consensus Community Pharmacy Practice Transformation Curricular Framework for colleges/schools of pharmacy to utilize as they revise courses and curricula to meet the changing expectations for delivery of patient care services in community pharmacies nationwide. This document presents a curricular framework (referred to as the Framework) for community pharmacy practice transformation as a recommendation to all colleges and schools of pharmacy. The domains and objectives listed herein are applicable to both didactic and experiential education. We invite you to use this Framework to engage faculty and administrators on curricular design and outcomes to help drive practice transformation.

1. Centers for Disease Control and Prevention (CDC). The Federal Retail Pharmacy Program for COVID-19 Vaccination. Available at: <https://www.cdc.gov/vaccines/covid-19/retail-pharmacy-program/index.html>. Accessed July 20, 2022.
2. McGivney MS, Pope DD, Trygstad T. Unrealized Potential and Unrecognized Value: Community-Based Pharmacy Practice is Reinventing Itself - Join the Movement. *J Am Coll Clin Pharm* 2019;2:330-334. <https://doi.org/10.1002/jac5.1147>
3. CPESN USA. Community Pharmacy Enhanced Services Network. Available at: <https://www.cpesn.com>. Accessed July 20, 2022.
4. McGivney MS, Carroll J, Cothrel S, Trygstad T, Leon N, McGrath SH, Coley KC. Blueprint for building a national partnership collaborative. ACT (Academia-CPESN Transformation) Pharmacy Collaborative. March 2020. Available at: <https://www.actforpharmacy.com>. Accessed July 20, 2022.

## DEVELOPING THE FRAMEWORK

The ACT Pharmacy Collaborative, the American Association of Colleges of Pharmacy (AACP), and CPESN USA hosted workshop in November 2020, bringing together virtually over 200 people including deans, experiential learning directors, faculty, and community pharmacy leaders to collaborate and share community pharmacy practice transformation updates during the COVID-19 pandemic. A resounding request from faculty and college/school leaders was the need for a curriculum framework focused specifically on community pharmacy practice transformation. The ACT Task Force responded to this request by establishing two workgroups and organizing a series of listening sessions beginning in April 2021 resulting in the development of this Framework.

### Framework Development Timeline:

- April 2021: ACT Experiential and Curricular Workgroups formed
- May 2021 - August 2021: Workgroup meetings
- July 2021: AACP Annual Meeting (virtual) – over 40 participating faculty
- October 2021: ACCP Annual Meeting – Community Pharmacy Practice PRN
- October 2021: NCPA Annual Meeting
- January 2022: Framework review process starts with ACT Framework Committee
- March 2022: CPESN Leadership review
- March 2022: Task Force leaders meet at APhA Annual Meeting to finalize format and begin final writing
- June 2022: Final framework draft sent to Workgroup members for review

### Framework Workgroup Members:

Didactic Workgroup	
<b>Nick Leon (co-chair)</b>	Jefferson University
<b>Megan Smith (co-chair)</b>	University of Arkansas of Medical Sciences
<b>Michael Andreski</b>	Drake University
<b>Tosin David</b>	University of Maryland Eastern Shore
<b>Kendall Guthrie</b>	University of Missouri-Kansas City
<b>Karl Hess</b>	Chapman University
<b>Brooke Hudspeth</b>	University of Kentucky
<b>Justin Kirby</b>	Lipscomb University
<b>Sarah Lynch</b>	Binghamton University
<b>Traci Poole</b>	Belmont University
<b>Brittany Riley</b>	Marshall University
<b>Michelle Sahr</b>	Ferris State University

Experiential Workgroup	
<b>Chris Daly (co-chair)</b>	University of Buffalo
<b>Shelby Bennett (co-chair)</b>	University of Nebraska
<b>Rachel Allen</b>	University of Washington
<b>Jordan Ballou</b>	University of Mississippi
<b>Angela Clauson</b>	Belmont University
<b>Jen Danielson</b>	University of Washington
<b>Ashley Hannings</b>	University of Georgia
<b>Marlowe Djuric Kachlic</b>	University of Illinois-Chicago
<b>Tera McIntosh</b>	University of Kentucky
<b>Wes Nuffer</b>	University of Colorado
<b>Nicole Pezzino</b>	Wilkes University
<b>Nathan Pope</b>	University of Texas at Austin
<b>Leanne Showman</b>	Southwestern Oklahoma State University
<b>Kimberly Stultz</b>	University of Florida

## ACKNOWLEDGEMENTS

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The work of the Collaborative is guided by a task force of AACCP Faculty Appointees and CPESN USA Luminary Appointees: <https://www.actforpharmacy.com/leadership>. We thank all the faculty who have provided input for this Framework. Specifically, we would like to acknowledge the following individuals who dedicated their time to this initiative:

- Rachel A. Allen, PharmD, BCACP, University of Washington
- Shelby A. Bennett, PharmD, BCACP, University of Nebraska Medical Center
- Christopher Daly, PharmD, MBA, BCACP, University at Buffalo
- Heidi Daly, Marketing and Graphic Design Consultant
- Kelsey Hake, PharmD, University of Pittsburgh
- Sophia Herbert, PharmD, University of Pittsburgh
- Nicholas Leon, PharmD, Thomas Jefferson College of Pharmacy
- Melissa Somma McGivney, PharmD, FCCP, FAPhA, University of Pittsburgh
- Megan Smith, PharmD, University of Arkansas for Medical Sciences
- Alison Zappa, staff, University of Pittsburgh

## SUGGESTED CITATION

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## FOUNDING PARTNERS



## COLLABORATIVE PARTNERS



## UTILIZING THIS FRAMEWORK

Respecting there are notable differences between colleges and schools of pharmacy, it is our belief this framework can be used under a variety of circumstances such that it can be of benefit to Doctor of Pharmacy programs. Below are a few suggested uses for the Framework.

### **Evidence for Practice-Ready Graduates**

Community pharmacy faculty and ACT Champions can use this Framework as supporting evidence to underscore the importance and immediacy of preparing graduates to engage in community pharmacy practice transformation. This document can be utilized as a position paper or a call to action for all colleges and schools of pharmacy to work towards achieving the Framework's vision.

### **Course Design**

Colleges and schools of pharmacy who seek to increase their program's efforts to prepare graduates to participate and drive community pharmacy practice transformation can use this document as direction and inspiration as they engage in curricular and co-curricular design at the course and activity level.

### **Evaluation**

Colleges and schools of pharmacy already have community pharmacy practice transformation education within their curriculum. This document can be helpful to inventory, evaluate and identify areas of opportunity to enhance their efforts in this area.

### **Quality Assurance & Improvement in Experiential Education**

Experiential education administrators can find the Framework helpful as they work to identify and collaborate with community pharmacies who are actively engaging or who are interested in engaging in practice transformation. Experiential rotations in community pharmacy settings, at any level, can be designed to include tasks and assignments that map to the domains found in this document to help spark new, or amplify existing transformation efforts.

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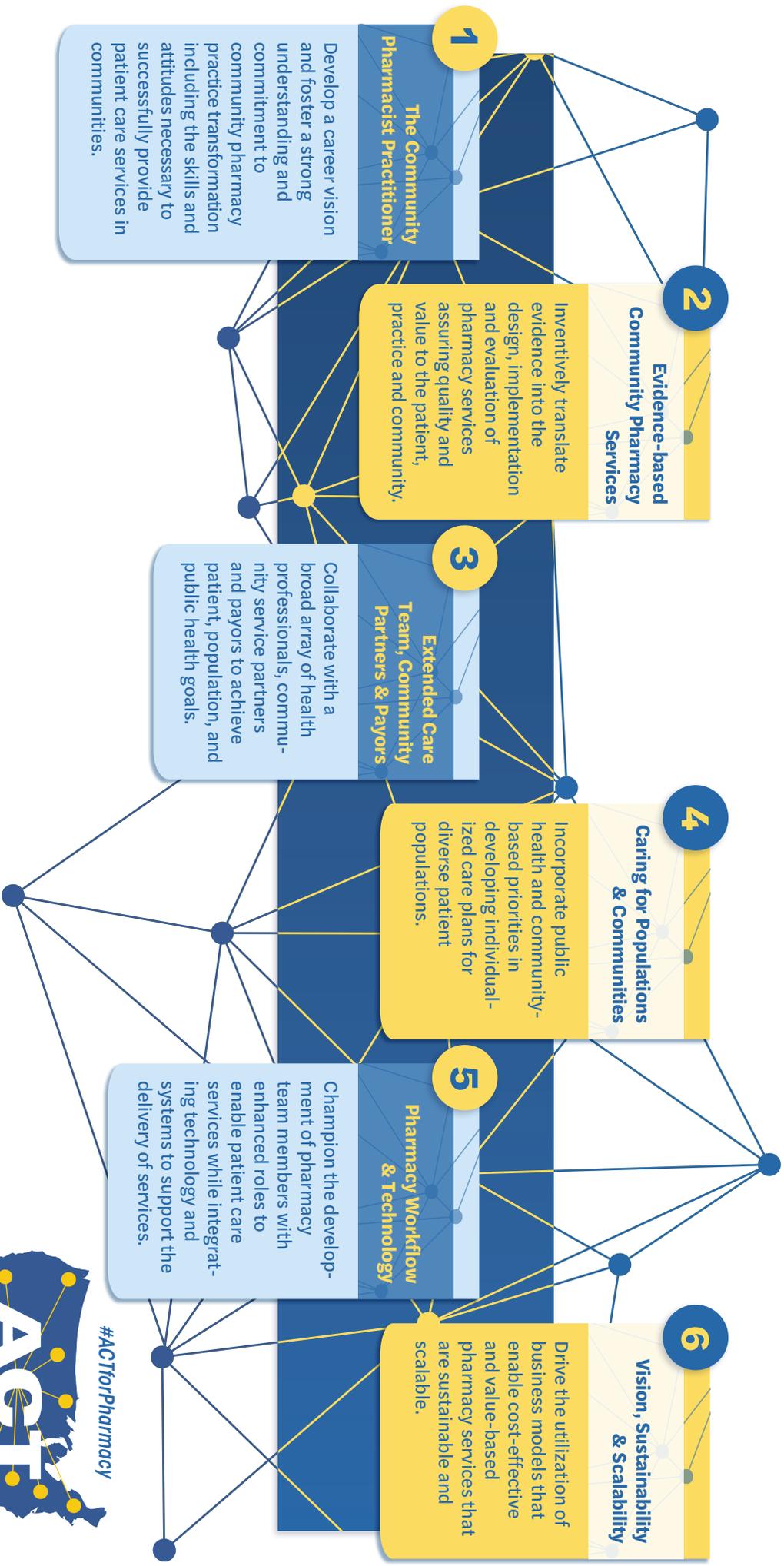
### **Curricular Revision**

Doctor of Pharmacy programs who are undertaking curricular revision can use this document to create and justify community pharmacy practice transformation related program goals, learning outcomes, and curricular threads that cut across the program and are interwoven with the delivery of other content.

# Community Pharmacy Practice Transformation Domains

## Community Pharmacy Practice Transformation Curricular Framework

**Vision:** Pharmacist graduates of all colleges/schools of pharmacy will be able to drive practice transformation, equipped with the knowledge and skills to immediately contribute to the design, implementation/delivery, evaluation, and improvement of sustainable patient care services alongside the provision of dispensing services in community pharmacies nationwide.



1

## The Community Pharmacist Practitioner

Develop a career vision and foster a strong understanding and commitment to community pharmacy practice transformation including the skills and attitudes necessary to successfully provide patient care services in communities.

Develop a personalized philosophy of care

- Incorporate the principles of clinical pharmacy: “optimize medication therapy and promote health, wellness, and disease prevention”

Develop strong ties to the profession of pharmacy and communities served through:

- Professional organization involvement
- Profession advocacy (state and national level)
- Community engagement and advocacy

Knowledge:

- Recognize scope of practice opportunities within state/community
- Identify advanced patient care services in communities throughout the nation
- Design a routine way to stay up-to-date with new and emerging trends in community practice services and operations, drug therapy and disease-specific care

Attitudes:

- Act as an empowered professional
- Reflect honestly and critically on decisions, actions and performance
- Awareness of strengths, liabilities and professional bias
- Seek meaningful professional experiences
- Practice routine self-care

2

## Evidence-based Community Pharmacy Services

Inventively translate evidence into the design, implementation and evaluation of pharmacy services assuring quality and value to the patient, practice and community.

Utilizing pharmacy and community data, identify gaps in patient care services

Apply evidence from the literature to support the development and evaluation of pharmacy services

Identify specific, evidence-based examples of enhanced pharmacy services:

- Appointment-based model with medication synchronization
- Vaccination services
- Point of care testing and wellness screenings
- Comprehensive Medication Management/Medication Therapy Management
- Disease-focused medication management (i.e., hypertension, asthma/COPD, diabetes)

Participate in the provision of patient care services including:

- Incorporation of the pharmacist patient care process with each patient encounter
- Application of therapeutic knowledge of drug and disease states directly to patients

Review and apply policies and procedures for community pharmacy services understanding relevant guidelines, standards of practice, and regulatory expectations

Engage in continuous quality improvement, while including the patient voice, when implementing and evaluating the service

3

### Extended Care Team, Community Partners & Payers

Collaborate with a broad array of health professionals, community service partners and payors to achieve patient, population, and public health goals.

Recognize how the pharmacy is/can be an access point to health services

Support local community events and groups through partnerships, provision of care services at events (i.e., vaccinations or wellness screenings), and/or sponsorship/marketing of events

Establish patient-centered relationships with patients, families, and caregivers as a part of the extended care team

Support the development of relationships with local prescribers and their practice teams

Initiate and support referrals of care to resources in the community

Identify and engage with stakeholders:

- Community organizations
- Government agency officials
- Health plans
- Health-systems and/or prescriber practices
- Local businesses (i.e., local gym, library, community center, etc)

4

### Caring for Populations & Communities

Incorporate public health and community-based priorities in developing individualized care plans for diverse patient populations.

Address social determinants of health within the provision of pharmacy services

Partner with public health organizations (i.e., local and regional departments of health) in connecting patients to care resources

Actively utilize local population data to identify community needs

Design and implement pharmacy services that incorporate public health needs

Incorporate precision public health – utilizing pharmacy and community-specific data to drive patient care (i.e., infection outbreak, incidence of drug overdoses)

5

### Pharmacy Workflow & Technology

Champion the development of pharmacy team members with enhanced roles to enable patient care services while integrating technology and systems to support the delivery of services.

#### Workflow:

- Develop and support new roles for non-pharmacist staff
- Gain skills in managing and supporting non-pharmacist staff while ensuring financially viable practice
- Utilize the appointment-based model as the foundation of the patient care services workflow

#### Technology:

- Embrace technology and automation solutions for services
- Incorporate the use of the eCare Plan standard for documentation of services
- Encourage the development of relationships with prescribers to enable the use of electronic health record communication
- Seek knowledge of digital health tools and incorporate where appropriate into patient care services

6

### Vision, Sustainability & Scalability

Drive the utilization of business models that enable cost-effective and value-based pharmacy services that are sustainable and scalable.

Articulate the value of the pharmacy services to patients, community/health care partners, payors, and the community at-large

Support the development of business plans to support initiating and sustaining patient care services

Navigate the credentialing process of health payors for pharmacist services

Outline the general components of value-based contracting

Identify payment paths for pharmacist services including medical billing and pharmacy-services billing

Explore marketing strategies for patient care services including social media, news outlets, and direct to community

## STAY ENGAGED

We invite you to stay engaged with the **ACT Pharmacy Collaborative** and the work of **community pharmacy practice transformation and curricular change to meet the needs in practice**. The ACT Pharmacy Collaborative has a publicly available website at [www.actforpharmacy.com](http://www.actforpharmacy.com) where you can find additional information and resources. There are several ways to stay involved: 1) join our listserv to receive email updates about the progress of the Collaborative <https://www.actforpharmacy.com/stay-informed>; 2) if your college/school is not already a member of the Collaborative, explore how you can support your college/school in becoming a member: <https://www.actforpharmacy.com/how-to-join>; 3) interact with our publicly available tools and resources including the 50 Stories from 50 States Library and the online version of this Framework, which includes additional resources. You are welcome to submit ideas and additional materials to the Collaborative to be featured on the website with the Framework. Email us at [actforpharmacy@pitt.edu](mailto:actforpharmacy@pitt.edu) with any questions, ideas, or resources you would like to share.

The ACT Pharmacy Collaborative also has an AACP Connect Community that faculty interested in the Collaborative are welcome to join. This platform is a ready resource for ACT faculty to share ideas and information on an ongoing basis. The ACT Pharmacy Collaborative regularly holds nationwide Zoom sessions/webinars for ACT faculty. For more information about either of these resources, please email us at [actforpharmacy@pitt.edu](mailto:actforpharmacy@pitt.edu).

Community pharmacy practice will continue to evolve to meet patient, community, and public health needs. We invite you to join us as we **UNITE**, **MOBILIZE**, and **AMPLIFY** practice transformation efforts nationwide!



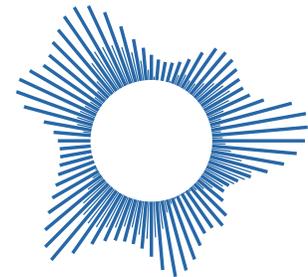
### UNITE

Unite schools/colleges of pharmacy and pharmacist leaders nationwide with a common focus to transform community-based pharmacy practice



### MOBILIZE

Mobilize stakeholders and resources to support and facilitate implementation of community-based pharmacy care



### AMPLIFY

Amplify the development and implementation of sustainable community-based pharmacy care delivery