Twelve months ago I stood before you as your President-elect and set the agenda for 2010-2011 by noting that the stars are aligning for pharmacy in a reformed healthcare system. I implored you to move now if we were to realize the Joint Commission of Pharmacy Practitioners (JCPP) 2015 vision of a truly patient-centered practice, of a "new American pharmacist" who uses knowledge of drugs and drug products and skills, and accepts the responsibility of working with people to improve drug therapy outcomes and thereby improve patients’ health. I described several major initiatives that would be priorities during my presidential year. The first of these is to position AACP to help pharmacy take advantage of the opportunities lining up through healthcare reform. A couple of specifics that are transpiring in this regard:

AACP, assisted by our faculty members, is working to implement the many provisions of the Affordable Care Act in a manner that readily acknowledges and integrates medication management as essential to high-quality care that is patient-centered, team-based, and supported by informatics. Our work is influencing the implementation of patient-centered medical homes, accountable care organizations, health information technology, clinical prevention and population health programs, and improvements in care quality through biomedical and health services research.

Next, recognizing that pharmacists are an essential member of the primary care team, AACP is working with federal agencies and members of Congress through Senate Bill 48 to make sure patient-centered care includes access to a healthcare team that integrates the pharmacist. This work includes building support for legislation that would allow pharmacists to participate in the loan repayment program of the National Health Service Corps.

Another priority was to increase public awareness of the role pharmacists can and should play in their healthcare. I charged the Argus Commission to examine ways in which AACP and its members could engage with appropriate consumer groups to increase awareness of “the new American pharmacists” and their role and value in patient-centered care. Besides the solid recommendations put forward in the Argus Commission’s report relating to (1) action by the Joint Commission of Pharmacy Practitioners (JCPP), (2) revising our Exemplary Pharmacy Practice Experiential site criteria, and (3) better utilizing various public relations and communications activities, the Association has partnered with the National Consumers League and a host of other national organizations to address, through public media and forums, the problem of poor medication adherence.

Patient medication-related and overall health outcomes are negatively impacted when medications are not appropriately managed. Recognizing that patient adherence to a medication-use plan is an important component of medication management, the National Consumers League (NCL), with partners including AACP, has launched Script Your Future, a nationwide research and public relations campaign designed to improve the likelihood that patients will recognize the importance of medication adherence for their healthy future. (You can read about this on the NCL Web site at www.nclnet.org and review the public page at www.ScriptYourFuture.org.)

AACP’s advocacy efforts continue to get pharmacy academia’s message to our policy makers. Significant efforts have been made in conjunction with the advocacy leaders in our partner organizations in JCPP. Will Lang is doing a yeoman’s job in moving our issues forward. But we need your help not only nationally, but back home in your state capitols and legislative offices as well. I heartily encourage you to review the case studies contained in the Advocacy Committee report. These cases relate practices of evidence-based advocacy across a wide spectrum of education and practice focused issues. Getting our message to our policy makers is an essential step in taking advantage of the stars’ alignment. We have the evidence, now we need to share this effectively.

Our Professional Affairs Committee, with members from several national pharmacy practice organizations, is prodding us as an academy to take giant steps to position pharmacy to be an integral player in improving patient care through improvements in our healthcare system. They urge our colleges and schools to actively work to ensure pharmacists are required to be part of the healthcare teams being constructed in the accountable care organization (ACO) and Health Home models. They
articulate a solid case for us to invest in postgraduate residencies for our pharmacy graduates with experience in models of team-based care. They advocate partnerships with other pharmacy organizations to ensure a well-trained technician workforce to assist in achieving our mission of the best quality pharmacy care for our patients. And they challenge all our colleges and schools to develop in their graduates the skills and knowledge of management and entrepreneurship to take an existing practice and redesign it for the patient-centered practice of the “new American pharmacist.”

The Academic Affairs Committee has developed a skill set in the affective domain for pharmacy graduates that would better enable them to create, build, and sustain practices in new models of care being developed for the patient-centered, team-based paradigm. These skills would build on the cognitive competencies outlined in the Center for the Advancement of Pharmaceutical Education (CAPE) Outcomes. I encourage you to take the Committee’s work and suggestions to heart when considering what our curricula in the broadest sense should do to provide our students with all the tools necessary to successfully move pharmacy practice forward.

The Special Task Force on Student Professionalism built upon work the Association has done in the past to develop 16 recommendations for the Association and colleges and schools to consider to address the development of student professionalism and of our students as professionals. These recommendations cut across many areas of activity from curriculum to admissions to interprofessional efforts.

In addition to this year’s committee charges, AACP also has made great strides in enhancing the programs, products, and services that we offer to our members. These advances are noted in the Annual Report, but I wanted to mention a few of the most notable achievements that took place this year.

Central to achieving our vision for the “new American pharmacist” is the appreciation of other care providers that a team without a well-prepared pharmacist is an incomplete patient care team. We made important progress in this regard over the past year in our work with 5 other associations, and on May 10, we released core competencies for interprofessional education and team-based care. I thank Drs. Susan Meyer and Dan Robinson for their significant contributions to the project. Our work with medicine, nursing, dentistry, and public health will expand in the months ahead as we work on new programs to turn interprofessional education from an aspiration to reality. We also will continue to expand the number of health professions working with us.

This year AACP launched one of our most far-reaching programs in pharmacy education since PharmCAS to meet the needs of our members, the new Assessment and Accreditation Management System or “AAMS.” This new system, designed in partnership with the Accreditation Council for Pharmacy Education (ACPE), is an expansion of the Pharmacy Education Assessment and Accreditation Services (PEAAS) portfolio, which provides our members with desktop control for assessment strategies and accreditation self-study management. To date, 72% of schools have trained in 6 programs offered by staff members across the country.

I continue to be impressed by how many of our schools are engaged in important education and research internationally. I am pleased that in the past year AACP has formalized relationships with like organizations around the world to officially launch the Global Alliance for Pharmacy Education (GAPE).

At this time I take great professional and personal pleasure in announcing an action that the Board took this week. The AACP Transformative Community Service Award has been renamed in honor of one of the Association’s past presidents and visionaries. He is dean emeritus of the University of Minnesota College of Pharmacy and was a major influence in my career as he was for many others in the room. He transformed every entity he was affiliated with, setting the stage for AACP’s current structure and transforming pharmacy education in the United States and around the globe. From this point forward, the AACP Transformative Community Service Award will be known as the Lawrence C. Weaver Transformative Community Service Award.

Once again, I am extremely pleased with the progress we have made over the past year. The stars continue to align as is evident in the progress made this year in all of these areas.