

THE COVID-19 PANDEMIC ACROSS THE ACADEMY

An Unparalleled Spirit of Collaboration Amid the COVID-19 Pandemic

Lucinda L. Maine, PhD

Executive Vice President and CEO, American Association of Colleges of Pharmacy, Arlington, Virginia

Submitted May 11, 2020; accepted June 2, 2020; published June 2020.

The COVID-19 pandemic is having a profound impact across the United States and the rest of the world. Health care professionals, including pharmacists, are working on the frontlines and across the spectrum of public health and research. To fully optimize the contribution of pharmacists during this crisis, state and federal policies and regulations that limit pharmacists' roles had to be identified and modified. A strong coalition of national pharmacy organizations, including the American Association of Colleges of Pharmacy, embarked upon an unprecedented level of collaboration to produce a joint statement identifying key policy recommendations. This collective continued working together as the full force of the pandemic was realized and engaged with policy makers at the state and national levels to advocate for these policy recommendations. Ideally the lessons learned in terms of the power of working together in a crisis will reframe future collaborations to the benefit of the profession and ultimately to the patients we serve.

Keywords: collaboration, JCPP, pharmacists

The American Association of Colleges of Pharmacy (AACP) thrives on the spirit of collaboration. This drives our leaders, members, and staff to pursue partnerships for significant initiatives. One can see this in the work of our Councils, Sections and Special Interest Groups through projects, webinars, and other programs.

In January I marked my 28th year of working in the DC metro area, all in senior management positions for pharmacy associations. I have studied projects that have proven quite successful. One such program is the five-organization partnership that launched the Pharmacy Technician Certification Board (PTCB) as far back as January 1995. Hundreds of thousands of pharmacy technicians have earned national certification over the last 25 years, and now PTCB has initiated more advanced credentialing. Such success could likely never have happened if a single organization had tried to launch such a program. In fact, nearly every initiative I can think of that has been highly impactful has been driven through collaboration.

Clarity of terms used in this commentary is important. While similar and often used interchangeably, collaboration, cooperation, and partnership have subtle but important differences. Collaboration is a coordinated, synchronous activity that is the result of a continued attempt to construct and maintain a shared conception of a

problem. Cooperation is accomplished through the division of labor among participants as an activity where each person is responsible for solving a portion of the problem. Partnerships, such as PTCB, may be more formal as in the establishment of a business by two or more organizations to accomplish a shared goal. All require the identification of a shared problem or opportunity, effective leadership, and commitment to working together. It has been said that these types of effort are easier to forge and maintain in the face of a crisis.

Throughout my career, I have often heard pharmacists and pharmacy educators complain about a lack of cooperation among pharmacy membership organizations. This is despite the existence of the Joint Commission of Pharmacy Practitioners (JCPP), an alliance that was established in 1977. The JCPP serves as a forum on matters of common interest and concern to national organizations of pharmacy practitioners and liaison members. The AACP is a liaison member, along with the Accreditation Council for Pharmacy Education, the National Association of Boards of Pharmacy, and the National Alliance of State Pharmacy Associations.

Since 1989, the JCPP has coordinated significant strategic planning sessions on behalf of the profession. The most highly supported recommendation made by attendees of the 1989 Pharmacy in the 21st Century conference, which was coordinated by AACP, asserted that the profession needed a new mission and that mission should encompass the delivery of pharmaceutical care.¹ More recently, a JCPP working group developed the

Corresponding Author: Lucinda L. Maine, American Association of Colleges of Pharmacy, 1400 Crystal Dr., Ste. 300, Arlington, VA 22202. Email: lmaine@aacp.org

Pharmacists' Patient Care Process model.² Thirteen national associations now comprise the JCPP membership (Table 1). While the organizations claim a shared vision for the profession, there are subtle but important differences in the perspectives of association leaders on training and implementation of pharmacists' practice activities that can hamper collaboration and effective communications. Hopefully, the work coordinated by JCPP leaders in the face of the crises associated with the COVID-19 pandemic will communicate a strong message of unity to the nation's pharmacists and external parties.

The pandemic caused by the SARS-CoV-2 virus stimulated a truly remarkable commitment among national pharmacy organizations to work together to articulate the vital roles of pharmacists in this crisis. The leaders of the organizations have a shared vision of expanded roles for pharmacists, especially in the context of our contributions in a public health emergency. By early March, several organizations had independently begun developing and, in some cases, distributing position papers on this advocacy priority. In lightning speed, staff from JCPP member organizations worked to draw upon these first resources to produce a joint document released initially on March 23, 2020. *Pharmacists as Front-Line Responders for COVID-19 Patient Care*³ emphasizes four specific policy recommendations for consideration by state and national entities (Table 2).

The statement was widely distributed to policy-makers at the state and national level. This included Vice President Pence, who chairs the White House Coronavirus Task Force, to members of the US Congress and their staff members, senior administrators at the US Department of Health and Human Services, US Food and Drug Administration (FDA), Centers for Medicare & Medicaid

Services (CMS), and the Center for Disease Control and Prevention (CDC). It was also sent to governors at the state level and disseminated by the communications staff of all 12 collaborating JCPP organizations in a wide and coordinated fashion.

In the weeks since release of this policy statement and its recommendations, coordinated work has continued across the coalition. There have been meetings and other communications with the FDA and CDC and intense communications with the offices of top Congressional leaders who have worked to draft COVID-19 relief packages. The April 8, 2020 announcement by the Office of the Assistant Secretary for Health (OASH) affirming that pharmacists are recognized at the highest levels of government and should be deployed in the expansion of testing, treating and vaccination is further evidence that we are being heard and our recommendations have resonated with these influential leaders.⁴ Members of the collaborating organizations also met with CMS leaders in May for further discussion of tactical issues associated with implementation of the testing provisions of the April OASH announcement.

At the state level, communications with the National Governors Association and the state boards of pharmacy through the National Association of Boards of Pharmacy have resulted in adoption of many of our recommendations that are relevant to state practice authorization and expansion. Our state pharmacy associations are extremely active, as are many of AACP's members, at the state and local levels as advocates for pharmacists as essential frontline providers in the pandemic response.

Many have made the statement that a crisis should never go to waste. It is also true that securing commitments to collaboration in the face of a crisis may be easier than maintaining such cooperation once the situation resolves. Given the extreme nature of the pandemic and the great uncertainty of what will happen over the next six, 12, and even 24 months, ongoing commitment by the profession's top leaders to work together on advancing the profession is essential. It will require the continued prioritization of staff and volunteer time and effort and effective prioritization of strategies, but clearly working together in this way will have greater impact than individual organizations attempting to make changes alone.

One benefit of the pandemic that should not be overlooked is the amount of attention pharmacists' activities and accessibility have received from the media. Excellent stories of pharmacists' service on the frontline have been broadcast on radio, television, and in major news outlets. In many cases, this coverage was stimulated by the original joint statement and echoed the

Table 1. Current Membership of the Joint Commission of Pharmacy Practitioners

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| Academy of Managed Care Pharmacists |
| Accreditation Council for Pharmacy Education ^a |
| American Association of Colleges of Pharmacy ^a |
| American College of Apothecaries |
| American College of Clinical Pharmacy |
| American Pharmacists Association |
| American Society of Consultant Pharmacists |
| American Society of Health-system Pharmacists |
| College of Psychiatric and Neurologic Pharmacists |
| Hematology/Oncology Pharmacists Association |
| National Alliance of State Pharmacy Associations ^a |
| National Association of Boards of Pharmacy ^a |
| National Community Pharmacists Association |

^a Denotes liaison member status with the Joint Commission of Pharmacy Practitioners

Table 2. Policy Recommendations From the National Associations' COVID-19 Joint Statement

1. Authorize pharmacists to order, collect specimens, conduct and interpret tests and, when appropriate, initiate treatment for infectious diseases. Expand state immunization authorization to include all FDA approved vaccines, including a COVID-19 vaccine once available.
2. Ease operational barriers to address workforce and workflow issues for pharmacists and pharmacy technicians. This would include expanding telehealth authority permitting personnel to conduct routine tasks remotely, including across state lines.
3. Address product shortages and continuity of care through appropriate product interchange and insure additional transparency of shortage information from both the FDA and pharmaceutical manufacturers.
4. Provide direct reimbursement for services delivered by pharmacists in accordance with their scope of practice. Assure access to testing, treatment and pharmacists services for patients without adequate access to services.

recommendations contained in that document. The strength of this collaboration and the progress it generated in achieving the goals of expanded pharmacists' authority in direct patient care must be sustained. This will only be achieved through a commitment to continuous collaboration among our national associations.

Once we get past the acute crisis and learn what the "new normal" looks like, pharmacy's state and national organizations must realize that together we can accomplish so much more on behalf of our members and the public we serve. Pharmacists on the frontline and those contributing in the myriad ways that members of the profession do should be able to count on this cooperation to accomplish our goals for pharmacy in the 21st century.

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