AACP REPORT

Report of the 2021-2022 Strategic Engagement Standing Committee

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EXECUTIVE SUMMARY

For the American Association of Colleges of Pharmacy (AACP) strategic engagement is critical to the success of colleges and schools of pharmacy in expanding pharmacy and public health practice, meeting programmatic needs, and fulfilling institutional missions. The 2021-2022 Strategic Engagement Committee (SEC) was charged to develop a resource guide for AACP and member institutions to advocate for payment for practice-related services. The focus of this charge is on payment for patient care services delivered by schools/colleges of pharmacy faculty. In order to understand faculty practice for patient care services delivered by schools/colleges of pharmacy faculty. In order to understand faculty practice for patient care services and to identify sources/mechanisms of payment, the SEC worked to develop a “Practice Model Survey” to assess current trends in pharmacy practice activities among US Schools/Colleges of Pharmacy, including integration into value-based health systems and practice plans involving revenue payment models. We know that pharmacy practice faculty provide significant direct patient care that is critical to advancing the profession1, but there is more data we can collect to advance and support such services.

The committee also developed a resource guide for use by colleges and schools of pharmacy to better advocate for these services within their institutions. Given the charges of the Professional Affairs Committee, team members collaborated on the development of the resource guide. Resources focused on advocacy highlighting some of the work AACP and several partner organizations are doing in this space. This includes materials that are being utilized at institutions to help educate students and prepare them to be their own advocates. The resource guide related to advocacy will be a living document that updates as more materials are developed and policy priorities change. The guide will be hosted on AACP’s website and is scheduled to be up and running summer 2022.

RECOMMENDATIONS AND SUGGESTIONS

Based upon the work of the 2021-2022 SEC, the following recommendation is provided to AACP based on the work of the committee:

1. Conduct a pilot of the “Practice Model Survey” with institutions that were involved in its generation, so as to ascertain the overall utility of the instrument and changes warranted. Preliminary results should be presented to AACP membership at the Annual Meeting in 2022.

INTRODUCTION AND COMMITTEE CHARGES

According to the Bylaws of the American Association of Colleges of Pharmacy (AACP), the Strategic Engagement Committee (SEC) “will advise the Board of Directors on the formation of positions on matters of public policy and strategies to advance those positions to the public and private sectors on behalf of academic pharmacy.”

President Haines presented the 2021-2022 SEC with the following charges:

1. Develop a resource guide for AACP and member institutions to advocate for payment for practice-related services from State and Federal programs. The focus of this charge is on payment for patient care services delivered through State and Federal programs, the current mechanisms for payment, and changes to current laws/regulations/policies that would likely increase payments to faculty (directly or indirectly) for patient care services.
2. Nominate at least one person for an elected AACP or Council Office.
3. After completion of the committee’s charges, consider ways that AACP can improve its financial health. Based on the committee’s work, are there any potential revenue generating or cost saving opportunities that the Association should consider.
Leveraging the role of pharmacists, the third largest healthcare providers in the US, is essential to the health and welfare of all communities, from urban, to suburban to rural. Yet, this access and services for healthcare must be fairly compensated. Physicians have endorsed the engagement of pharmacists as exemplified in the work produced by the American Medical Association (AMA), in a tool to help physicians improve patient care. Yet this future cannot be realized if not supported financially.

Tenets to the Triple Aim of providing better care, lower costs, and improved health as touted by Centers for Medicare & Medicaid Services (CMS) are aligned with the pharmacy profession. In the 2019 paper, “From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider,” provider burnout is associated with lower patient satisfaction, reduced health outcomes, and it may increase total healthcare costs. Dissatisfied physicians are more likely to prescribe inappropriate medications which can result in expensive complications. Compensating pharmacists as providers directly for their services is essential to the health of our country and achieving the Quadruple Aim.

A future should be envisioned and supported by payers, including CMS, whereby pharmacists are recognized as providers. Alignment of pharmacists as providers and reimbursed for services provided as other non-physician providers by CMS is necessary. Yet the pharmacy academy, which is part of the fabric of pharmacist providers as a whole, lacks comprehensive data on the landscape of the services and reimbursement for services provided by the clinical faculty as part of overall healthcare delivery.

**PROCESS**

The SEC met regularly throughout the course of the year to brainstorm, plan and achieve the charges listed above. The committee also held a joint meeting with the Professional Affairs Committee (PAC) given the synergistic nature of that committee’s charge. The leadership of both the SEC and PAC held combined meetings to delineate the differences in their respective charges and ensure alignment in outcomes to meet the needs of the academy. There was close work on the resource guide development with the PAC to follow similar formatting and guide structure.

As the SEC began discussions about potential resources, we focused on how faculty are being utilized at their institutions and the payment structures that are in place. Previous work done by one of our members, John Gums, began looking at the perceptions, barriers, and implementation strategies related to direct patient care models and how practice departments are employing practice plans, within their institutions.

Using the previous work done by Dr. Dowling, Thomas and Gums, the committee decided to develop a new survey that really gets at the payment for patient care services delivered by clinical faculty employed by schools/colleges of pharmacy. To understand faculty practice for patient care services and to identify sources/mechanisms for payment, we developed a detailed survey looking to gain this information. It is important that we collect this data as more states grant provider status to pharmacists and new value-based reimbursement models emerge which may include pharmacists. The hope of this work will set a precedent to the changing landscape of reimbursement for patient care services provided by faculty.

To achieve our goals of drafting a new survey based on the previous work, we met with the PAC to gain their feedback and input on what data they would like to see from a survey of this type. Based on the level of feedback and depth of the questions we were asking, the committee developed a “Collection Tool” to assist respondents as they filled out the survey. This tool included definitions for several terms and explanations of office/outpatient E/M coding. The tool, in Excel format, also serves as a collection base for institutions to utilize for their own internal use in the future.

We had anticipated utilizing some of this data in the development of our resource guide, however, we wanted to incorporate some information from some of our partner organizations. A separate subgroup of our committee collated several resources and available information from our pharmacy partners related to their respective advocacy work. Our goal was to have a “one-stop shop” where our members can find what information is out there and what resources are available on various topics. We are expecting that this document will be living, allowing for materials to be continuously updated as policy priorities evolve.

**CONCLUSION**

There are multiple models where pharmacists are practicing within the full scope of their licensure and education, as such they are included as credentialed members of the healthcare team and practicing at the top of their profession. Yet, these professional services are often not compensated or reimbursed. Thus, there is an opportunity for pharmacists to collaborate with physicians and other providers adding significant value in healthcare delivery. Yet the contribution of pharmacists to healthcare improvement cannot continue to go unrecognized, nor uncompensated. This work collated through the “Practice Model Survey” in the Academy
will help to lay the foundation for reimbursement of billable clinical services being provided by clinical pharmacy faculty and clinical pharmacist. Such data can then be used to advocate locally and nationally for changes allowing pharmacist providership and reimbursement. We anticipate that we will learn from this process to improve the Patient Care Payment Models of Pharmacy Faculty survey so that it is useful to the academy and key stakeholders.

REFERENCES