

The Strategic Plan of the American College of Clinical Pharmacy

The strategic planning process of the American College of Clinical Pharmacy typically occurs on a three- to five-year cycle. Every fourth or fifth year, ACCP organizes a major planning initiative that includes a broad representation of its membership. This initiative updates and creates a new strategic plan, identifies goals and objectives, and begins the process of developing action-oriented strategies to achieve the stated objectives. In the interim, the ACCP Board of Regents, Research Institute Board of Trustees, and *Pharmacotherapy* Board of Directors assume primary responsibility for establishing priorities, working on selected goals and objectives, monitoring progress, and refining the plan as needed to reflect changes in environmental conditions. Over 1000 ACCP members have provided input to the College's strategic plan by participating in surveys, focus groups, and strategic planning retreats.

The goal of ACCP's strategic planning effort is to develop, implement, and monitor an integrated strategic plan for all facets of the organization. This requires a shared vision of where we are trying to move the entire organization while recognizing that the individual missions of ACCP, the Research Institute, and *Pharmacotherapy* all contribute to achieving this vision in their unique ways. The process and timeline used to develop this planning document are depicted in Figure 1.

Core Values and Mission

The College's strategic plan is built on a foundation composed of the organization's core values and mission. All organizations—whether for-profit businesses or professional associations like ACCP—are guided by their values and mission. Although many have never taken the time to examine and articulate them, the nature of their values and mission often distinguish the truly successful organizations from the rest of the pack.

Values are beliefs, often deeply held, about what is important. They comprise principles, standards, or qualities considered inherently worthwhile or desirable. Everyone has a value system that encapsulates what they stand for and that they use to judge the world around them and to examine their experiences. Good organizations also have clearly identified values upon which they base, and against which they judge, their actions. Clarifying values for the organization makes it more likely that the organization's actions will be principled, consistent, and clear. An organization's mission is a reflection of its core purpose and serves as its fundamental reason for being. It serves as a beacon to guide the organization in its long-term endeavors.

A Vision for Pharmacy and ACCP

A dynamic and forward-looking organization will establish a long-range vision for itself and then set about working to make that vision a reality. This vision was established

Figure 1. Summary of ACCP's Strategic Planning Process

- July 2006: 16-month strategic planning process is announced in the July 2006 *ACCP Report*.
- July 2006: Nearly 1000 ACCP members provide input on core values, vision, and critical issues for the College and the pharmacy profession by completing a Web-based survey.
- August 2006: Preliminary draft of core values, vision, and emerging critical issues is developed after the Board of Regents analysis and discussion of survey results.
- October 2006: About 100 members participate in focus groups conducted at 2006 Annual Meeting to validate draft core values, vision, and critical issues.
- December 2006: Strategic Planning Steering Committee (SPC) develops consensus draft of critical issues.
- January 2007: Strategic Planning Meeting of Board of Regents reviews critical issues, develops strategic directions, and updates core value and vision statements.
- February 2007: Strategic Planning Retreat, led by the SPC, develops strategic objectives for each critical issue and strategic direction.
- March 2007: Teleconferences with the *Pharmacotherapy* and Research Institute Boards review and build consensus on critical issues, strategic directions, and draft objectives.
- April 2007: Board of Regents review and refine final SPC draft of strategic objectives and develop specific strategies and tactics.
- July 2007: Board of Regents approves final strategic plan.
- October 2007 and beyond: Implement the plan!

during the College's 2002 strategic planning process and was reaffirmed and/or revised during development of the 2007 plan. Consistent with ACCP's core values and mission, such a vision should be attainable but should also fall well outside one's usual comfort zone. It should be bold and exciting such that it can stimulate progress for many years to come. Finally, it should have a relatively long-term horizon, looking 10-30 years into the future.

As a first step in validating ACCP's core values and vision statements, a Web-based survey of College members was conducted in July 2006. These survey data and the extensive comments provided by participants were used to draft proposed statements of ACCP's core values and purpose. Individuals representing the College's Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy*

Figure 2. Core Values that Characterize the American College of Clinical Pharmacy

- Passion for extending the frontiers of clinical pharmacy.
- Dedication to excellence in patient care, research, and education.
- Commitment to challenge the status quo, state our beliefs, and act on them.
- Integrity, honesty, reliability, and accountability in all actions.
- Courage to lead while remaining responsive to the needs of members.

Board of Directors, members-at-large, and staff refined these drafts to develop an updated statement of ACCP's core values (Figure 2) and mission (Figure 3). They also updated existing vision statements for the profession of pharmacy (Figure 4) and ACCP (Figure 5). In both cases, the vision statements are accompanied by a series of brief descriptors to help determine when the vision has been achieved. These accompanying statements also provide a general roadmap to indicate what must be accomplished to make the vision a reality.

Reaction and input to these drafts were obtained from ACCP members during a series of focus groups held during the College's 2006 Annual Meeting in St. Louis. This input was used to develop the final statements shown in Figures 2-5.

Critical Issues

In December 2006, ACCP's Strategic Planning Steering Committee (Appendix 1) used the information gathered through the survey and focus groups, integrated with a consideration of the College's vision statements, to identify the major critical issues currently faced by the organization. Subsequent planning efforts focused on clearly defining these critical issues. Participants in this process are listed in Appendix 2.

Figure 3. Mission of the American College of Clinical Pharmacy

The American College of Clinical Pharmacy's purpose is to advance human health by extending the frontiers of clinical pharmacy.

Through strategic initiatives, partnerships, collaborations, and alliances, ACCP:

- Provides leadership, professional development, advocacy, and resources that enable clinical pharmacists to achieve excellence in practice, research, and education.
- Advances clinical pharmacy and pharmacotherapy through support and promotion of research, training, and education.
- Promotes innovative science, develops successful models of practice, and disseminates new knowledge to advance pharmacotherapy and patient care.

Critical Issues, Strategic Directions, and Objectives for the American College of Clinical Pharmacy

The following is the essence of ACCP's 2007 strategic plan. It is intended to guide the organization for the next three to five years. It will generally determine how professional, human, and financial resources will be applied. Moving in a given strategic direction (i.e., achieving the stated goal) by meeting defined objectives should work toward resolving a given critical issue. A variety of specific initiatives will be undertaken to achieve each objective. In each case, the target date for meeting a given objective is by the end of the respective year. Please note that while this plan articulates those issues *most* critical to the organization, it does not address all of the College's initiatives or priorities (both current and future) that will be pursued over the next five years.

CRITICAL ISSUE 1: How can ACCP establish clinical pharmacy as an essential component of health care in all practice settings?

STRATEGIC DIRECTION 1.1: Establish clinical pharmacy as an essential service within the pharmacy practice model.

Objective 1.1.1 By 2008, collaborate with other stakeholders to lead the development of a document that defines the clinical components of the pharmacy practice model.

Objective 1.1.2 By 2008, develop a "patient bill of rights" that describes what clinical pharmacy services patients should expect from any practice.

STRATEGIC DIRECTION 1.2: Implement the clinical pharmacy components of the Joint Commission of Pharmacy Practitioners (JCPP) pharmacy practice model in all health care settings.

Objective 1.2.1 By 2008, begin the establishment of mechanisms to assist practitioners in implementing the JCPP model's clinical pharmacy services.

Objective 1.2.2 By 2009, develop quantitative tools (and qualitative tools, where applicable) to assist practitioners and institutions in measuring the outcomes of clinical pharmacy services.

Objective 1.2.3 By 2009, all state practice acts will enable a model of care that includes clinical pharmacy services (e.g., all 50 states provide for collaborative drug therapy management or other systems that enable provision of direct patient care).

STRATEGIC DIRECTION 1.3: Engage key stakeholders in recognizing the value of clinical pharmacy services.

Objective 1.3.1 By 2010, establish quality metrics for clinical pharmacy services in concert with key stakeholders.

Objective 1.3.2 By 2011, disseminate to key stakeholders clinical pharmacy service metrics together with a guide to their interpretation.

STRATEGIC DIRECTION 1.4: Seek inclusion of clinical pharmacy services as a benefit under Medicare Part B and major private insurance plans.

Objective 1.4.1 By 2010, one major health plan will have recognized clinical pharmacy services as a covered benefit.

Objective 1.4.2 By 2012, legislation will have been proposed to secure Medicare Part B recognition of clinical pharmacy services as a covered benefit.

CRITICAL ISSUE 2: How does ACCP maximize the effectiveness of efforts to achieve its advocacy agenda?

STRATEGIC DIRECTION 2.1: Leverage and enhance grass roots advocacy efforts to advance ACCP's advocacy agenda.

Objective 2.1.1 By 2008, establish a communication system on the ACCP Legislative Action Center for ACCP Advocates and other members to report information about legislative and regulatory issues at the state level for staff monitoring and analysis.

Objective 2.1.2 By 2009, a minimum of five members from each state will have completed the ACCP Advocates Basic Training Program to develop and enhance their individual advocacy skills and capabilities with local, state, and federal officials.

Objective 2.1.3 By 2009, a minimum of 50% of leaders within ACCP (e.g., Board of Regents and Committee/PRN chairs) will have completed the ACCP Advocates Basic Training Program to develop and enhance their individual advocacy skills and capabilities with local, state, and federal officials.

Objective 2.1.4 By 2010, the Board of Regents will have examined the feasibility and value of establishing an ACCP Political Action Committee and determined whether or not one should be established.

STRATEGIC DIRECTION 2.2: Increase the development of effective partnerships and alliances with other health professional, payer, quality, and consumer groups.

Objective 2.2.1 By 2009, conduct at least three exhibits at strategically selected meetings of medical, consumer/quality, and payer organizations to share information on clinical pharmacy practice models and quality and value outcomes.

Objective 2.2.2 By 2009, establish one jointly developed and funded demonstration project to examine the value and impact of clinical pharmacy services on stakeholders' key interests.

Objective 2.2.3 By 2010, ACCP will have hosted at least three educational forums on the value of clinical pharmacy services in health care. The forums will target (at a minimum) one physician organization, one payer organization, and one consumer or quality improvement organization.

Objective 2.2.4 By 2010, develop a joint initiative with a nonpharmacy, nonprofit organization in an area of mutual interest to promote optimal patient care.

Objective 2.2.5 By 2010, develop a joint initiative with the Pharmaceutical Research and Manufacturers of America (PhRMA) and/or the Biotechnology Industry Organization (BIO) in an area of mutual interest to promote optimal patient care.

STRATEGIC DIRECTION 2.3: Increase the strategic development and dissemination of ACCP positions to influence public policy related to quality, access, and cost of health care.

Objective 2.3.1 By 2009, ACCP will have developed and disseminated a series of three position papers on the issues of i) quality, ii) access, and iii) cost of health care.

Figure 4. Vision for the Profession of Pharmacy

As health care providers responsible for quality patient care, pharmacists will be accountable for optimal medication therapy in the prevention and treatment of disease.

ACCP believes this vision *must* be achieved within the next 10-15 years. The following indicators are suggested to demonstrate progress toward achieving this vision.

- The standard of practice in any health care setting will hold the pharmacist responsible for developing patient drug therapy plans.
- Pharmacists will be accountable for engineering and overseeing a fail-safe medication use system, managing the drug therapy of individual patients, and serving as the primary source for drug information.
- Pharmacists will be responsible for the development, management, and integration of medication distribution systems; most distribution functions will be accomplished by technicians and automated systems.
- Pharmacists will consistently influence legislative, regulatory, and health care policy development to improve medication therapy.
- Pharmacists will serve essential roles in the development of most guidelines involving pharmacotherapy.
- Most pharmacists will provide direct patient care and participate in other clinical activities not tied to the sale of a drug product.
- Formal, postgraduate residency training will be required to enter direct patient care practice. The majority of pharmacists providing direct patient care will be board certified.
- Pharmacists will frequently be recognized as principal investigators for pharmacotherapy research, generate a substantial portion of the research that guides drug therapy, and compete successfully with other health care professionals for research funding.
- Pharmacists will be the primary drug therapy educators of other health care professionals.

Objective 2.3.2 By 2010, at least one key stakeholder organization will have endorsed each of the three position papers described above.

CRITICAL ISSUE 3: How can ACCP advance its research mission?

STRATEGIC DIRECTION 3.1: Develop and strengthen the research knowledge, skills, and competitiveness of clinical pharmacists in clinical, translational, and health services research.

Figure 5. Vision for the American College of Clinical Pharmacy

The American College of Clinical Pharmacy will drive positive changes in health care as the professional organization most influential in advancing pharmacotherapy in the prevention and treatment of disease.

The time frame by which ACCP expects this vision to be achieved is 10-15 years in the future. The statements below are provided as descriptors of what selected aspects of the environment will look like when the vision is achieved. These descriptors are provided both to make the vision more vivid and to suggest directions for ACCP and its members during the next 10-15 years.

- The College will be at the forefront of the profession, with a membership that fully represents the diversity of clinical pharmacists engaged in practice, leadership, education, and research.
- Other health professional organizations, local and national policy makers, and the news media will seek out ACCP and its members for expert opinions on pharmacotherapy-related issues.
- ACCP's educational programs and publications will be used by members of all health professions as essential sources of pharmacotherapy information.
- The College's members will be leaders in developing innovative models of practice, education, and research.
- Legislative, health policy, and regulatory measures initiated by ACCP—often in collaboration with other advocacy groups—will result in a medication use system that provides exemplary access, efficiency, safety, effectiveness, and economy.
- ACCP members will frequently be recognized as principal investigators for important clinical trials and other pharmacotherapy research. They will compete successfully for research funding for the purpose of creating and disseminating new knowledge to guide drug therapy.
- The College will be the leading health profession organization advancing pharmacotherapy research.
- Reflecting the preparation and credentials necessary to practice clinical pharmacy, 80% of ACCP's members will have completed residency training and will be board certified.

Objective 3.1.1 By 2008, develop a plan to increase the number of pharmacy students who pursue a research career.

Objective 3.1.2 By 2011, 60 clinical pharmacists will have completed the research curriculum of the ACCP Academy (i.e., foundational training).

Objective 3.1.3 Within its first three years, 60 clinical pharmacists will have completed the “summer investigator development program” (i.e., advanced training).

Objective 3.1.4 By 2012, federal grant submissions by ACCP members will have increased by 50% from its 2007 baseline.

STRATEGIC DIRECTION 3.2: Support and implement ACCP's Research Agenda.

Objective 3.2.1 By 2008, construct and implement a communications plan designed to build member understanding and support of the college's research agenda.

Objective 3.2.2 By 2009, establish an ACCP research network through the Research Institute to address critical priorities within the College's research agenda.

STRATEGIC DIRECTION 3.3: Ensure sufficient financial and other resources to adequately pursue ACCP's research mission.

Objective 3.3.1 Implement the existing or appropriately modified Research Institute staff plan no later than 2008.

Objective 3.3.2 By 2009, establish a minimum of 3 new partnerships, collaborations, or alliances to advance ACCP's research mission.

Objective 3.3.3 By 2010, ACCP will increase by 50% the extramural funding that supports pursuit of the College's research mission.

CRITICAL ISSUE 4: How does the College ensure that it has the volunteer resources needed to achieve its vision and mission?

STRATEGIC DIRECTION 4.1: Increase volunteer engagement and enable members to meaningfully contribute to ACCP's mission.

Objective 4.1.1 By 2008, establish a formal training process for ACCP volunteer chairs.

Objective 4.1.2 By 2008, develop a volunteer appreciation or recognition program.

Objective 4.1.3 By 2009, increase by 50% the number of volunteers who are making specific contributions to ACCP's mission.

Objective 4.1.4 By 2009, develop a process that better aligns assigned task(s) to member talents, interests, and abilities to commit time.

CRITICAL ISSUE 5: How can ACCP increase its contribution to ensuring an appropriately educated and skilled clinical pharmacy workforce?

STRATEGIC DIRECTION 5.1: Increase efforts to promote the development of clinical pharmacists through formalized post-graduate training.

Objective 5.1.1 By 2008, ACCP will collaborate with other pharmacy organizations, the Commission on Credentialing, and other stakeholders to increase the number of accredited community pharmacy residency positions in the U.S.

Objective 5.1.2 By 2008, ACCP will work with other stakeholder organizations to implement strategies to re-establish Medicare funding for PGY-2 pharmacy residency programs.

Objective 5.1.3 By 2009, ACCP will implement strategies to increase the number of accredited pharmacy residency positions formally affiliated with family medicine or other physician residency programs.

STRATEGIC DIRECTION 5.2: Facilitate the evolution of pharmacy's post-licensure credentialing system.

Objective 5.2.1 By 2008, contribute to the convening of a profession-wide conference (independently or collaboratively) to examine both the current and potential new framework(s) for recognition of specialties and subspecialties in pharmacy.

Objective 5.2.2 By 2009, develop and promote a profession-wide model for privileging of clinical pharmacists in health care settings.

STRATEGIC DIRECTION 5.3: Provide support for curricular content development and delivery in schools of pharmacy to better prepare the future clinical pharmacy workforce.

Objective 5.3.1 By 2008, develop a pharmacotherapy curriculum toolkit and make it available to all college of pharmacy curriculum committee chairs.

Objective 5.3.2 By 2008, the ACCP Academy will promote offerings designed to support effective achievement of curricular outcomes.

STRATEGIC DIRECTION 5.4: Develop the leadership and management skills of clinical pharmacists.

Objective 5.4.1 By 2008, ACCP will have developed and promoted a coherent series of leadership development opportunities for members.

Objective 5.4.2 By 2010, 100 ACCP members will have enrolled in or completed the leadership and management curriculum of the ACCP Academy.

Appendix 1: Strategic Planning Steering Committee

Jill Burkiewicz; Midwestern University
M. Lynn Crismon; University of Texas
C. Lindsay Devane; Medical University of South Carolina
Joseph DiPiro; South Carolina College of Pharmacy
Robert Elenbaas; American College of Clinical Pharmacy
Susan Fagan; Medical College of Georgia
Stuart Haines; University of Maryland
Gary Matzke; Virginia Commonwealth University
Michael Maddux; American College of Clinical Pharmacy
William Miller; University of Iowa
Nancy Perrin; American College of Clinical Pharmacy
Melissa Somma McGivney; University of Pittsburgh
Kathleen Stringer; University of Michigan
C. Edwin Webb; American College of Clinical Pharmacy

Appendix 2: Strategic Planning Retreat Participants

LeAnn Causey Boyd; Causey's Rx Solutions
Jill Burkiewicz; Midwestern University
Rachel Couchenour; sanofi-aventis
Joseph DiPiro; South Carolina College of Pharmacy
Robert Elenbaas; American College of Clinical Pharmacy
Curtis Haas; University of Rochester
Stuart Haines; University of Maryland
Ila Harris; University of Minnesota
William Kehoe; University of the Pacific
Jill Kolesar; University of Wisconsin
Michael Maddux; American College of Clinical Pharmacy
Gary Matzke; Virginia Commonwealth University
William Miller; University of Iowa
Todd Nesbit; The Johns Hopkins Hospital
Tom Peddicord; Novartis
Nancy Perrin; American College of Clinical Pharmacy
Angela Porter; Asheville VA Medical Center
Jon Poynter; American College of Clinical Pharmacy
Mary Roth; University of North Carolina
Joseph Saseen; University of Colorado
Glen Schumock; University of Illinois
Wendi Sirna; American College of Clinical Pharmacy
Melissa Somma McGivney; University of Pittsburgh
Sarah Spinler; University of the Sciences in Philadelphia
Kathleen Stringer; University of Michigan
Keith Thomasset; Boston Medical Center
C. Edwin Webb; American College of Clinical Pharmacy
Barbara Wells; University of Mississippi