



ACCP Advocacy and Communications Platform 2018-2019

Purpose:

The ACCP Advocacy and Communications Platform summarizes the principal areas of advocacy and communication conducted by ACCP, consistent with the “continuous planning” approach adopted for the current and future strategic plans of the College

“Advocacy” encompasses more than the commonly recognized, and vital, component of “governmental” interaction in areas of legislative or regulatory activity and policy in which the College has interests and objectives. It also includes education and communication activities with a range of audiences and constituencies that are relevant to the critical issues and focused objectives outlined in the ACCP strategic plan.

Accordingly, the advocacy and communications activities will emphasize and support:

- The centrality of patients and the optimization of their medication-related care as the societal and professional purpose of clinical pharmacists. Medication optimization is defined as a patient-centered, interprofessional approach to managing medication therapy that is applied consistently and holistically across health services settings to continuously improve patients’ medication-related care and better manage overall health system costs;
- The adoption and application by clinical pharmacists of the ACCP Standards of Practice for Clinical Pharmacists in providing comprehensive medication management (CMM) services consistent with the nationally-defined process of direct patient care embodied in the published guidances of the Patient-Centered Primary Care Collaborative (PCPCC) and the Joint Commission of Pharmacy Practitioners (JCPP). These standards and care processes are most commonly accomplished as integral members of interprofessional teams or through formal collaborative practice agreements or credentialing/privileging procedures. As a result, the optimization of patients’ medication-related care is most readily achieved.
- The value and importance of advanced, and frequently specialized, knowledge and abilities of clinical pharmacists through the expectation of and advocacy for accredited postgraduate residency training, board certification(s) in recognized and relevant areas of specialty practice, and maintenance of certification(s) and competence consistent with the needs of the patients being served and the complexity of care being provided.
- The imperative need for changes in the nation’s health care delivery system that achieve:

- Patient-centered and patient-engaged care that is continuous, coordinated, comprehensive, evidenced-based and safe;
- Team-based delivery systems, using physically integrated and/or virtual practice structures, that facilitate and promote the full participation of qualified health professionals practicing to their maximum skills and capabilities within their licenses and scopes of practice in delivering care to patients;
- Health benefit design and payment reforms that incentivize and reward collaborative and coordinated patient care services that achieve quality clinical outcomes and goals, both through the use of medications and other therapeutic and preventative health care services.

ACCP will seek out and work actively with interested health care organizations and professional societies, relevant government agencies and other policy and advocacy groups that themselves seek, promote, and foster these broad goals.

Advocacy Platform Planks:

- **Legislative/Regulatory Advocacy at the National Level**
 - Medicare Part B benefit re-design and payment reform to support the practice of clinical pharmacists to provide CMM to achieve medication optimization.
 - Evaluate new/alternative health reform proposals of the 115th Congress that could serve as possible legislative vehicles for components of the ACCP Medicare Initiative specifically and related College advocacy issues and messages more broadly.
 - Monitoring and advocacy to support retention of legislative elements of the Affordable Care Act (ACA) that currently provide policy or operational support for the practice of clinical pharmacists, particularly with regard to team-based practice and patient-centered care provisions, innovative CMM and MTM grant programs, community health care teams, and payment reform provisions.
 - Support for continuing the work of the Center for Medicare/Medicaid Innovation (CMMI) – regular communication, project review and comment, public hearings and identification/promotion of clinical pharmacist practices that relate to the Center’s areas of emphasis, in collaboration with the Patient-centered Primary Care Collaborative (PCPCC) when possible and appropriate.
 - Support for continuation of the work of CMS to advance payment model reforms that shift payment incentives for providers and systems of care from “volume to value,” including the continued implementation of rules and regulations concerning MACRA and similar alternative payment model regulations for the Medicare and Medicaid programs.

- Effective use of the resources and capabilities of the ACCP Political Action Committee (ACCP-PAC) to support candidates for Federal office who are committed to health policies and legislative initiatives that are consistent with the College’s advocacy agenda and broader organizational goals.
- **Legislative/Regulatory Advocacy at the State Level**
 - Advance and expand relationships with states with shared interests in legislative and policy changes that advance direct patient care services consistent with the principles of medication optimization and patient-centered, team-based care.
 - Monitor for proposed practice act initiatives or reforms specific to CDTM and medication management/pharmacist involvement in the PCMH – direct advocacy/intervention assistance as may be requested or recommended by the state(s).
 - Continue collaborative work with National Alliance of State Pharmacy Associations (NASPA)-led initiatives consistent with recent efforts in the areas of harmonization of regulations/rules in the policy areas of CDTM (including data tracking) and state-wide protocols for patient care/public health services available from qualified pharmacists.
- **Interprofessional Practice and Education Forums, Coalitions, and Advocacy Groups (National)**
 - Patient-Centered Primary Care Collaborative (PCPCC) – policy, practice model change, payment reform, comprehensive medication management within PCMH practices
 - National Academy of Medicine Roundtables – Best Practices Innovation Collaborative, Science-Driven Health Center, “Learning Health System” implementation and advocacy
 - American Society of Human Genetics - (ASHG)
 - Coalition for Health Funding (CHF) – policy analysis/tracking of the Federal appropriations process
 - Pew Health Professions Trust
 - Research! America
 - National Coalition on Health Care - Payment Policy Coalition including Payer and Employer Groups
- **Pharmacy Collaborations and Collaboratives**
 - Board of Pharmacy Specialties
 - National Alliance of State Pharmacy Associations (NASPA)
 - Joint Commission of Pharmacy Practitioners (JCPP)
 - Council on Credentialing in Pharmacy (CCP)
 - ASHP Commission on Credentialing (residency accreditation)
 - Pharmacy Quality Alliance (PQA)
 - Pharmacy Stakeholders Advocacy Staff

**Approved by the ACCP Board of Regents
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