

# Collaboration between community pharmacy-based and clinic-based pharmacists to achieve medication optimization: Consensus guiding statements from ACCP, CPESN USA, and NCPA Innovation Center

## Abstract

Patient-centered, therapeutic goals are more likely to be achieved when medication therapy is optimized. The American College of Clinical Pharmacy, the Community Pharmacy Enhanced Services Network USA, and the National Community Pharmacists Association Innovation Center developed consensus guiding statements to provide a useful framework and foundation for collaboration between clinic-based pharmacists and community-based pharmacists to achieve medication optimization.

## KEYWORDS

clinical pharmacy, community pharmacy, medication optimization

## 1 | INTRODUCTION

The American College of Clinical Pharmacy (ACCP), the Community Pharmacy Enhanced Services Network USA (CPESN USA), and the National Community Pharmacists Association Innovation Center (NCPA-IC) encourage pharmacist collaboration across practice settings to improve patient care by achieving medication optimization.

Medication optimization results when community pharmacy-based pharmacists and clinic-based pharmacists collaborate to:

(1) optimize the patient's medication regimen in the clinic by delivering comprehensive medication management (CMM), an evidence-based service tailored to individual conditions; and

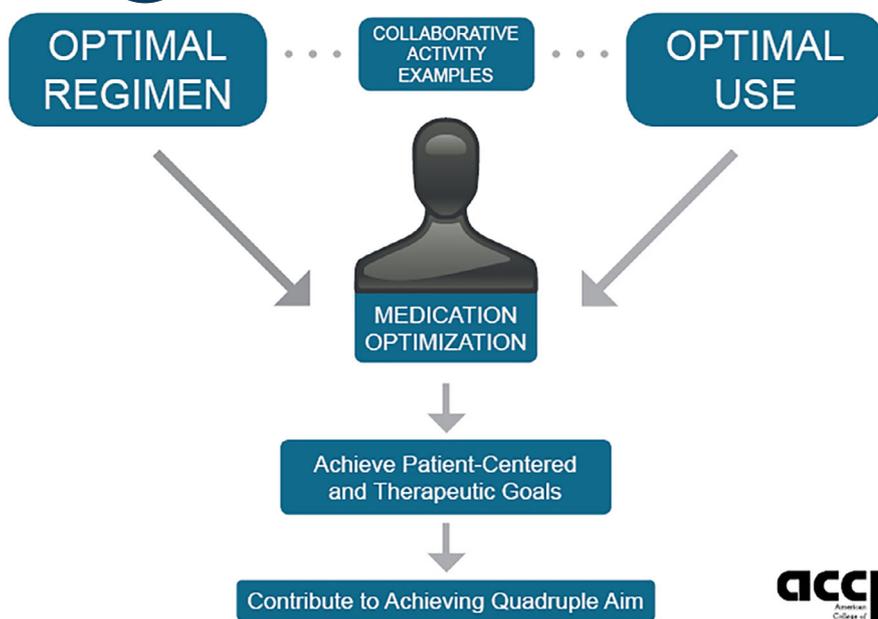
(2) optimize the patient's medication use by providing enhanced services in the community pharmacy, such as adherence improvement strategies, special packaging, refill synchronization, home delivery, and immunization administration.

By definition, when medications are optimized, patient-centered and therapeutic goals are more likely to be achieved. If these medication-related goals are not achieved, additional focus on optimizing the regimen and/or medication use is warranted. In a value-based healthcare system, medication optimization becomes a high priority for medical practices, healthcare organizations, health systems, and pharmacies (see Figure 1).

With this in mind, in March 2018, ACCP, CPESN USA, and NCPA-IC convened groups of clinic- and community pharmacy-based pharmacists who were providing care for common panels of patients. The groups discussed ways in which pharmacists could collaborate across their respective practice settings to improve patient care through medication optimization. In doing so, participants established a framework for pharmacist-pharmacist collaboration by developing a set of guiding statements. They then spent the ensuing year (March 2018 to March 2019) delivering care in accordance with these statements (see Box 1).

## 2 | CONCLUSION

Medication optimization can be achieved when pharmacists perform specialized but complementary functions, underscoring the realization that patients may need more than one pharmacist member of their care team. This approach allows pharmacists in different practice settings to identify and implement specific activities that address the complexity of medication management across the continuum of care. Community pharmacy- and clinic-based pharmacists can thereby form partnerships to effectively enhance patient-centered care. Hence, these consensus guiding statements provide a useful framework and foundation for pharmacists seeking to collaborate to achieve medication optimization. Embracing this collaborative approach and aligning



**FIGURE 1** Achieving medication optimization

### BOX 1 ACCP, CPESN, AND NCPA-IC GUIDING STATEMENTS FOR COLLABORATION BETWEEN COMMUNITY PHARMACY-BASED AND CLINIC-BASED PHARMACISTS TO ACHIEVE MEDICATION OPTIMIZATION

#### Guiding Statements

1. Identify patients who are candidates for pharmacist-pharmacist collaboration.
  - Patients who have access to (a) a community-based pharmacy that provides enhanced services (eg, a CPESN pharmacy) and (b) a clinic-based pharmacist.
  - Patients with gaps in care who will benefit from pharmacist-pharmacist collaboration.
  - Patients with complex/complicated problems in need of medication optimization.
2. Establish effective, secure modes of bidirectional communication.
  - Develop agreed-on procedures for how and when to accomplish patient-specific communication or referral in compliance with applicable rules, regulations, and laws; when necessary, engage information technology and compliance professionals.
  - Include the patient and/or caregiver as a channel for pharmacist-pharmacist communications, when appropriate.
3. Establish goals for pharmacist-pharmacist collaboration.
  - Goals should align with the respective organization's priorities.
  - Goals should be patient-centered and consistent with clinical goals (eg, to ensure medication adherence and access; identify medication-related problems; achieve other goal metrics that affect medication-related outcomes; address patients' other care needs).
  - Goals may also address improvements in population health management.
4. Promote shared trust, responsibility, and accountability.
  - Establish pharmacist-pharmacist codes of conduct and care compacts to improve patient care.

pharmacists' respective activities requires mutual trust and commitment. We support the use of these guiding statements to achieve medication optimization and improve medication-related outcomes.

#### CONFLICT OF INTEREST

The organizations declare no conflicts of interest.

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