Key Elements of Practice Redesign in Community Pharmacy

Contents

Date of first approval: June 2026
Current version approval date: June 2026
Date of next required review/revision: June 2029
Owner: AACP Professional Affairs Standing Committee

American Association of Colleges of Pharmacy AACP
Pharmacists Help People Live Healthier, Better Lives.

The 2023–2024 AACP Professional Affairs Standing Committee (PAC) was charged with creating an action plan that outlines pharmacy academia's role in the clear and urgent need for transformation of community pharmacy practice. The work of that PAC led to the initial draft of the *Key Elements of Practice Redesign in Community Pharmacies*. The 2024–2025 PAC was charged with finalizing the *Key Elements of Practice Redesign in Community Pharmacies* document and developing SMART recommendations for its socialization and utilization for pharmacy academia and pharmacy employers. The work of that PAC led to the finalization of the document and the initial socialization of its practice management components with pharmacy employers.

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Acknowledgments

Special acknowledgement to the following individuals who provided revisions and contributed to the final document:

- **Nicholas Leon, Pharm.D.,** formerly with the Jefferson University School of Pharmacy
- **Timothy Bloom, Ph.D.,** Shenandoah University Bernard J Dunn School of Pharmacy

The 2024 and 2025 AACP Professional Affairs Committees acknowledge Tricia Gordon, AACP Design Director, for the creation of the following figures:

- Patient Scenarios
- Community Pharmacy Management Ecosystem
- Community Pharmacy Practice Continuing Professional Development Partnerships

How to Use the *Key Elements of Practice Redesign in Community Pharmacy* Document

The *Key Elements of Practice Redesign in Community Pharmacy* document is intended to inspire progressive, visionary discussion to meet the future needs of community pharmacy practice. This document was developed to:

- Inspire the pharmacy profession to envision and pursue the near future of community pharmacy practice, its critical contributions to medication use and safety, and the overall health of the public.
- Provide insight regarding areas of community pharmacy practice that are evolving in the current healthcare environment.
- Invoke discussion and collaboration regarding critical areas needed for community pharmacy transformation.

The members of the American Association of Colleges of Pharmacy (AACP) (e.g., administrators, faculty, professional staff), community pharmacy employers, pharmacy staff within community pharmacy practice settings (e.g., pharmacists, pharmacy technicians), national and state pharmacy associations, and other partners in community pharmacy should review this document, discuss it amongst their internal communities, and develop recommendations and plans for the implementation of the practice management system ecosystem. In addition, discussion of the potential areas for collaboration between community pharmacy practice and partners within and external to community pharmacy practice should be considered and developed in response to the concepts described within this document.

Executive Summary

Community pharmacy practice is undergoing a vital transformation to better align with the evolving demands of modern healthcare. Rooted in the philosophy of pharmaceutical care, this transformation emphasizes patient-centered, accountable, and evidence-based services that extend well beyond traditional prescription dispensing. The **Pharmacist Patient Care Process** (**PPCP**), widely adopted across academia and practice, standardizes care through five key steps: collect, assess, plan, implement, and follow-up. This model supports both core and enhanced services designed to optimize patient outcomes throughout their lifespan.

Expanding the Role of the Community Pharmacist

Community pharmacists are increasingly recognized not just as dispensers, but as medication experts, health practitioners, collaborators, and public health connectors. Services such as immunizations, chronic disease management, health screenings, and test-to-treat care are being integrated into daily practice, positioning pharmacists as frontline healthcare providers.

Practice Management Ecosystem

To scale and sustain patient-centered care, pharmacies must adopt a comprehensive practice management ecosystem. This includes:

- **Physical Environment & Operations:** Pharmacy spaces must be redesigned to support patient privacy, comfort, and engagement.
- **Technology & Documentation:** Digital health tools, telehealth, automation, and interoperable systems are essential for efficient care delivery, billing, and documentation.
- **Finance Infrastructure:** A sustainable payment model is critical. New opportunities include medical billing, value-based contracts, and state Medicaid programs, though federal provider recognition remains a barrier.
- **Human Resources:** Community pharmacy teams must be empowered and diversified, with evolving roles for pharmacists, technicians, and new positions like billing specialists, outreach coordinators, and community health workers.
- **Implementation & Quality Improvement:** Structured service rollouts must include stakeholder input, continuous quality assurance, and regular process evaluations.
- **Marketing & Communication:** Public and professional perceptions of pharmacy roles must shift through strategic outreach to patients, providers, and payors.
- **Partnerships & Workforce Development:** Collaborations with healthcare entities, educational institutions, and local organizations are essential to sustain workforce pipelines and patient care services.
- **Continuing Professional Development (CPD):** Ongoing learning and leadership training for all pharmacy team members is crucial for long-term transformation.

Payment Reform & Advocacy

Payment reform is at the heart of sustainable transformation. Pharmacists currently face a misaligned compensation model that undervalues their clinical expertise. Advocating for provider status, Pharmacy Benefit Manager (PBM) reform, and value-based care contracts are essential. Education systems must also teach the financial skills necessary to thrive in a healthcare business environment.

Workforce Transformation & Education

Transforming community pharmacy practice requires a well-trained, motivated workforce supported by targeted education and leadership development. Pharmacy schools must integrate the practice management ecosystem into curricula and offer CPD opportunities tailored to evolving roles and responsibilities. National and state associations, employers, and academic institutions must collaborate to foster a culture of innovation and excellence.

Call to Action

The transformation of community pharmacy is both urgent and achievable. Educators, practitioners, health systems, legislators, and payors must come together to support a new era in pharmacy practice—one that fully leverages the pharmacist's unique skill set to improve patient outcomes, advance public health, and ensure the sustainability of community pharmacies in a rapidly changing healthcare environment.

Rationale and Goals for the *Key Elements of Practice Redesign in Community Pharmacy* Document

Community pharmacies are the front door to accessible health care. More than 96% of Americans live within ten miles of a community pharmacy[1], and 58% are likely to first seek non-emergency healthcare at one.[2,3] Recent studies indicate that patients visit community pharmacies approximately twice as often as primary care providers.[4] Patients have identified convenience as a key driver in choosing a community pharmacy.[5] It is imperative that all people have access to the expertise of pharmacists. Community-based pharmacists are broadening their skills beyond dispensing to actively participate in team-based care and lead enhanced patient care practices.

The expansion of patient care services was accelerated by the COVID-19 pandemic when community pharmacists and their teams provided more than 300 million COVID-19 vaccinations.[6] The public now expects to receive preventative health services in community pharmacies.[7] While all pharmacists are educated to provide person-centered care, the scope of practice and patient care services they can provide is generally determined by lawmakers in each state. While scope of practice in states has expanded, there is a gap in implementation of these preventative health services.

The traditional community pharmacy business model is a significant barrier to preventative health services implementation. The model has not evolved at the same rate as the expanded scope of practice. Pharmacies are filling more prescriptions than ever yet are reimbursed below the cost of the drug in many cases.[8] Rapid changes in the payment model of medications have forced significant pharmacy closures across the country. These closures come as patients and payors are seeking more pharmacy services for enhanced patient care.[9] While pharmacist patient care services are growing rapidly, there are no consistent payment mechanisms for these services. Despite the closure of more than 7,000 community pharmacies since 2019, they are an integral source of health education, preventative care, vaccinations, and chronic care management.[10] The profession needs to advocate for payment for these patient care services. In addition, the practice management ecosystem of community pharmacies needs modernization to fulfill patient needs. This is a pivotal time for the entire pharmacy profession to create and foster patient care business opportunities in community pharmacy practice. It is time for a broad and clear vision for the near future of community pharmacy practice nationwide.

This document is intended to inspire progressive, visionary discussion and collaboration to meet the future needs of community pharmacy practice. This document was developed to:

- Inspire the pharmacy profession to envision and pursue the near future of community pharmacy practice, its critical contributions to medication use and safety, and the overall health of the public.
- Provide insight regarding areas of community pharmacy practice that are evolving in the current healthcare environment.
- Invoke discussion and collaboration regarding critical areas needed for community pharmacy transformation.

Components of the Key Elements of Practice Redesign in Community Pharmacy:

- Philosophy of Practice
- Patient Care Process
- Practice Management Ecosystem
  - Patient Care Physical Environment, Operations, and Policies
  - Implementation Strategy and Continuous Quality Assurance/Quality Improvement
  - Technology and Documentation
  - Marketing and Communications
  - Finance Infrastructure
  - Partnerships/Relationship Connections
  - Managing Human Resources
  - Continuing Professional Development

Philosophy of Community Pharmacy Practice

The philosophy of community pharmacy practice follows that of the philosophy of pharmaceutical care.[11] "Pharmaceutical care is a patient-centered practice in which the practitioner assumes responsibility for a patient's drug-related needs and is held accountable for this commitment."[12] The pharmacy profession recognized the need for unified language of how to directly apply the philosophy of pharmaceutical care to individual patients first through the Core Elements of Medication Therapy Management 1.0[13] and 2.0[14], then in 2014 with the Pharmacist Patient Care Process[15] developed by the Joint Commission of Pharmacy Practitioners, which is now adopted across all colleges and schools of pharmacy through the 2016 and 2025 ACPE Accreditation Standards.[16,17]

The pharmacist is the medication expert, health practitioner, collaborator, and public health connector in the community focused on advocating and empowering patients' health and wellbeing.

Patient Care Process in Community Pharmacy Practice

The Pharmacist Patient Care Process "uses the principles of evidence-based practice, pharmacists collect, assess, plan, implement and follow-up" on patient medication-related health needs in a consistent and standardized process.[11,13,15,18]

Patient care in community pharmacies is changing quickly. While the public primarily views medication dispensing as the core service of community practice, enhanced patient-centered care can do far more by focusing on individual patient needs. Enhanced services follow the same care process but may require a technology-based platform to receive payment. Table 1 provides examples of core and enhanced patient care services. All these services can be delivered following the Pharmacist Patient Care Process.

Patients need medications for a variety of reasons—to promote health, treat acute diseases, and manage chronic conditions. Most individuals receive care in community pharmacies throughout their life, as Figure 1 Patient Scenarios illustrates for one year in the life of "representative patients across the life-span."

Although the Pharmacist Patient Care Process is not new, the business model for community pharmacists is vastly dissimilar to other health care providers. Most healthcare professionals (e.g., physician, physician assistant, etc.) provide their expertise during an office visit and then bill and receive payment for their professional services. It is a rare pharmacy that has the same compensation structure, because pharmacists are not federally recognized as "providers" within Medicare Part B. Historically, community pharmacies have been paid to dispense prescriptions. This structure is not ideal since the pharmacist's professional expertise and abilities are not fully compensated in this model; this gap in compensation is widening with the expanding provision of health care services occurring in community pharmacy settings.

Table 1: Core and Enhanced Patient Care Services Provided in Community Pharmacy Practice

Core Patient Care Services

Fill new prescription/refill a prescription
Non-prescription medications and first aid products recommendations and assistance
Patient education and counseling
Recommendations for prescription and nonprescription therapeutic/monitoring devices and supplies (e.g., blood pressure monitors, blood glucose monitors/testing strips, inhalers, spacers etc.)
Acute medical triage
Non-prescription diagnostic testing
Immunizations (adult and pediatric)
Adherence monitoring
Medication Therapy Management (MTM) for Medicare Part D
Pharmacy Drug Monitoring Program (PDMP) Assessment

Enhanced Patient Care Services

Additional dispensing functions (delivery services, multi-dose adherence packaging, digital medical conditions to support adherence)
Medication Services: Comprehensive Medication Management (CMM), medication reconciliation, and medication synchronization
Chronic condition management including medication initiation, adjustment, and discontinuation (e.g., diabetes, hypertension, asthma, COPD, hyperlipidemia, tobacco cessation, hormonal contraception, etc.)
Compounding
Durable medical equipment and supplies (walkers, wheelchairs, crutches, ostomy products, etc.)
Health screenings (e.g., blood glucose, cholesterol, hypertension, body mass index, bone density, etc.)
Injectable medication administration (long-acting antipsychotics, testosterone, denosumab, etc.)
Preventative care (e.g,, hormonal contraception, pre-/post-HIV exposure prophylaxis, naloxone)
Pharmacogenomic testing and consultation
Point-of-care testing (e.g., diabetes, anticoagulation, hyperlipidemia)
Test to Treat services (COVID-19, influenza, urinary tract infections, bacterial pharyngitis, etc.)
Transitions of Care Services
Travel Medicine

Figure 1: Patient Scenarios in Community Pharmacy Practice

	Patient A: 8-year-old child with no chronic health conditions	**Patient B:** 16-year-old adolescent with a chronic condition (mild asthma)	**Patient C:** 22-year-old adult with no chronic conditions	**Patient D:** 42-year-old adult with hypertension and tobacco use	**Patient E:** 75-year-old adult with diabetes, hyperlipidemia, hospitalization for myocardial infarction with stent placement in February
JAN		▪ Fill new prescription for controller/rescue inhaler for asthma; demonstrate use.		▪ Check blood pressure; refill medication; administer pneumococcal vaccine.	▪ Check blood pressure and review patient's blood sugar logs. Refill medications (blood pressure, cholesterol, and diabetes); give pneumonia and shingles vaccines; contact doctor to change diabetes medications and schedule follow-up appointment.
FEB	▪ Fill antibiotic prescription for strep throat.			▪ Prescribe "quit smoking" medications; refer patient to telephone quitline for additional support. ▪ Telephone follow-up 3 days later and "quit smoking" medication doses adjusted.	▪ Meet with patient's caregiver following hospital discharge after heart attack; conduct medication reconciliation, provide counseling and fill new prescriptions.
MAR			▪ Prescribe birth control medication.	▪ Refill "quit smoking" medications; provide additional encouragement.	▪ Conduct medication review by phone and address "forgetting to take" blood pressure medication. ▪ Conduct medication review at appointment in pharmacy with caregiver; check and record blood pressure control; review patient's blood sugar logs, check use of injectable diabetes medication and contact doctor to increase dose; enroll in coordinated (90-day refill) of all chronic medications; provide home blood pressure monitor. Follow-up telephone call to check diabetes and blood pressure control.
APR			▪ Refill birth control; prescribe HIV-prevention medications.	▪ Check blood pressure, refill medications, and discuss plan for stopping "quit smoking" medications.	▪ Follow-up telephone call to check diabetes and blood pressure control.
MAY		▪ Refill asthma inhaler; give meningitis vaccine.			▪ Conduct medication review at appointment in pharmacy; check and record blood pressure control; review patient's blood sugar logs; check use of injectable diabetes medication and contact doctor to increase dose; give second shingles vaccine.
JUN			▪ Conduct travel medicine consultation and prescribe needed medications.		▪ Conduct medication review at appointment in pharmacy; check and record blood pressure control; review patient's blood sugar log; fill 90-day supply of all chronic medications.
JUL			▪ Refill birth control and HIV-prevention medications.	▪ Check blood pressure and refill medication.	
AUG			▪ Test for strep throat infection and prescribe antibiotic treatment.		
SEP		▪ Give flu and COVID-19 vaccines.		▪ Give flu and COVID-19 vaccines.	▪ Conduct medication review at appointment in pharmacy; check and record blood pressure control; review patient's blood sugar log; fill 90-day supply of all chronic medications; give flu and COVID-19 vaccines; recommend RSV vaccine (patient declines; doesn't want three vaccines at once).
OCT	▪ Give flu and COVID-19 vaccines.		▪ Refill birth control and HIV-prevention medication; administer flu and COVID-19 vaccines.	▪ Check blood pressure and refill medication.	
NOV		▪ Refill asthma inhaler.			
DEC					▪ Conduct medication review at appointment in pharmacy; check and record blood pressure control; review patient's blood sugar log; fill 90-day supply of all chronic medications; give RSV vaccine.

Provision of all enhanced services should be documented and transmitted via the Electronic Health Record consistent with best practices and state regulations.
The patient scenarios were developed for illustrative purposes only to demonstrate the potential for community pharmacy services across the lifespan. There is individual patient variability and uniqueness that should be addressed as they interact with community pharmacies.

Practice Management Ecosystem in Community Pharmacy

The pharmacist practice management ecosystem is the third component of the pharmacists' patient care practice.[11,12,19] The ecosystem is essential to provide a framework for the building and evolution of enhanced patient care services ensuring standardization, replicability, and scalability in the community pharmacy setting. As shown in Figure 2 below, the pharmacy practice management ecosystem includes eight elements needed to establish, maintain, and grow patient care practice. These elements are entangled like a spider's web; recognizing multiple connections and interdependencies that patients encounter as they receive care. They are all essential to plan, evaluate, and strategically grow pharmacist patient care practices. A summary description of each of the practice management ecosystem elements in community pharmacy practice is provided in Appendix 1.

Figure 2: Pharmacy Practice Management Ecosystem

Patient Care Physical Environment, Operations, and Policies

The shift from a volume-dispensing model to a patient-centered care model requires physical, environmental and operational changes. The physical environment must look and function like other patient-care environments, with the operational workflow, policies, procedures, and emergency management plans necessary to facilitate safe and efficient care.

The setting should encourage comfortable and pleasant interactions that are engaging and empowering. Done well, they will take advantage of one of the community pharmacist's superpowers: trustworthiness. People are generally quite comfortable asking their local pharmacist for advice, so these improved settings should encourage more of those interactions. Transforming the pharmacy visit into a comforting health care experience begins with the look and feel of the physical space. The pharmacy should include private areas for services

and consultation. There should be clear signage, a comfortable waiting area, the ability to make appointments online, and separate areas for prescription fills and patient education.

The area adjacent to the pharmacy should reflect the values of health care. Nonprescription medications and healthcare related items should be close by. The environment should be accessible for all ages and for those with physical limitations.

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Technology and Documentation

The pharmacist patient care process is enhanced with interoperable information technology systems that facilitate efficient and effective communication among all individuals involved in patient care.[13] Some community pharmacies already use technology like robots, automation and centralized fulfillment to make dispensing more efficient. Digital tools like pharmacy applications, Interactive Voice Response Systems (IVRS), and Short Message Service (SMS) communications reduce phone calls to the pharmacy and let patients initiate refills and even pay for their prescriptions online. Refill management programs and medication synchronization services extend days' supply to meet patient needs for consistent medication access while also predicting manageable pharmacy staffing. Many patients and pharmacies already use technology for core patient care services.

Enhanced patient care services will also require technology to work with patients, pharmacy operations and other healthcare providers. The patient's experience begins by being referred to the pharmacy. From that moment, the goal is to make it easy for patients to connect with the pharmacy. Pharmacy teams must be able to accept appointments and educate patients how to schedule appointments themselves using technology. Available technology includes the pharmacy's website, mobile applications, and interactive chat functions. Many pharmacies have started using technology for immunization appointments. These can be scheduled online, via apps or through IVR systems. Soon, it will become more common for patients to make appointments at their community pharmacy, and this will require a culture shift for patients and pharmacies.

Technology may also be used in the advancement of patient care. Some community pharmacies already use telehealth and remote patient monitoring systems.[20] Artificial Intelligence will serve as a supportive tool. In addition, patients may be asked to provide their medical history using technology, similar to what is done in a primary care provider office. Pharmacists will need to designate team members to assist patients with technology platforms. Ideally, technology should be able to communicate with the patient and the patient's other healthcare providers. Some community pharmacies have adopted the same systems as healthcare systems[21] which results in patients having fewer portals and better communication for team-based patient care. There needs to be bi-directional exchange and interoperability for technology among different practice settings to optimize patient care.

As digital health becomes increasingly integrated with and a routine part of health care, we expect pharmacies to follow suit by using digital platforms to connect with and inform patients of necessary core and enhanced patient care services that may affect their primary and preventive care. Technology needs to be integrated into pharmacy workflow to ensure pharmacists and their teams can document and bill for services provided. Technology also needs to have clinical decision-making tools necessary to support complex patient needs and ongoing quality improvement.

Finance Infrastructure

Diversifying revenue streams is a critical component to solidifying the pharmacist patient care practice. Many of the current challenges in community pharmacy can be linked to the lack of a sustainable, scalable payment model. Yet, there are emerging enhanced patient care services, notably through state Medicaid programs, value-based contracts, and medical billing that are compensating pharmacists and their teams for care. Thirty-seven states have laws supporting pharmacists as providers within Medicaid programs.[22] These state-based Medicaid programs pay pharmacists who provide direct patient care.

Within the state Medicaid programs, pharmacies can employ contracts with payors using medical billing claims for patient care. Medical billing allows the pharmacist to bill using current procedural terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes.[23] The pharmacies, often as a part of a clinically integrated network, establish a contract or provider agreement with health plans. The pharmacist then needs to be credentialed by the health plan to bill for the service. Medical billing requires technology to support claim submission and receipt of payment, credentialed staff that understand codes and adjudication of claims, and compliant documentation of patient care services.

In addition to Medicaid, pharmacies are seeing new medical billing opportunities for value-based commercial contracts with employers and health plans. The opportunity for pharmacies to enter into value-based care contracts with accountable care organizations (ACOs), health insurance providers, health systems, and self-insured employers is increasing with recognition of the pharmacist's ability to improve patient care outcomes and close care gaps.[24,25,26] These contracts commonly include pharmacists supporting the management of health conditions for a variety of patients through chronic disease management, adherence programs, MTM and more, with pharmacy remuneration based upon the quality of care provided.

Changing the landscape of payment for patient care services requires collective efforts of all parties associated with pharmacy practice. All members of the pharmacy profession must advocate for payment reform. This includes provider status at the federal and state level, pharmacy benefit manager (PBM) reform, and designing payment models that value medication expertise. Educators must teach financial skills to understand sustainable business models in community pharmacy practice. Students need to develop a solid understanding of the business of health care including skills to implement value-based care and medical billing. All pharmacists must be members of their state and a national pharmacy association. That will boost advocacy efforts to gain regulatory authority for pharmacists to medically bill for patient care services as healthcare providers.

Managing Human Resources

Community-based care must be delivered by motivated, passionate and empowered care teams to meet patient needs. Transforming the roles of the team members empowers them to better serve patients. The teams must be supported with time, resources, and expertise tailored to meet the needs of the people they are serving. We envision new and evolving roles and responsibilities of pharmacists as patient care services expand to generate new revenue.

Pharmacists will continue to serve as the leader of the community pharmacy practice with support from a varied team of personnel. Roles and responsibilities will become specialized and stretch beyond traditional pharmacy dispensing practices. As the leader of the team, the pharmacist will direct daily operations of core

and enhanced patient care services. Community pharmacists will accept appointments to focus on specialized patient care activities. The system will evolve to look more like a health-system setting where pharmacists specialize instead of being expected to know and do all the patient care and administrative responsibilities. Soon, the pharmacist leader will delegate and manage others in their new roles and responsibilities. Instead of being the sole responsible person, a team-based approach to the process of providing patient care will be necessary.

The role of pharmacy technicians will also evolve beyond preparation of drug products. Pharmacy technicians already support patient care responsibilities such as scheduling, patient intake, billing reconciliation, vaccine administration, medication histories, point of care testing and manage the daily patient care workflow at the pharmacy. Other patient care responsibilities will be added.

New personnel will need to be added. Growing patient care services requires additional skills to run a successful practice. Expected team members that pharmacists will oversee may include:

- Billing Specialist: The role includes understanding each of the patient care service contracts, ensuring the technology systems are up to date with the latest contract requirements and capacity to document and bill for the services. This specialist will work with team members to obtain credentialing, accurately bill for services, and reconcile payment claims on an ongoing basis.
- Community Health Worker: This role is crucial to help improve chronic disease self-management and health outcomes, enhance the patient experience, reduce emergency room use and hospital readmissions, as well as impact health equity and overall healthcare costs.
- Community Outreach and Wellness Coordinator: This role manages relationships with and supports patients both inside and outside the pharmacy. The person in this role would manage and market patient events such as vaccination clinics, wellness screenings, and other patient care services to the community.

Each member of the pharmacy team has an active role in communicating and providing an inclusive and positive community pharmacy environment. Pharmacy teams should create a culture of safety by being friendly, competent, helpful, trustworthy, professional, caring, knowledgeable, responsive, and approachable.[27] These efforts play a critical role in establishing trust and rapport. Effective interpersonal communication includes active listening, cultural sensitivity and conflict resolution. Pharmacy leaders should set the tone for cultivating progressive, productive environments to build rapport with internal staff, patients and external stakeholders.

Pharmacists should be equipped with tools, resources, and training to be emotionally intelligent leaders who motivate, encourage and solve problems for patients and pharmacy teams. This can include staff training, ongoing coaching, and time outside of the workflow to plan and enhance services. Leaders should create and maintain a psychologically safe environment for their staff where continuous quality improvement is welcomed and expected. A new approach to human resource onboarding, training and ongoing professional development within pharmacy teams will need to be developed and then evaluated for achieving patient centered care in community pharmacy practice.

Strategic Implementation and Ongoing Continuous Quality Assurance and Improvement Process

The creation of a patient care service requires input from patients, staff, community partners, payors and local medical practices. Each practice must have an implementation strategy and timeline that includes needs assessment(s) of the patient population(s) served, any local health or medical partners, and resources (e.g., staff, technology, and payment) required for implementation.

A service implementation plan should explain how the practice will operate internally, and how referrals and billing will work. Standard operating procedures to support the practice will need to be developed and updated regularly. The pharmacy also must collect and assess patient and provider satisfaction and have defined indicators of success or failure.

Marketing and Communications

The establishment and growth of patient care services requires patients, providers, and payors to know what services are available. Changing the patient's perception of a community pharmacist's role and abilities will require marketing and communication. The pharmacist should be seen as the medication expert, health practitioner, collaborator, and public health connector focused on advocating and empowering patients' health and wellbeing. This should all be communicated in down-to-earth, jargon-free language that invites questions and participation from patients.

In addition to marketing services to patients, community pharmacies need to target other health care providers and payors, as they need to know what services are offered. This is important because each needs the information from pharmacy practice to make the best decisions for the patient. A team specializing in marketing and communications can help create and disseminate this information.

Partnerships and Relationships

Successful patient care requires teams to work together. Each community pharmacy must connect with the broad health community that serves the patient. This connection must be part of routine, daily care in workflow operations. Pharmacies must build strong relationships with medical practices, health departments, and payors. They need to market their enhanced patient care services and identify which patients would benefit from them. Pharmacies must also establish trust with patients for continued referrals.

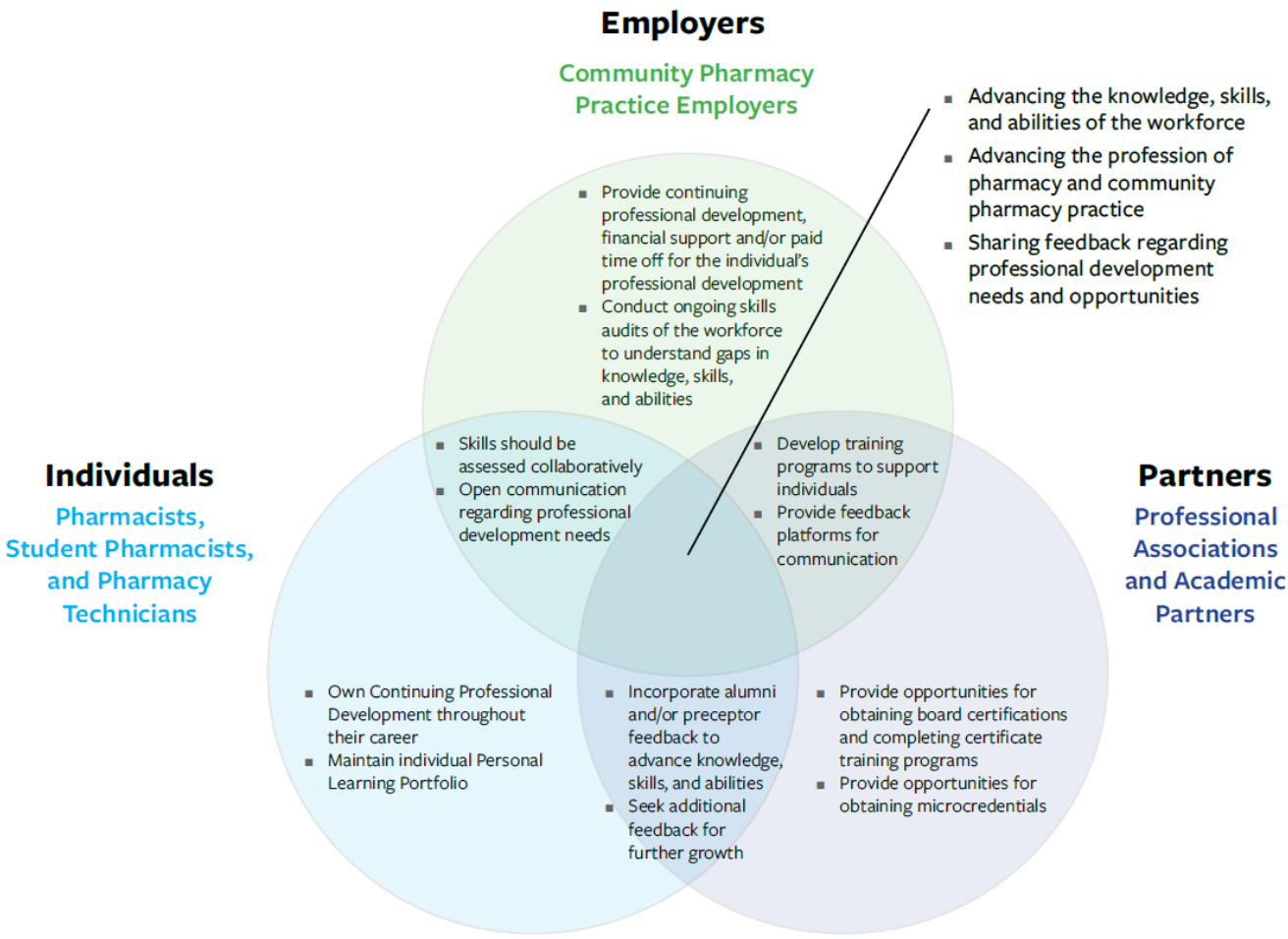
Community pharmacies must also engage with potential future workforce members. Partnerships with community organizations such as public schools and technical colleges will help identify future student pharmacists and pharmacy technicians.[28] To increase and influence the interest of future pharmacists, technicians and other pharmacy professionals, the entire profession must engage potential students in diverse ways. Age-appropriate activities for younger students might spark an interest in pharmacy.[29,30] As students move into high school and beyond, it is important to understand the roles, responsibilities, and career pathways.[31] Student pharmacists must also be exposed to high-quality community pharmacy practices. Bad experiences early on will discourage and disengage young people. Meanwhile, support for entry-level workers interested in pharmacy careers can encourage them and increase their engagement.

Continuing Professional Development-Transforming the Workforce

Community pharmacy practices must ensure continual learning and staff development. Continuing professional development (CPD) in community pharmacy practice is more crucial than ever. CPD is self-directed, ongoing, and systematic, and outcomes focused.[32] CPD will be critical to the ongoing ability of pharmacists and their team members to grow and develop patient care services. Relevant partners must collaborate to ensure the pharmacy workforce is prepared for CPD. It is essential that pharmacists, pharmacy technicians, and student pharmacists gain ongoing knowledge and skills to advance and align with the complex healthcare model and meet patient care needs. Pharmacy personnel need to develop or refine professional and leadership skills while also honing abilities to effectively communicate, handle confrontation, and advocate for themselves and each other in the workplace. Programs that assist mid-career pharmacist development should be personalized.

As Figure 3 illustrates, CPD can be provided by individual pharmacy team members, employers, and partners with a vested interest in community pharmacy practice transformation. These key workforce collaborators are urged to establish programs, initiatives, and opportunities that embrace the transformation of community pharmacy practice.

Figure 3: Community Pharmacy Practice Continuing Professional Development Collaborators



Employers

Employers who encourage and support professional development bolster employees' confidence, performance, productivity, and morale. Offering professional development opportunities attracts better talent who tend to stay in their organizations longer.[33] In today's highly competitive labor market, standout companies become employers of choice by adopting a people-first mentality and zeroing in on areas of focus that are most important to the workforce, including professional development. Employers who want to stay ahead of the curve must focus on accelerating professional development through coaching, upskilling, and reskilling to meet the needs of their workforce. Skills assessment is an important way to identify strengths and areas of improvement for individuals. By understanding employees' skills gaps, employers can design targeted training programs and mitigate skills gaps. Some best practices for employers include:

- Advocate for recognition and advancement of qualified community pharmacy practitioners.
- Align competencies, expectations, and opportunities for community pharmacy practice nationwide.
- Advocate for the removal of licensure, financial, or other barriers to support community pharmacy practice.
- Develop platforms for engagement of practitioners and leaders to share successful practices.
- Convene national and state stakeholders for open dialogue and strategic planning.

Partners

This transformation of community pharmacy needs profession-wide support. Professional associations and academic institutions must create opportunities for professional engagement and CPD. These partners will help prepare pharmacists, student pharmacists, and pharmacy technicians through training programs and continuing education opportunities.[28] Importantly, many of these programs can be offered in person or virtually, allowing broader outreach. Many colleges and schools of pharmacy offer certificates, degree specializations, individualized learning tracks, and dual-degree programs in addition to the traditional Doctor of Pharmacy degree.[28] Postgraduate training programs, including postgraduate year one (PGY1) community pharmacy residency programs, build upon pharmacy education and expand clinical training to advance direct patient care in the community setting. And community pharmacy-focused faculty members, through the Academia-Community Transformation (ACT) Pharmacy Collaborative[34], can partner with businesses to assist with implementation and evaluation of enhanced patient care services. Potential recommended actions for these partners are provided in Table 2.

Table 2: Organizational Recommendations for Community Pharmacy Practice Advancement

Partner	Recommended Action(s)
Pharmacy Associations	▪ Create organizational strategy and accompanying tactics to support community pharmacy practice transformation.
Colleges and Schools of Pharmacy	▪ Provide a curriculum that inspires student pharmacists to practice in community pharmacy. ▪ Provide high quality leadership training. ▪ Advocate for community-based residency programs. ▪ Create educational programs for student pharmacists, pharmacy technicians and current pharmacists that develop skills to transform community pharmacy practice. ▪ Offer CPD opportunities focusing on implementation and payment for patient care services in community pharmacy. ▪ Collaborate with organizations that support community pharmacy practice transformation to meet patient care and public health needs. ▪ Engage in research to accelerate community pharmacy practice transformation. ▪ Help community pharmacy employers recruit motivated pharmacy graduates interested in community practice. ▪ Ensure the contributions of community pharmacy faculty are represented in promotion and tenure criteria.

Individuals

Pharmacy staff should pursue avenues to advance their knowledge and skills. They need to engage, encourage and support one another in practice transformation efforts. Creating opportunities to connect with each other is essential to practice transformation. Through these connections successful practices such as implementation strategies and payment mechanisms can be shared. All members of the pharmacy team can collect these best practices, as described in Table 3, as a part of CPD.

Table 3: Recommendations for Individuals to Enhance Continuing Professional Development

Individuals	Recommended Action(s)
Pharmacists	▪ Create peer coaching or peer mentoring opportunities. ▪ Develop practice toolkits on how to incorporate new practice models and payment for services. ▪ Engage with colleges and schools of pharmacy and professional associations for professional advocacy on a state and national level. ▪ Connect with universities to precept intern and experiential education opportunities. ▪ Share knowledge of patient care with multiple health care partners.
Pharmacy Technicians	▪ Promote and support pharmacy technician training programs that strengthen the workforce. ▪ Develop and promote career pathways for pharmacy technicians to advance in the profession.
Student Pharmacists	▪ Get involved in state and national pharmacy associations. ▪ Engage in community-based advocacy and research. ▪ Develop leadership and practice-based skills to lead and manage team-based care.

Call to Action

Educators must offer training that equips student pharmacists and current pharmacist practitioners with the skills necessary to adapt to the evolving role of healthcare in community-based pharmacy settings. The pharmacy practice management ecosystem components need to be integrated into all pharmacy management and/or pharmacy practice courses at colleges and schools of pharmacy. Administrators at colleges and schools of pharmacy must be supportive and provide resources for pharmacy practice management education in community pharmacy. There has never been a more crucial time for the pharmacy profession to advocate for change, and we need widespread support from all pharmacists as well as health payors, legislators, and other healthcare practitioners to change the practice management ecosystem. Rapid changes in the payment model of medications leading to pharmacy closures are driving the urgent need for community pharmacy practice transformation.

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Appendix 1: Community Pharmacy Practice Management Ecosystem

The Community Pharmacy Practice Management Ecosystem includes eight comprehensive elements that establish, maintain, and grow a community pharmacy patient care practice.

Continuing Professional Development–Transforming the Workforce: The ongoing development of patient care services in community pharmacy practice includes continuing professional development and assurance of its workforce development. Community pharmacies must have a plan to ensure continual learning and growth of all personnel that include clinical development, quality improvement, and leadership development.

Patient Care Physical Environment, Operations, and Policies: The physical environment within community pharmacies must look and function like other health care settings with the operational workflow, policies, procedures, and emergency management plans necessary to facilitate safe and effective patient care. Private areas for consultation and patient care services, clear signage, a comfortable waiting area and the ability to make appointments for care online contribute to a comfortable, convenient, and patient-centered environment to receive products, services, and health-related care.

Technology and Documentation: Technology and digital tools must be integrated within the operations and workflow of community pharmacies to assist with providing safe and effective patient care services. Technology will also enable effective communication between the pharmacy and their patients, support clinical decision-making, and ensure that pharmacy teams can document and render payment for patient care services.

Partnerships/Relationships Connections: Community pharmacies have opportunities to establish and maintain relationships and partnerships with a variety of entities (e.g., medical practices, health departments, payers) that connect with their routine, daily care, and needs for their patients. These relationships will provide opportunities to identify health care needs and establish patient care services to meet those needs.

Finance Infrastructure: Community pharmacies must continue to work towards payment reform to transition to a sustainable, scalable payment model for patient care services. The opportunity to bill for patient care services will require community pharmacists to be recognized as providers, to utilize established medical billing codes and procedures, to be credentialled, and to be contracted with health plan payers.

Marketing and Communications: The establishment and growth of patient care services in community pharmacy requires the public, patients, providers, and payors to understand what services are provided and how to connect and utilize the services. A communications and marketing plan will enable the dissemination of this information.

Implementation Strategy and Continuous Quality Assurance/ Quality Improvement: The creation, implementation, and sustainability of patient care services in community pharmacy requires input and data from a variety of people including staff, patients, community partners, payers, and surrounding medical practices.

Managing Human Resources: The pharmacist is the leader in the community pharmacy team, which includes a varied team of personnel. The responsibilities of pharmacy technicians will continue to expand beyond the preparation of drug products. New personnel, such as billing specialists and community health workers, will be needed as the services provided by community pharmacies expand.

About AACP

AACP is the national organization representing pharmacy education in the United States. The mission of AACP is to lead and partner with our members in advancing pharmacy education, research, scholarship, practice and service to improve societal health. Our members are the accredited colleges and schools of pharmacy in the United States and the faculty and staff members, students and administrators at these schools.

With its members and partners, AACP seeks to educate policy makers and funders to promote the development of health, education, practice and research policies that are evidence-based, effective and address the needs of AACP members, other stakeholders and the public.

The AACP Professional Affairs Standing Committee is comprised of members and partner organizations who advise the Board of Directors and pharmacy profession on issues associated with professional practice as they relate to pharmacy education, and to establish and improve working relationships with other organizations in the field of health affairs.

AACP Mission

Advance pharmacy education, research, scholarship, practice and service, in partnership with members and stakeholders, to improve health for all.

AACP Vision

We envision a world of healthy people through the transformation of health professions education.

AACP Inclusiveness and Belonging Statement

The Association affirms its commitment to fostering an inclusive community and leveraging our differences in thought, background, perspective, and experience to advance pharmacy education and improve health.

AACP Core Values

Advocacy We strive to help key stakeholders understand the value of pharmacy educators and education.

Collaboration We seek and maintain alliances with those who share our objectives and ideals and with whom we can pursue mutual goals.

Excellence We pursue the highest level of achievement in all aspects of our work.

Foresight We recognize the strides and advancements we can accomplish when guided by visionary individuals.

Inclusiveness All individuals have perspectives that we appreciate and represent in our work.

Innovation We embrace new ideas, experiment, and lead positive change in the world.

Integrity We fulfill our responsibilities in accordance with the highest ethical standards.

Learning We foster an environment that encourages continuous exploration and enlightenment.