COMMUNITY PHARMACY PRACTICE ACCREDITATION

CARMEN CATIZONE
LOWELL ANDERSON
MEMBERS OF CPPA BOARD OF DIRECTORS
Accreditation of Pharmacy Practices

- **Hospital** (TJC, HFAP, DNV, others)
- **Community** (TJC, others)
- **Managed Care** (URAC, NCQA, others)
- **Specialty** (TJC, URAC, others)
- **Long-term Care** (TJC, others)
- **Home Infusion** (TJC, others)
- **Mail Service** (URAC, NABP (VIPPS))
- **Nuclear** (NRC, others)

Accreditation of Community Pharmacy Practice Components:
- Compounding (PCAB)
- DME (CMS (NABP, etc)
- Home Infusion (TJC)
- Specialty (TJC, URAC)
- Internet (VIPPS-NABP)
- Others
VISION FOR PHARMACY PRACTICE ACCREDITATION

Pharmacy practice accreditation standards should facilitate a pharmacy practice that provides quality, safe and effective dispensing and/or pharmacist-provided health-related services to both patients and consumers in general. The accreditation process facilitates innovation, recognition and viable operations for participating pharmacy practices.
GUIDING PRINCIPLES

Pharmacy practice accreditation standards should facilitate:

• Patient safety through CQI processes that focus on safe dispensing of medications, internal operations and quality in pharmacy practice. Data should be non-discoverable and non-punitive.

• The use of patient care data to advance patient care, enhance medication safety, and improve care delivery.

• Harmonization with existing accreditation programs to enhance quality, support efficiencies, and decrease administrative burden.
GUIDING PRINCIPLES

Pharmacy practice accreditation standards should facilitate:
• Differentiation from statutory requirements pharmacy practice licensure requirements.
• Accreditation of the pharmacy practice, not the individual practitioner.

Accreditation should accomplish all preceding elements as well as support and sustain a viable business model for the practice.
Center for Pharmacy Practice Accreditation

(1) **Board**
APhA & NABP CEO,
2 APhA, 2 NABP appt

(2) **Standards Oversight**
4 APhA (chair), 3 NABP appt

(3) **Accreditation Oversight**
4 NABP (chair), 3 APhA appt

(4) **APhA Community Pharmacy Practice Standards Development Working Committee**
APhA 18 appointees
independent, chain, academia, ambulatory care, board of pharmacy, consumer, health system, (outpatient and inpatient), managed care, state pharmacy association
• Key reflections:
  – Foundation standard that is above the basic license
    • Has core processes among the practices
    • Expectations for performance
    • Expand scope of practice while still being attainable
    • Scalable
    • Patient-centered

• Potential now or in the future for
  – Tiers / Modules
  – Aspiration goals
ACCREDITATION PROCESS DEVELOPMENT

NABP

Overseen by Accreditation Oversight Committee

• Current NABP accreditation processes will be used as foundation
  • Application process
  • Survey process
  • Evaluation decision process
  • Feedback to applicants
• Target early 2013 for first applications to be processed
Standards Development Process
APhA

• Overseen by Standards Oversight Committee
• Standards to be developed by stakeholders and public in consensus process
  • NABP Standards developed over 2 years will be starting point
• Evaluate draft standards with reactor panels
  • Frontline pharmacists
  • National and state pharmacy associations
  • Other stakeholders
• Maintain and update standards over time
STANDARDS FOCUS AREAS

a. Practice Management
b. Patient Counseling
c. Patient-care Services
d. Technology
e. Quality Improvement
PRACTICE MANAGEMENT

• Infrastructure for efficient, safe and effective delivery of services
• Policies and procedures
• Appropriate staff
• Appropriate facilities
PATIENT COUNSELING

• Collection of appropriate data
• Counseling upon every first fill, change of therapy, upon need determined by pharmacist or request of patient
• Effective drug utilization review
• Pharmacist addresses communication needs of the patient when providing counseling
• Patient counseling is documented
• Quality - counseling activities are evaluated for effectiveness
PATIENT-CARE SERVICES

• Services based on patient population needs and evidence-based guidelines

• Required service elements:
  – Medication therapy management services (consensus def.)
  – Two services from a list of 6

• Seek collaboration with physicians
• Patient education and training
• Documentation and communication
• Competency of staff including facilitation of continuous professional development

• Quality – patient care services are evaluated for effectiveness
TECHNOLOGY

• Supports safe Rx processing and dispensing
  – DUR
• Supports the delivery of patient-care services
• Strategies to facilitate bidirectional flow of information
• Access to evidence-based references
• Policies and procedures for privacy & security
• Quality-assurance mechanisms to monitor performance of information systems and technology
QUALITY

• Continuous quality improvement (CQI) program in place - focused on patient safety
• Quality-related events (QREs)
  – Documentation
  – Communication
  – Learning/education/training
  – Reporting
• Staff development and patient input
• Patient satisfaction/consumer surveys
STANDARDS DEVELOPMENT TIMELINE

- July 1- Aug 15: public comment period
- Early Sept: APhA Standards Development Committee meets to consider comments
- Sept/Oct: Standard to CPPA Board for final approval
PUBLIC COMMENT PERIOD

• Comments to be submitted electronically at http://cppa.pharmacist.com

• Outreach/forums/webinars to stakeholders to discuss feedback
  – Schedule calls with interested organizations
IMPORTANT TO KNOW

• Standards will be accompanied by a companion “Guidance Document”
  – Interpretive guidance
  – Glossary of terms

• Across all Standards: patient care and dispensing services must demonstrate compliance with any applicable state and national regulatory requirements

• Accreditation process under development
DESIRED OUTCOMES

• Accredited sites gain valued recognition in addition to licensure
• Sites demonstrate continuous improvement strategies and achievement of optimal quality standards established by the profession
• Payers value improved care
• The Profession maintains control of its own standards
FAQ’S, COMMITTEE & BOARD ROSTERS ON LINE AT:
http://cppa.pharmacist.com
DISCUSSION