Community Pharmacy Practice Standards

DRAFT FOR PUBLIC COMMENT

Vision for Center for Pharmacy Practice Accreditation (CPPA) Programs
Adopted May 2, 2012 by the CPPA Board

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.

Community Pharmacy Practice Standards

Overarching Statement for Community Pharmacy Practice Standards

Patient care and dispensing services provided in the practice setting demonstrate compliance with any applicable state
and national regulatory requirements and/or standards established by a recognized organization appropriate for the
services provided.

STANDARD DOMAIN 1

1.0 Practice Management: The pharmacy practice is appropriately managed to allow for efficient, safe, and
effective delivery of services.

1.1 The practice has:
1.1.1 a mission statement that reflects the services provided
1.1.2 a well-defined organizational structure
1.1.3 job descriptions for each category of staff
1.1.4 annual performance appraisal system and performance management system aligned to the duties and
roles required for each staff member
1.1.5 descriptions of services provided
1.1.6 goals established for each service
1.1.7 current policies and procedures for hiring and credentialing personnel, operations, and
services that are readily available and used by appropriate pharmacy staff in everyday practice
1.1.8 adequate and appropriate facilities to deliver quality services
1.1.9 sufficient and appropriate professional, technical, and support staff to deliver quality services
1.1.10 resources to deliver the level of services provided in the practice
1.1.11 systems to document pharmacy workload, financial performance, and patient care outcomes data of the practice
1.1.12 a process in place for preventing and dealing with fraud, waste, and abuse

STANDARD DOMAIN 2

2.0 Patient Counseling: Every patient has an understanding and expectation of what the medication is, what it
does, how to optimally use it, the potential risks, and the intended outcome of the therapy.

2.1 Pharmacists and/or pharmacy interns provide effective counseling to patients.
2.1.1 Pharmacist(s) and/or pharmacy interns are approachable and accessible to develop ongoing
relationships with patients.
2.2 Pharmacy practice provides resources and information to encourage patient-initiated questions,
including phone numbers, e-mails, or websites, that connect the patient with a pharmacist to receive
patient counseling.
2.3 Appropriate pharmacy practice staff makes an ongoing attempt to gather complete medication
history, including data from multiple health care providers.
2.4 Pharmacists and/or pharmacy interns evaluate the patient’s medication use history, perform drug-
utilization review as defined within the National Association of Boards of Pharmacy’s model act, and
take appropriate action to address patient consultation needs.
2.5 Pharmacists and/or pharmacy interns determine the patient’s level of understanding of medication therapy and provide counseling upon every first fill, upon any change to medication therapy, upon need determined by the pharmacist, or upon request of the patient.

2.6 Pharmacy practice provides an environment for patient counseling that secures privacy and security of patient data.

2.7 Patient counseling is individualized to meet the needs of the patient.

2.7.1 Appropriate pharmacy practice staff addresses the special communication needs of patients including, but not limited to, those with low health literacy, with cultural influences relevant to medication therapy, or those who do not speak English, and has a documented protocol on this process.

2.7.2 Appropriate pharmacy practice staff provides and informs patients about appropriate or required written educational information, including but not limited to, medication leaflets, MedGuides, REMS information, and appropriate warning labels.

2.8 Pharmacists and/or pharmacy interns use a variety of communication mechanisms for providing patient counseling tailored to the needs of the patient.

2.9 Pharmacy practice uses available delivery formats to provide additional sources of information that may supplement and support patient counseling, including, but not limited to, printed patient information, e-mail and telephone communication, reliable and accurate websites, text messages, real-time Internet communication, or other means of communication.

2.10 Pharmacy practice has a process for documenting the counseling session to facilitate internal and external continuity of care.

2.10.1 Pharmacist or appropriate pharmacy staff documents in the patient record (patient profile and/or electronic medical record) important or pertinent information from the patient counseling session.

2.11 Pharmacy practice has a process for evaluating the effectiveness of patient counseling activities.

2.11.1 Pharmacist or appropriate pharmacy staff uses established metrics to monitor the outcome of counseling activities. This could include, but not be limited to:

- Adherence metrics (30-, 60-, 90-day evaluation points)
- Improved therapeutic outcomes
- Reduction of adverse drug events

STANDARD DOMAIN 3

3.0 Patient Care Services: Pharmacy practice develops, implements, and oversees sustainable patient-centered services focused on improving patient medication use, health, and wellness.

3.1 Patient care services are developed and delivered based on analyses of need in the practice’s patient population and using evidence-based guidelines or best practices when available.

3.2 Pharmacists and/or pharmacy interns deliver medication therapy management services that include both:

- Comprehensive medication reviews: conducted to obtain a complete medication history, assess the appropriateness of medication therapy, and create a reconciled medication list and a care plan for the patient.
- Targeted medication reviews: conducted for ongoing monitoring of medications and interventions to address specific medication-related problems.

3.3 Pharmacy practice provides at least two of the following patient care services consistent with laws and regulations:

- Health and wellness program(s) (e.g. blood pressure screenings, cholesterol screenings, osteoporosis screenings, smoking cessation programs, weight loss programs)
- Immunization program(s)
- Programs to monitor and improve patients’ medication adherence
- Care transitions program(s)
- Chronic disease education program(s)
- Chronic disease management program(s)
3.4 Pharmacy practice actively seeks collaboration with physicians and other health care providers.

3.5 Patient care services in the practice are enabled by collaborative practice agreements with prescribers where feasible.

3.6 Patient education and training are provided in an effective manner based on the needs of the patient.

3.6.1 Pharmacy practice staff evaluates gaps in care, medication history, lab results, medication adherence, and other factors to identify patient medication, therapeutic, and consultation needs.

3.7 Pharmacists or appropriate staff effectively and efficiently documents and communicates patient care.

3.7.1 Systems facilitate documentation of care to enhance continuity of care among practice providers.

3.7.2 Pharmacy practice has systems in place to communicate appropriate information to physicians and other health care professionals, including consultation on the selection of medications, recommendations to address identified medication problems, services provided, updates on the patient’s progress, and recommended follow-up.

3.8 Pharmacy practice evaluates competency and facilitates continuous professional development of staff involved in patient care service delivery based on the complexity of services and needs of patients.

3.9 Pharmacy practice operates a quality improvement program for patient care services.

3.9.1 Pharmacy practice collects data for analysis and uses recognized quality measures to monitor and improve patient care outcomes.

STANDARD DOMAIN 4

4.0 Technology: Pharmacy practice information systems and technology operate properly and support patient care services, medication safety, and medication fulfillment if applicable.

4.1 Pharmacy practice information systems support effective and efficient documentation into the patient’s medication (or pharmacy practice) and/or medical record.

4.1.1 Pharmacy practice information systems allow for documentation of prescription medications, over-the-counter medications, dietary supplements, laboratory values, diagnoses, and other information required to deliver available patient care services.

4.2 Pharmacy practice information systems contain clinical decision support programs that facilitate the delivery of patient care services.

4.3 Pharmacy practice implements strategies to facilitate bidirectional flow of clinical and medication-related information.

4.3.1 Pharmacy practice has capability for e-prescribing transmissions.

4.3.2 Pharmacy practice is exploring strategies for interfacing with electronic health records (EHR).

4.4 The patient electronic medication/medical record is stored and accessible in a manner that facilitates effective pharmacist communication with other pharmacists in the practice, patients, caregivers, prescribers, or other appropriate health care professionals or organizations.

4.5 Pharmacy practice has systems in place to allow access to appropriate evidence-based references, including the primary literature.

4.6 Pharmacy practice information systems support the pharmacist performing effective prospective and retrospective drug-use review.

4.6.1 Pharmacy practice information systems assist the pharmacist in checking the prescription drug order for, at a minimum, proper and/or reasonable dosage, duplicate medication therapy, drug interactions, rational therapy contraindications, patient allergies, and/or potential or actual adverse drug reactions.

4.7 Pharmacy practice uses technology that supports safe medication distribution processes and facilitates patient safety.

4.7.1 Pharmacy practice implements bar-coding technology or other tools to ensure patient safety.

4.8 Pharmacy practice implements policies and procedures to validate that information systems and technology maintain the privacy and security of patient information.

4.9 Quality assurance mechanisms are in place to monitor performance of pharmacy information systems and technology.
4.9.1 Pharmacy practice information systems and technology are tested, validated, and updated on a routine basis.
   4.9.1.1 Pharmacy practice information systems are routinely updated to include recent medication information.
   4.9.1.2 Pharmacy practice has systems in place to appropriately manage drug recalls.
   4.9.1.3 Pharmacy practice information systems have routine maintenance, back-up, cyber-security, and data-retrieval systems in place.
   4.9.1.4 Pharmacy practice has a continuity plan in place should pharmacy practice information systems fail.

STANDARD DOMAIN 5

5.0 Quality Improvement: Pharmacy practice operates a continuous quality improvement (CQI) program, with the intended goal of enhancing patient safety.

5.1 Pharmacy practice operates a CQI program.
   5.1.1 Pharmacy practice staff documents quality-related events (QREs) and conducts periodic audits of medication errors and QREs.
   5.1.2 QREs are communicated to appropriate persons internally, national databases, peer-review committees, or patient safety organizations, as appropriate or required.
   5.1.3 QRE analysis by pharmacist and pharmacy staff lead to appropriate actions such as modification of workflows or procedures, so as to prevent similar QREs in the future.
   5.1.4 Quality self-audits or peer-review staff meetings are held to review pharmacy workflows and systems to support clinical pharmacy services and safe medication distribution processes.
   5.1.5 Pharmacy practice staff identifies trends in QREs and develops plans to address identified trends.

5.2 Pharmacy practice conducts performance measurement activities to develop and implement plans that improve performance, where appropriate, and to address the effectiveness of the CQI program.

5.3 Pharmacy practice conducts and encourages routine training and education of pharmacy staff on quality improvement initiatives.

5.4 Pharmacy practice employs patient satisfaction or consumer surveys regarding pharmacy staff and patient care services with the intent of improving patient satisfaction and outcomes of care.

(Endnotes)

1 Patient: Patient: includes the patient, caregivers and authorized representatives of a patient who have responsibility for ensuring appropriate use of medications by a patient. For purposes of these Standards, “patient” also includes other consumers who use the services of a pharmacy practice.

2 Pharmacy Intern: means an individual who is currently licensed to engage in the Practice of Pharmacy while under the supervision of a Pharmacist and is enrolled in a professional degree program of a school or college of pharmacy that has been approved by the Board and is satisfactorily progressing toward meeting the requirements for licensure as a Pharmacist; or a graduate of an approved professional degree program of a school or college of Pharmacy or a graduate who has established educational equivalency by obtaining a Foreign Pharmacy Graduate Examination Committee™ (FPGEC®) Certificate, who is currently licensed by the Board of Pharmacy for the purpose of obtaining practical experience as a requirement for licensure as a Pharmacist; or a qualified applicant awaiting examination for licensure or meeting Board requirements for re-licensure; or an individual participating in a residency or fellowship program.
   (Source: NABP Model Act)

3 Pharmacy Practice: is the entity where services are directly provided to patients focused on improving medication use and advancing patient safety.

4 Pharmacy Practice Staff: includes pharmacists, pharmacy interns and support staff within the pharmacy practice who directly provide services based upon their scope of authority.