Community Pharmacy Accreditation: Frequently Asked Questions

Question 1: What is the intent of Community Pharmacy Accreditation (CPA)?

Answer: The voluntary accreditation program will be focused on accrediting community pharmacies to recognize practice quality, enhance patient safety and provide a mechanism for excellence-committed community pharmacies to distinguish themselves.

Some of the areas that a community pharmacy accreditation program may address include:
- means to ensure measurable, safe and effective patient care is being provided
- pharmacists are empowered to practice at a higher level
- mechanism for a critical mass of pharmacy practices to achieve the JCPP 2015 Vision for Pharmacy Practice
- means for practice networks to recognize and provide consistent care

Question 2: Why is now the time for the development of CPA?

Answer: It is no hidden fact that several entities, within and outside of the profession of pharmacy, have indicated an interest in practice accreditation for community pharmacy. An examination of recent healthcare trends indicates an increasing focus on quality in healthcare and creating mechanisms for identifying providers and practices that can deliver quality care, improve patient outcomes and use resources effectively. The profession can lead or let other interests prevail.

We chose to take a leadership role with the input of interested stakeholders that shape the use and direction of standards and accreditation programs. The APhA House of Delegates adopted policy supporting APhA taking a leadership role in the development of consensus-based standards and implementation of an accreditation process.

Question 3: Why APhA and NABP?

Answer: Over the past two years, APhA has conducted and participated in discussions with stakeholders and other interested parties regarding the accreditation of community pharmacies. APhA held discussions with many of the entities inside and outside of the profession interested in establishing an accreditation program. The APhA Board of Trustees and its House of Delegates expressed a strong desire for the profession to assume a leadership role in this area, understanding that the accreditation of community pharmacy was inevitable, given the focus of our health system on quality, safety and outcomes. The APhA Board considered the various options and decided to collaborate with the National Association of Boards of Pharmacy (NABP) because of their understanding of the profession, focus on quality and safety, and desire for the profession to achieve the Joint Commission of Pharmacy Practitioners (JCPP) 2015 Vision for Pharmacy Practice.

Question 4: What roles will APhA and NABP serve in the process?

Answer: APhA and NABP have formed the Center for Pharmacy Practice Accreditation (CPPA), an organization responsible for developing, maintaining and ensuring proper implementation of consensus-based accreditation standard for pharmacy practice sites. CPPA’s goal is to assist the public and profession in recognizing pharmacy practices that are committed to enhancing patient safety, quality of care and access to pharmacists’ services.

CPPA will contract with APhA for the continued development of consensus-based standards for community pharmacy practice sites. The standards will be utilized in the accreditation process. CPPA will contract with NABP to administer the accreditation process. NABP has done some initial work with key community pharmacy stakeholders to test various approaches to the accreditation process.
Question 5: Who will lead the APhA process of standards development?

Answer: APhA has engaged Thomas R. Temple, RPh, MS, retiring Iowa Pharmacy Association CEO, to lead the development process for community pharmacy standards. Temple has served as CEO and Executive Vice President of the Iowa Pharmacy Association since 1979 and has been involved in many activities to advance pharmacists’ services, including the development of the innovative Iowa Pharmaceutical Case Management program. He has received numerous awards and served on several boards and advisory committees, including Quality Assurance Inc., University of Iowa Alumni Association, Pharmacy Marketing Group, Alliance for Patient Medication Safety and the United States Pharmacopeia (USP).

Question 6: What are the general steps and timing in the establishment of CPA?

Answer: No matter what practice accreditation program one would consider for pharmacy practice, the development of the standards should be facilitated by the profession with input from all key stakeholders. This is important if we are to craft informed, obtainable standards and a manageable accreditation process. In late 2011 and early 2012, stakeholders and interested parties will have several opportunities to comment on proposed standards. The process for the establishment of standards will follow recognized guidelines that include:
   i. openness;
   ii. balance of interest;
   iii. due process;
   iv. an appeals process; and
   v. consensus
      a. defined as general agreement, but not necessarily unanimity, and includes a process for attempting to resolve objections by interested parties, as long as
         i. all comments have been fairly considered
         ii. each objector is advised of the disposition of his or her objection(s) and the reasons why
         iii. consensus body members are given an opportunity to change their votes after reviewing the comments.

Question 7: Will every community pharmacy have to be visited to be accredited?

Answer: Accreditation should be applied equally to all pharmacies, practice sites and other entities seeking accreditation and who are serving patients in the community. While we have the principles for the process, the methodology to be utilized is still to be determined.

Question 8: Isn’t licensure by boards of pharmacy adequate?

Answer: An accreditation program is a voluntary process and is not intended to replace or fill gaps in the work of boards of pharmacy created by state funding and resource challenges. These issues need to be addressed by the boards of pharmacy and pharmacy organizations in each state with support by NABP. Licensure ensures minimal practice standards, while accreditation recognizes a commitment to enhanced safety and improved quality of care delivered within the practice. The only pharmacy sector that does not have an overall practice site accreditation, besides licensure, is community pharmacy.

Question 9: Given the current economic environment, would a new accreditation for community pharmacies be burdensome and costly if the compensation model does not recognize the value of the accreditation?
Answer: Pharmacies that undergo accreditation and deliver advanced patient care services should be fairly compensated for going the additional step. We hear from payers that they will value accreditation. In addition, we will explore the feasibility of consolidating or creating modules from the various accreditation processes that practices currently go through to streamline the accreditation process and manage costs.

Question 10: Will the accreditation program impact individuals or practices?

Answer: The accreditation program will accredit practice sites, not certify individual practitioners. However, the standards might recognize existing individual competencies as a means of achieving quality care delivery and outcomes.

Question 11: Will pharmacy practice accreditation create barriers to pharmacy recognition and compensation?

Answer: Pharmacy practice accreditation is a voluntary process that serves as a mechanism to advance practice and provide recognition for practices at a higher level than basic licensure. Any pharmacy willing to meet accreditation standards should be allowed provider network participation if the network requires accreditation at some point in the future.

Question 12: Could accreditation be useful in addressing pharmacy workplace issues?

Answer: With accreditation standards focused on quality improvement and safety of the care provided to patients within community pharmacy, the assumption could be made that processes within the accredited pharmacy would address distractions and other care delivery concerns from the perspective of patient outcome and safety.

About the Center for Pharmacy Practice Accreditation
The Center for Pharmacy Practice Accreditation (CPPA) is a partnership between the American Pharmacists Association and the National Association of Boards of Pharmacy. CPPA develops and implements comprehensive programs of pharmacy practice site accreditation, including the promotion, development and maintenance of principles, policies and standards. CPPA offers the general public and users of pharmacy services a means of identifying those pharmacies that satisfy the accreditation criteria and are focused on advancing patient care, safety and quality.

About the American Pharmacists Association
The American Pharmacists Association (APhA), founded in 1852 as the American Pharmaceutical Association, is a 501 (c)(6) organization, representing more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, pharmacy technicians and others interested in advancing the profession. APhA, dedicated to helping all pharmacists improve medication use and advance patient care, is the first-established and largest association of pharmacists in the United States. For more information, visit www.pharmacist.com.

About the National Association of Boards of Pharmacy
Founded in 1904, the National Association of Boards of Pharmacy (NABP) is the impartial professional organization that supports the state boards of pharmacy in protecting public health. NABP aims to ensure the public’s health and safety through its pharmacist license transfer and pharmacist competence assessment programs, as well as through its VIPPS, Vet-VIPPS, e-Advertiser, VAWD, and DMEPOS accreditation programs. NABP’s member boards of pharmacy include all 50 United States, the District of Columbia, Guam, Puerto Rico, the Virgin Islands, eight Canadian provinces, and New Zealand.