



# ASHP Practice Advancement Initiative (PAI) 2030: Utilizing Pharmacy Technicians in Advanced Roles

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Director, ASHP Affiliate Relations

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pharmacists advancing healthcare<sup>®</sup>

# Disclosures

No one in control of the content of this activity has a relevant financial relationship (RFR) with an ineligible company.

No off-label uses of medications will be discussed.

# Learning Objectives (P/T)

- Summarize key recommendations of the ASHP PAI 2030 Initiative.
- Identify strategies to develop a statewide effort for recommendations focused on technician advancement.
- Describe opportunities to monitor the PAI 2030 focused initiative “Expand the role of pharmacy technicians.”
- List strategies to close identified gaps and create opportunities to utilize pharmacy technicians in advanced roles.

“If you don’t know where you’re going, you’ll end up someplace else.”

*Yogi Berra*



### Mirror to Hospital Pharmacy

ASHP received funding for the first comprehensive, national audit of pharmacy services in hospitals

1955

1

### Pharmacy in the 21st Century Conference

Examined major issues and trends expected to confront the profession during the next 15-20 years

3

### ASHP Health-System Pharmacy 2015 Initiative

Provided a framework to significantly improve the practice of pharmacy in hospitals and health systems.

5

### Ambulatory Care Summit

Developed 25 ambulatory care-specific recommendations for practice advancement

6

### Practice Advancement Initiative 2030

Provides pharmacy teams with guidance for advancing healthcare, patient outcomes, and pharmacy practice through 59 recommendations.

8

### Directions for Clinical Practice in Pharmacy (Hilton Head Conference)

Promulgated the idea that hospital pharmacies should function as clinical departments with the mission of fostering the appropriate use of medicines.

1985

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### ASHP Conference on Implementing Pharmaceutical Care

Focused on how to expand pharmaceutical care beyond pilot programs; called for personal commitment of pharmacy staff to advance pharmaceutical care

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Developed 147 consensus recommendations for practice focused primarily on hospital settings.

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PPMI and ACS recommendations combined to address both acute and ambulatory care settings; initiative rebranded to "Practice Advancement Initiative."

2015

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# WHAT IS PAI 2030?








**59 recommendations** on providing optimal, safe, and effective medication use



**Aspirational guidance** serving as a roadmap to pharmacy practice advancement



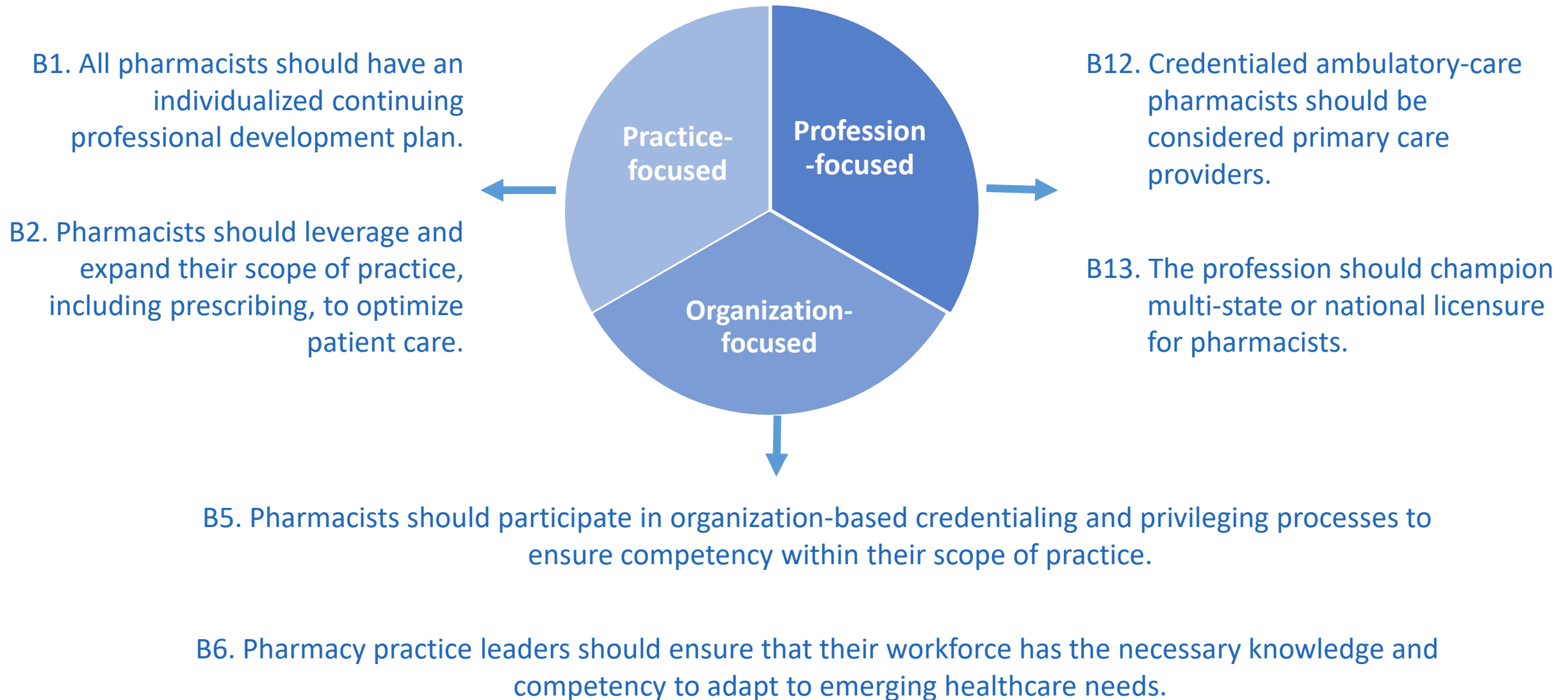
**Future-focused** set of concepts looking beyond today's barriers to change

| <b>Patient-Centered Care</b>   | <b>Pharmacist Role, Education, and Training</b>    | <b>Technology and Data Science</b>   | <b>Pharmacy Technician Role, Education, and Training</b>    | <b>Leadership in Medication Use and Safety</b>    |
|---|--|---|--|--|
| <ul style="list-style-type: none"> <li>■ Shift from patient advocacy to patient and family activation</li> <li>■ Integrate pharmacy enterprise for convenient and cost-effective care</li> <li>■ Optimize care via pharmacist-provided comprehensive medication management</li> </ul> | <ul style="list-style-type: none"> <li>■ Increase in the credentialing and privileging of pharmacists in health systems</li> <li>■ Proliferation of board certification in many practice areas</li> <li>■ Building of workforce skills in population health management and mental/behavioral health</li> </ul> | <ul style="list-style-type: none"> <li>■ Harness data analytics to improve patient health</li> <li>■ Augmented intelligence is an important developing technology that will impact operations and practice</li> <li>■ Assessing patient care technologies to support optimal medication-use outcomes</li> </ul> | <ul style="list-style-type: none"> <li>■ Foster development of professional career paths for pharmacy technicians</li> <li>■ Achieve a recognized scope of practice</li> <li>■ Advance pharmacy technician roles to improve patient care access</li> </ul> | <ul style="list-style-type: none"> <li>■ Advance use of pharmacogenomics information and lead medication stewardship activities</li> <li>■ Increase public health opportunities to address social determinants, chronic illness, and addiction</li> <li>■ Support the well-being and resiliency of pharmacy workforce</li> </ul> |

***The ASHP Practice Advancement Initiative (PAI) 2030 includes 59 recommendations to promote optimal, safe, and effective medication use; expand pharmacist and technician roles; and implement the latest technologies.***

# Subdomains of PAI 2030 Recommendations

(Example: Pharmacist Role, Education, and Training Domain)





# Patient-Centered Care

## Practice

**A2, A3.** Lead medication reconciliation processes during transitions of care.

**A5.** Work as part of interprofessional care teams.

## Organization

**A8.** Patient centered care across the continuum of care.

## Profession

**A14.** Pharmacists should lead and advocate for comprehensive medication management in all healthcare settings.



# Pharmacist Role, Education, & Training

## Practice

**B2.** Pharmacists should expand scope of practice to include prescribing to optimize patient care.

## Organization

**B6.** Pharmacy practice leaders should ensure their workforce has the necessary knowledge and competency to adapt to emerging health care needs.

## Profession

**B9.** Pharmacists in all care settings should be included as integral members of the health care team and share accountability for patient outcomes and population health.



# Technology & Data Science

## Practice

C2. Foster the development and application of advanced analytics.

C3. Assess emerging technologies.

## Organization

C5. Virtual pharmacy services should be deployed.

C7. Apply analytics to financial and clinical performances.

## Profession

C9. Employ high-reliability principles when designing and selecting health information technology.



# Pharmacy Technician Role, Education, & Training

## Practice

**D1.** Technicians should participate in advanced roles in a practice settings to promote efficiency and improve access to patient care.

**D2.** Technicians should have complete responsibility for advanced technical and supporting activities.

## Organization

**D5.** Foster the development of professional career paths for pharmacy technicians.

## Profession

**D6.** Define scope of practice.



# Leadership in Medication Use & Safety

## Practice

- E1. Advance the use of pharmacogenomics.
- E2. Assume leadership roles in medication stewardship at local, state, and national levels.

## Organization

- E4. Ensure evidence-based medication use.
- E6. Ensure well-being and resiliency of their staffs.
- E7. Strive to achieve equity, diversity, and inclusion in all technical, clinical, and leadership roles.

## Profession

- E12. Leaders in policy development.



# Self-Assessment Check-In

The ASHP Pharmacy Practice Model Initiative and Ambulatory Care Summit Consensus Statements serve as a foundation for the ASHP PAI 2030.

- A. True
- B. False

When poll is active, respond at [pollev.com/ushp](https://pollev.com/ushp)

Text **USHP** to **22333** once to join

**The ASHP Pharmacy Practice Model Initiative and Ambulatory Care Summit Consensus Statements serve as a foundation for the ASHP PAI 2030.**

True

False

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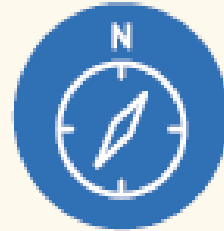
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# Self-Assessment Check-In

Some themes associated with PAI 2030 recommendations include:

- A. Optimize care via pharmacist-provided comprehensive medication management
- B. Increase in the credentialing and privileging of pharmacists in health-systems
- C. Advance pharmacy technician roles to improve patient care access
- D. All of the Above

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Optimize care via pharmacist-provided comprehensive medication management

Increase in the credentialing and privileging of pharmacists in health-systems






Advance pharmacy technician roles to improve patient care access

All of the above

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# ASHP PAI 2030:

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Focused Initiatives

# PAI 2030 Focused Initiatives

**FI 1: Optimize medication-use and access through pharmacist prescribing.**

**Objective:**

*By 2024, increase authority for pharmacists to independently prescribe medications, pursuant to a diagnosis, by 20%.*

**FI 2: Leverage and utilize technology to optimize pharmacist provision of care to patients.**

**Objective:**

*By 2024, increase by 20% the number of health systems using analytics and technology to reduce the risk of adverse drug events or suboptimal outcomes.*



# Pharmacists Independently Prescribe



| 2021 Results by Staffed Beds | %           |
|------------------------------|-------------|
| <50                          | 33.3        |
| 50-99                        | 17.1        |
| 100-199                      | 31.3        |
| 200-299                      | 30.2        |
| 300-399                      | 42.3        |
| 400-599                      | 33.3        |
| ≥600                         | 32.1        |
| <b>All hospitals – 2021</b>  | <b>30.9</b> |
| All hospitals – 2020         | 21.1        |

# Use of Data Analytics



|                      | Basic Analytics (smart pumps, CDS) | Advanced Analytics (AI) | Analytics Not Used |
|----------------------|------------------------------------|-------------------------|--------------------|
| All hospitals – 2021 | 88.3%                              | 4.0%                    | 7.8%               |
| All hospitals – 2020 | 70.5%                              | 2.6%                    | 26.9%              |

CDS = clinical decision support

# Pharmacist-Provided Telehealth

|                      | Provide Telehealth | Mechanism for Conducting Telehealth |              |       |            |                    | Billing for Services |
|----------------------|--------------------|-------------------------------------|--------------|-------|------------|--------------------|----------------------|
|                      |                    | Phone                               | Text Message | Email | Video Chat | EHR Patient Portal |                      |
| All hospitals – 2021 | 26.0%              | 59.2%                               | 0.0%         | 0.0%  | 29.9%      | 10.9%              | 41.1%                |
| All hospitals – 2020 | 28.4%              | 70.9%                               | 0.0%         | 0.6%  | 25.2%      | 3.3%               | 41.0%                |

# Pharmacist-Provided Telehealth

| Top 10 Diseases Managed  | %   |
|--|-----|
| Diabetes   | 52% |
| Hypertension   | 40% |
| Asthma and chronic obstructive pulmonary disease   | 28% |
| Lipids   | 18% |
| Cardiovascular, heart failure, coronary artery disease, atherosclerotic cardiovascular disease | 16% |
| Tobacco cessation  | 8%  |
| Mental and behavioral Health   | 5%  |
| Pain management and substance use disorder   | 4%  |
| Human immunodeficiency virus   | 4%  |
| Osteoporosis   | 4%  |

Unpublished data from 2020 Section of Ambulatory Care Practitioners Telehealth Survey

# PAI 2030 Focused Initiatives

**FI 3: Ensure all patients receive seamless and coordinated pharmacy services at all transitions of care.**

**Objective:**

*By the end of 2024, increase the number of health systems with integrated pharmacy services to coordinate effective patient care transitions by 20%.*

**FI 4: Improve patient access to pharmacist services in ambulatory care clinics.**

**Objective:**

*By the end of 2024, increase the number of pharmacists in ambulatory care clinics by 20%.*

# Pharmacy Services Integration



|                      | Not Integrated (%) | Some Integration (%) | Mostly Integrated (%) | Seamless Integration (%) |
|----------------------|--------------------|----------------------|-----------------------|--------------------------|
| All hospitals – 2021 | 34.8               | 54.5                 | 8.6                   | 2.1                      |
| All hospitals – 2020 | 30.6               | 55.0                 | 13.8                  | 0.6                      |

# Pharmacy Role in Transitions of Care

|                             | Pharmacist history & med reconciliation | Technicians collect med list on admission | Handoff to community pharmacy | Manufacturer assistance programs | Prior authorization | Outpatient pharmacy | Patient-specific action plan | Home infusion service | Education for at-risk patients | Participation in discharge planning | Discharge prescription service (hospital) | Discharge prescription service (non-hospital) | Post-discharge follow-up | Use patient portal |
|-----------------------------|---|---|-------------------------------|----------------------------------|---------------------|---------------------|------------------------------|-----------------------|--------------------------------|-------------------------------------|---|---|--------------------------|--------------------|
| <b>All Hospitals – 2021</b> | <b>35.3</b>                             | <b>34.2</b>                               | <b>14.2</b>                   | <b>37.5</b>                      | <b>24.0</b>         | <b>36.2</b>         | <b>16.7</b>                  | <b>15.5</b>           | <b>45.8</b>                    | <b>49.4</b>                         | <b>32.3</b>                               | <b>9.1</b>                                    | <b>11.8</b>              | <b>4.9</b>         |
| All Hospitals - 2018        | 30.8                                    | 28.2                                      | 12.1                          | 30.8                             | 24.4                | 30.2                | 13.4                         | 11.0                  | 44.1                           | 47.3                                | 31.5                                      | 11.5  | 14.6                     | 4.6                |
| All Hospitals - 2016        | -                                       | -   | 18.3                          | 25.9                             | 21.4                | 28.3                | 11.2                         | 9.6                   | -                              | 35.8                                | 29.0                                      | 6.3   | -                        | -                  |
| All Hospitals - 2014        | -                                       | -   | 15.0                          | 22.2                             | 11.3                | 21.4                | 11.1                         | 10.2                  | 35.5                           | 31.6                                | 15.6                                      | 7.0   | 11.0                     | -                  |
| All hospitals – 2012        | -                                       | -   | 9.7                           | 26.8                             | 10.8                | 17.0                | 5.3                          | 11.9                  | 21.5                           | 23.7                                | -   | -   | 9.4                      | -                  |

# Patient Care Areas with Pharmacist Present at Least 8 Hours Per Day

|                 | Critical care (%) | Medical-surgical (%) | Oncology (%) | Infectious disease (%) | Cardiology (%) | Neonatal (%) | Emergency Dept (%) | Pediatrics (%) | Transplant (%) | Behavioral health (%) | OB / GYN (%) | OR / perioperative (%) |
|-----------------|-------------------|----------------------|--------------|------------------------|----------------|--------------|--------------------|----------------|----------------|-----------------------|--------------|------------------------|
| All hosp – 2021 | 69.9              | 64.8                 | 55.9         | 45.7                   | 46.5           | 31.6         | 39.0               | 28.8           | 36.2           | 24.2                  | 26.2         | 23.7                   |
| All hosp – 2018 | 57.2              | 53.6                 | 45.4         | 44.5                   | 43.2           | 32.5         | 32.4               | 29.0           | 28.5           | 22.7                  | 19.8         | 17.9                   |
| All hosp – 2015 | 43.5              | 43.5                 | 37.5         | 22.6                   | 32.9           | 23.1         | 21.8               | 24.1           | --             | --                    | 12.8         | 12.5                   |
| All hosp – 2012 | 36.9              | 31.7                 | 34.8         | 15.4                   | 27.2           | 20.9         | 14.9               | 16.7           | --             | --                    | 13.8         | 11.1                   |



# Pharmacists in Ambulatory Clinics



|                      | %    |
|----------------------|------|
| All hospitals – 2021 | 41.7 |
| All hospitals – 2020 | 46.2 |
| All hospitals – 2018 | 32.9 |
| All hospitals – 2016 | 29.0 |
| All hospitals – 2014 | 31.4 |
| All hospitals – 2013 | 27.1 |
| All hospitals – 2010 | 18.1 |
| All hospitals – 2008 | 17.1 |
| All hospitals – 2006 | 19.2 |

# Ambulatory Clinics with Pharmacists



| Clinics                | 2006 | 2010 | 2013 | 2014 | 2016 | 2018 | 2020 | 2021        |
|------------------------|------|------|------|------|------|------|------|-------------|
| Anticoagulation        | 10.7 | 11.0 | 16.6 | 16.8 | 19.1 | 21.5 | 25.8 | <b>23.7</b> |
| General MTMS           | 3.9  | 6.2  | 10.5 | 9.6  | 12.1 | 16.6 | 21.3 | <b>19.1</b> |
| Oncology               | 8.1  | 9.7  | 14.1 | 14.9 | 13.3 | 16.3 | 23.2 | <b>24.5</b> |
| Diabetes               | 5.1  | 4.6  | 9.0  | 7.4  | 8.4  | 13.4 | 16.9 | <b>17.4</b> |
| Family medicine        | 2.3  | 3.1  | 6.3  | 6.9  | 9.2  | 9.2  | 16.8 | <b>16.8</b> |
| Cardiac-hypertension   | 2.5  | 1.1  | 5.3  | 5.4  | 7.6  | 10.8 | 15.8 | <b>12.9</b> |
| Infection disease      | -    | -    | -    | -    | -    | 8.6  | 11.6 | <b>12.1</b> |
| Solid organ transplant | -    | -    | -    | -    | -    | 7.1  | 8.4  | <b>7.8</b>  |
| Pain/palliative care   | 2.3  | 2.6  | 2.6  | 3.0  | 3.6  | 4.5  | 6.5  | <b>7.6</b>  |
| Immunology             | -    | -    | -    | -    | -    | 4.2  | 6.2  | <b>9.8</b>  |
| Pharmacogenomics       | -    | -    | -    | -    | -    | 1.9  | 3.3  | <b>4.4</b>  |

MTMS = medication therapy management services

Pederson CA, Schneider PJ, Ganio MC, et al. ASHP national survey of pharmacy practice in hospital settings: clinical services and workforce – 2021. *Am J Health-Syst Pharm.* 2022; (ahead of print). <https://doi.org/10.1093/ajhp/zxac147>

# PAI 2030 Focused Initiatives

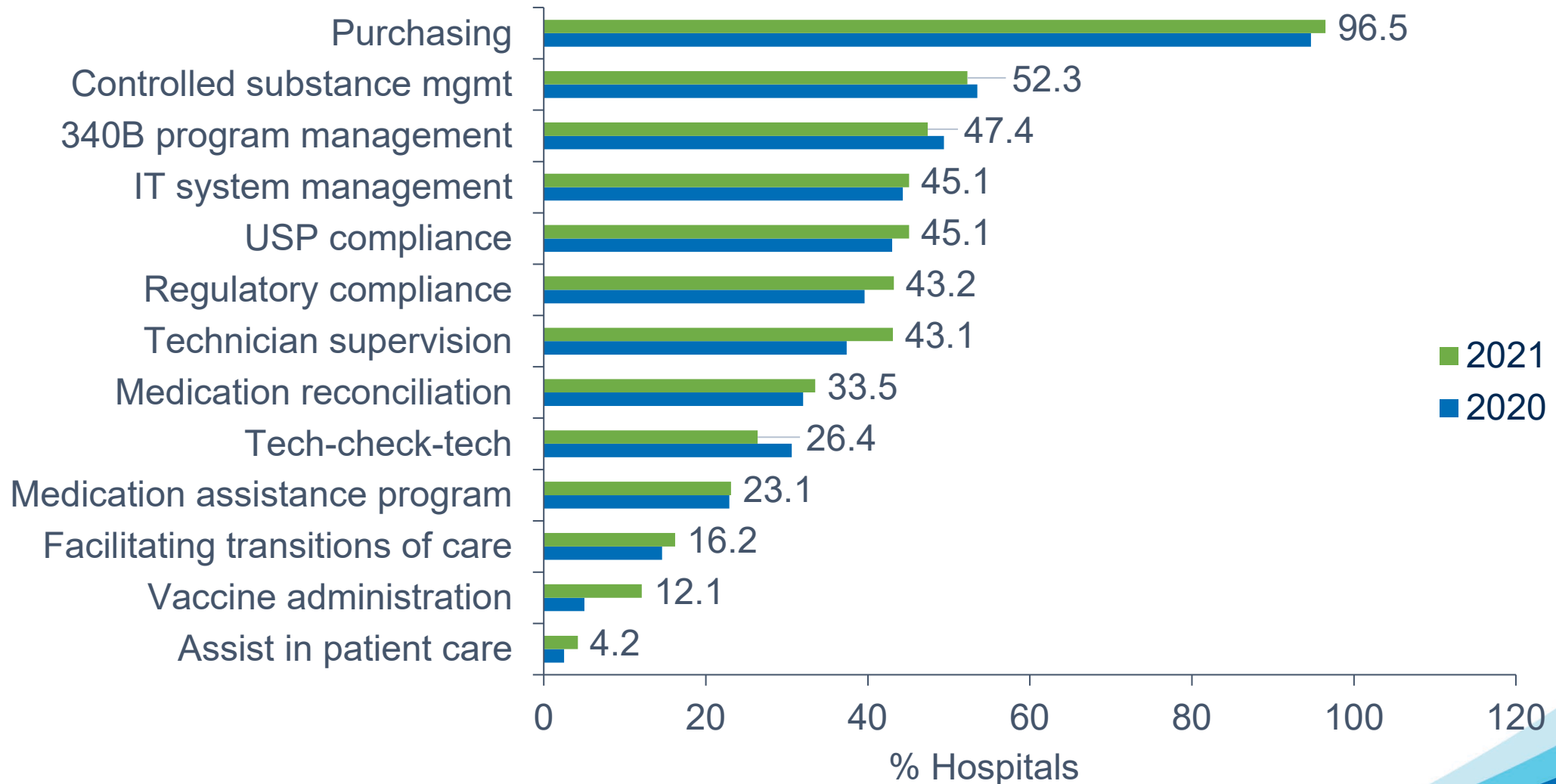
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*Objective:*

*By 2024, increase the number of health systems utilizing pharmacy technicians in advanced roles by 20%.*

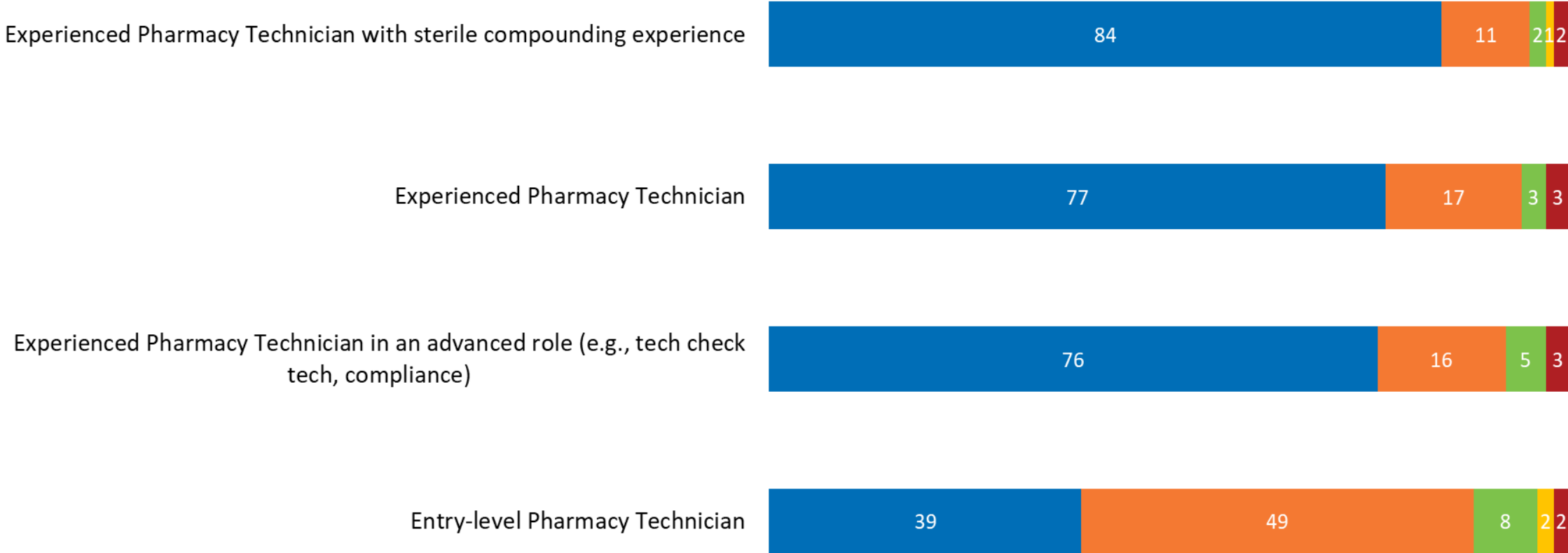


# Activities of Pharmacy Technicians - 2021

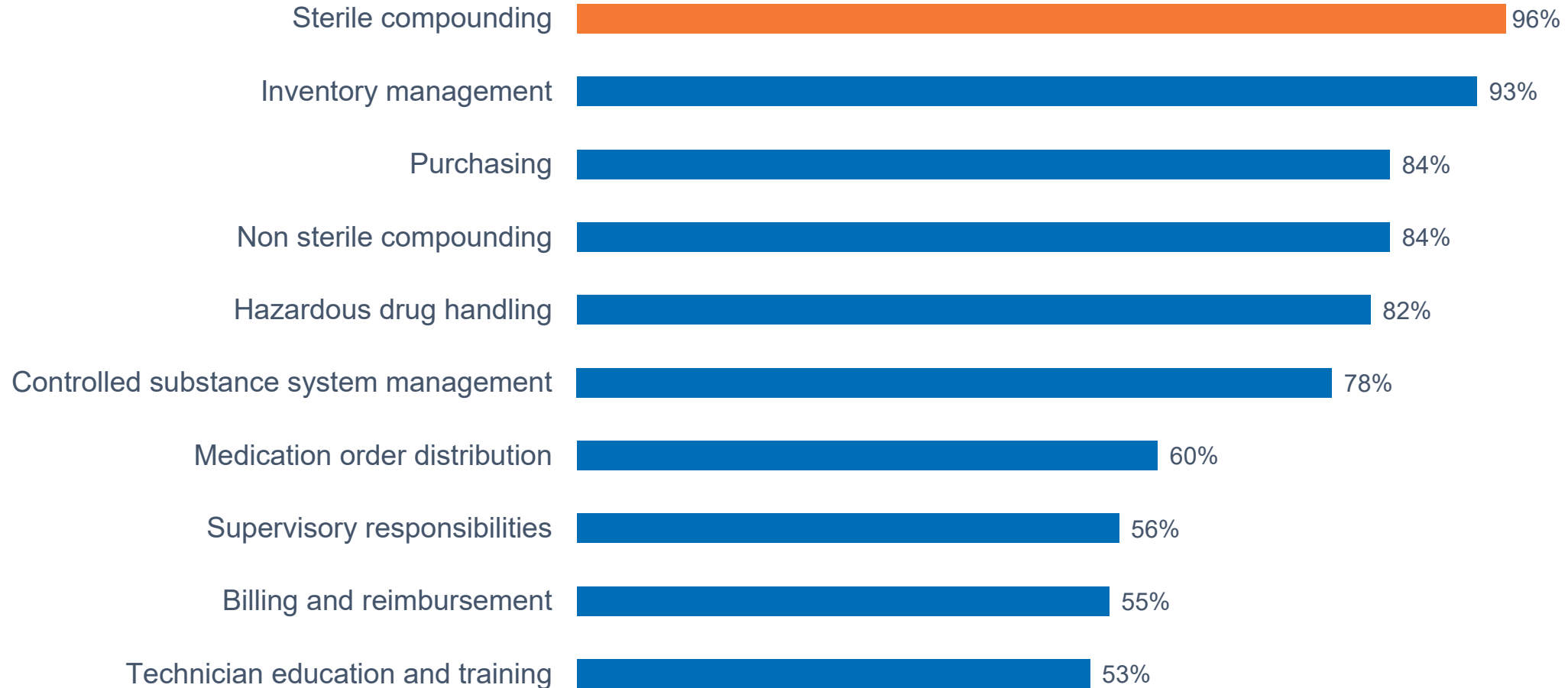


# What is your perception about the availability of qualified staff for the following positions:

■ 1 Severe Shortage   ■ 2 Moderate Shortage   ■ 3 Balanced   ■ 4 Moderate Excess   ■ 5 Severe Excess



# Pharmacy technicians working in your organization's hospital or health system perform which of the following advanced activities? - Top 10

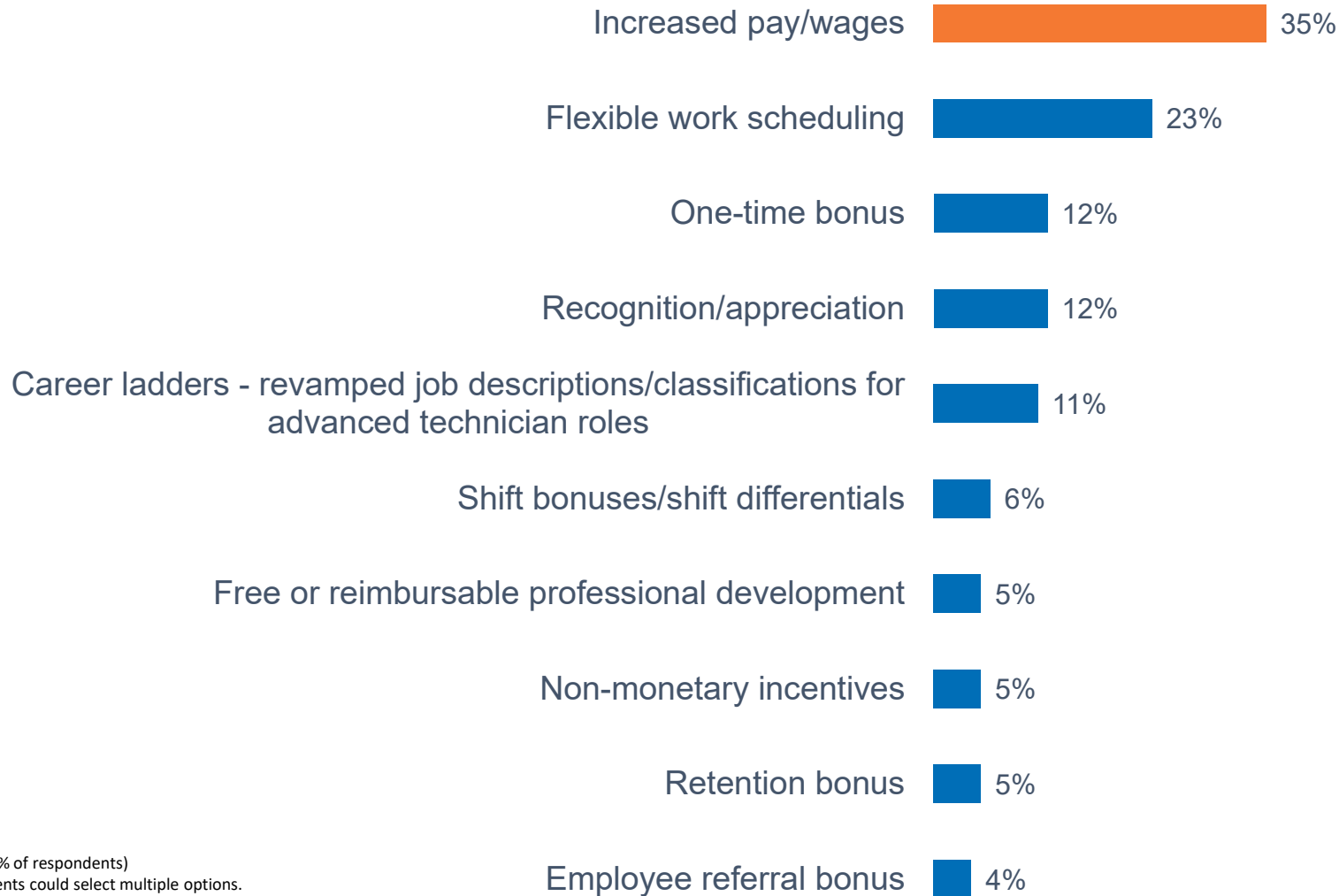


Base: 128 (56% of respondents)

Note: Respondents could select multiple options.

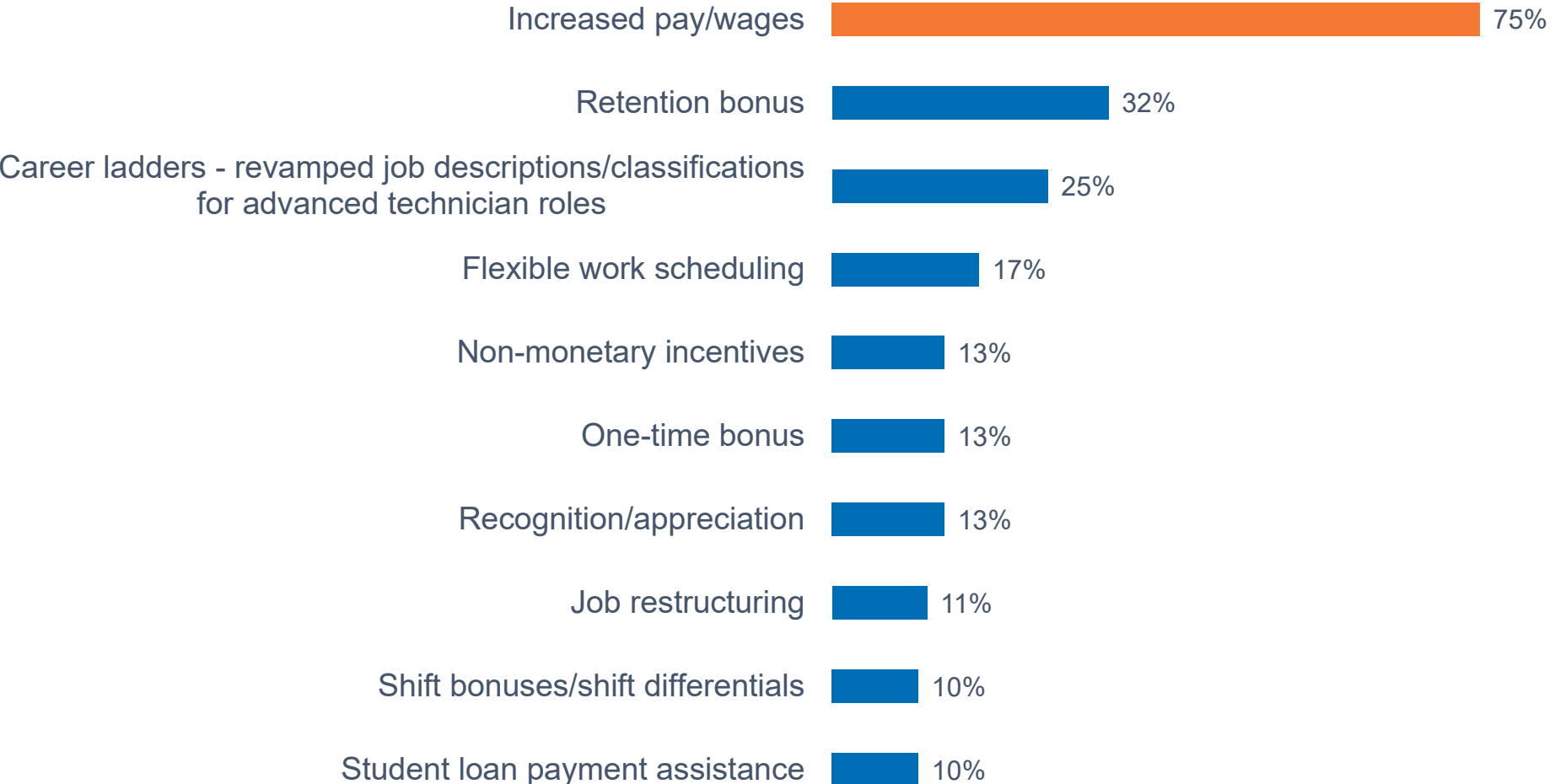
Unpublished data from 2021 ASHP Pharmacy Technician Shortage Survey of Administrators

# Which retention/recruitment incentives have contributed most to your job satisfaction? - Top 10



Base: 5,364 (64% of respondents)  
Note: Respondents could select multiple options.

# Select the top three retention/recruitment incentives you would like to see offered and/or improved by your employer. - Top 10



Base: 5,364 (64% of respondents)  
Note: Respondents could select multiple options.



# Self-Assessment Check-In

The PAI 2030 Focused Initiatives are intended to serve as time-bound indicators of progress for the adoption of best practices.

- A. True
- B. False

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True

False

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# Pause for Reflection

Reflecting on the PAI 2030 recommendations, how will you identify the greatest opportunities for the profession to improve patient care outcomes and advance practice in Utah?

**Reflecting on the PAI 2030 recommendations, how will you identify the greatest opportunities for the profession to improve patient care outcomes and advance practice in Utah?**



# Audience Discussion - Advancing the Role of Pharmacy Technicians

- What are effective strategies for recruiting, retaining, and recognizing pharmacy technicians taking on new or additional roles to build a larger connection to the mission/purpose of the organization?
- What should be reinforced, modified, communicated or added to recognize advanced level competency and value to health systems?
- How should barriers to pharmacy technician education and training should be identified and mitigated?

**What are effective strategies for recruiting, retaining, and recognizing pharmacy technicians taking on new or additional roles to build a larger connection to the mission/purpose of the organization?**



# ASHP PAI 2030:

Statewide Recommendation  
Adoption and Implementation

**ashp**

pharmacists advancing healthcare®

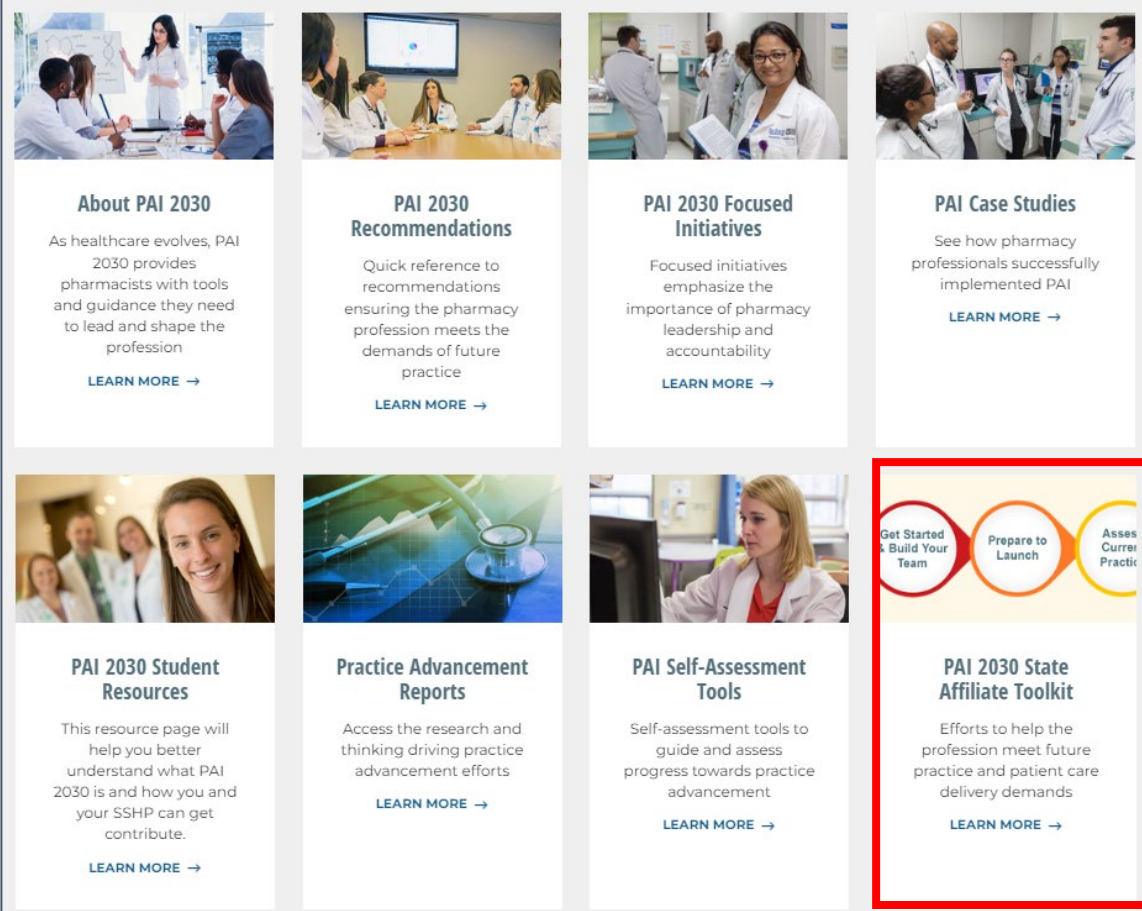
# PAI 2030 Tools & Resources

- ASHP State Affiliate Toolkit and champion/task force approach
- PAI 2030 Self-Assessment Tool
  - Two tracks (Practitioner and Organization)
  - Identify gaps with the PAI 2030 recommendations
  - Create an action plan for adoption and implementation
- Case studies, podcasts, articles, webinars
  - Testimonials on where pharmacy departments and pharmacists are making an impact implementing the PAI 2030 recommendations
  - [The State of Wisconsin's Approach to PAI 2030](#)
  - [North Carolina's utilization of PAI 2030 to identify and prioritize goals](#)
- Awards and Research
  - ASHP Best Practices Award
  - ASHP Student Leadership Award
  - ASHP Foundation research grants

# PAI 2030 State Affiliate Toolkit

[www.ashp.org/pai](http://www.ashp.org/pai)

- Sample announcements
- Sample leader team discussion and meeting agendas
- PAI 2030 Self-Assessment Tool tutorial (recorded)
- PAI 2030 champion overview presentation (recorded)
- Prepared slide presentation template to personalize for each state
- Sample communications template (email, newsletter, social)
- Links to other relevant PAI materials (*AJHP* articles, podcasts)
- [SSHP PAI 2030 resource page](#)



The screenshot displays a grid of resource cards for the PAI 2030 State Affiliate Toolkit. The cards are arranged in two rows of four. The top row includes: 'About PAI 2030' (As healthcare evolves, PAI 2030 provides pharmacists with tools and guidance they need to lead and shape the profession), 'PAI 2030 Recommendations' (Quick reference to recommendations ensuring the pharmacy profession meets the demands of future practice), 'PAI 2030 Focused Initiatives' (Focused initiatives emphasize the importance of pharmacy leadership and accountability), and 'PAI Case Studies' (See how pharmacy professionals successfully implemented PAI). The bottom row includes: 'PAI 2030 Student Resources' (This resource page will help you better understand what PAI 2030 is and how you and your SSHP can get contribute.), 'Practice Advancement Reports' (Access the research and thinking driving practice advancement efforts), 'PAI Self-Assessment Tools' (Self-assessment tools to guide and assess progress towards practice advancement), and 'PAI 2030 State Affiliate Toolkit' (Efforts to help the profession meet future practice and patient care delivery demands). The 'PAI 2030 State Affiliate Toolkit' card is highlighted with a red border. A navigation bar at the top right of the screenshot shows three steps: 'Get Started & Build Your Team', 'Prepare to Launch', and 'Assess Current Practice'.

# PAI 2030 Implementation Pathway



# PAI 2030 State Affiliate Toolkit



Home / Pharmacy Practice / PAI 2030 / PAI 2030 State Affiliate Toolkit

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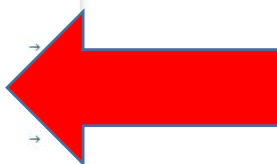
Lead your state's pharmacy practice advancement efforts to help the profession meet future practice and patient care delivery demands.

This toolkit aims to provide state affiliates with the tools and guidance you will need to promote the PAI 2030 recommendations within your state, to include your individual state affiliate members, organizations, and practice settings. Within the sections of this toolkit, you will find resources for leading your state through the PAI 2030 recommendations and focused initiatives, with a timeline for meetings, sample agendas, and a communications template you may customize to fit your state or organizational needs.

The toolkit sections are listed in the box. The links below provide an overview to help one develop an understanding of PAI 2030.

## PAI 2030 STATE AFFILIATE TOOLKIT

- Identify →
- Involve →
- Influence →



- [PAI 2030 Infographic](#)
- [PAI 2030 Recommendations](#)
- [PAI 2030 Focused Initiatives](#)
- [Webinar: Generating National Impact with PAI 2030](#)
- [PAI 2030 Focused Initiatives Podcast](#)
- [FAQs](#)
- [AJHP PAI Collection](#)

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## How to get started with PAI 2030

as a State Affiliate

1. **Identify a PAI 2030 champion:** Identify a "lead" and build a team or task force to lead the initiative within your state affiliate or organization. Consider whom to involve on this team: experienced member(s) from legacy PAI work (e.g., [PPMI](#), [Ambulatory Care](#)), leaders of health-systems large and small, residents, and student pharmacists. A dedicated group of leaders helps ensure your PAI 2030 efforts stay on track.
2. **Utilize the "PAI 2030 State Affiliate Tool Kit" to plan your efforts.** This provides a road map for leading your state through the PAI 2030, with a timeline for meetings, sample agendas, and sample communications you can customize to your state.
3. **Communicate the WHY.** ASHP's Practice Advancement Initiative began in 2010 to drive pharmacy practice change at a local level. Building on this foundation, PAI 2030 includes [59 recommendations](#) to ensure the pharmacy profession meets the demands of future practice and patient-care delivery models. The revised set of concepts are aspirational rather than prescriptive so practitioners can customize implementation plans for their institutional

## PAI 2030 Implementation Checklist

- Identify a PAI 2030 champion and create a PAI 2030 State Leadership Team/Task Force
- Announce creation of the Leadership Team to state affiliate members
- Read the [PAI 2030 report](#) and review the [recommendations](#)
- Review the PAI 2030 Self-Assessment Tool questions. PDF versions of organization and practitioner tracks are available within the PAI 2030 State Affiliate Toolkit
- Complete the [PAI 2030 Self-Assessment Tool](#) and corresponding "Action Plan"
- Convene a meeting of the State PAI 2030 Leadership Team
- Develop a [PAI 2030 Self-Assessment Tool](#) dissemination plan and completion goal
- Compile a list of hospital pharmacy leaders and contact information
- Email self-assessment link with request for completion through an email communication

# PAI 2030 Implementation Pathway

## ■ Identify

- ***Building team*** (champion identification, orientation, tutorial)
- ***Prepare to launch*** (state affiliate marketing, communication campaign)

## ■ **Involve**

- ***Assess current practice*** (completion of PAI 2030 Self-Assessment Tool)
- ***Create an action plan*** (assignment of feasibility and impact)
- ***Take steps to improve practice*** (goal & objective setting, develop plans of action, indicators of progress)

## ■ **Influence**

- ***Monitor progress*** (complete reassessments, sharing results, PAI 2030 focused initiative progress)
- ***Tell the story*** (case study, podcast, webinar, manuscript submission, playbook)



# PAI 2030 State Affiliate Champion/Task Group

- Promote the PAI 2030 initiative
  - Engage in conversation with colleagues and leaders
  - Bring the initiative to your Affiliate meetings and discussions
  - Encourage completion of the PAI 2030 Self-Assessment Tool
  - Extend reach to rural and medically underserved areas
  - Partner with residents and student pharmacists (e.g., SSHP chapters)
- Strategic planning, develop plans of action, focused initiatives
- Avoid tackling everything – focus on a few goals/initiatives
- Tie in with state advocacy, education, and resources based on gaps and priorities identified

# PAI 2030 State Affiliate Champion/Task Group

- Compile, monitor, and distribute results
- Report on progress
- Sharing stories of success and resources (e.g., case studies, podcasts, webinars, *AJHP* publication, playbook, education/poster session proposals)
- Identify areas where ASHP can help

# How can ASHP help?



Advocacy and messaging

Channeling engagement through ASHP Sections and Forums

Help creating podcasts and webinars

Education

Professional policy needs (ASHP Councils)

# PAI 2030 State Affiliate Champion/Task Group

- Deliverables:
  - Achieve a target statewide completion rate of  $\geq 50\%$  using the PAI 2030 Self-Assessment Tool
  - Create a statewide PAI 2030 action plan
  - Incorporate elements of action plan in statewide strategic plan
  - Submit a publication, tool/resource, and/or a presentation to highlight PAI 2030 successes
  - Identify at least one PAI 2030 focused initiative to pursue and monitor as a priority as part of statewide action plan
  - Highlight PAI 2030 efforts in ASHP Affiliate Annual Review Report

# PAI 2030 Implementation Pathway

## ■ Identify

- **Building team** (champion identification, orientation, tutorial)
- **Prepare to launch** (state affiliate marketing, communication campaign)

## ■ Involve

- **Assess current practice** (completion of PAI 2030 Self-Assessment Tool)
- **Create an action plan** (assignment of feasibility and impact)
- **Take steps to improve practice** (goal & objective setting, develop plans of action, indicators of progress)

## ■ Influence

- **Monitor progress** (complete reassessments, sharing results, PAI 2030 focused initiative progress)
- **Tell the story** (case study, podcast, webinar, manuscript submission, playbook)

# Assessing Current Practice

- Achieve statewide completion rate of  $\geq$  XX% within XX months using the [PAI 2030 Self-Assessment Tool](#)
- Focus on completion of “organization” self-assessment track
- Complete one “official” self-assessment for each organization/practice site
- Engage learners in process, partner with SSHPs
- Self-assessment tutorial available on ASHP PAI 2030 State Affiliate Toolkit

# PAI 2030 Self-Assessment Tool

**ashp PAI 2030**  
Practice Advancement Initiative

**PAI 2030**  
SELF-ASSESSMENT TOOL

Home | FAQs | PAI 2030 Resource Center | Create Account | Login

Assessment Home

## Overview

ASHP's Practice Advancement Initiative 2030 (PAI 2030) provides pharmacy teams with guidance for advancing healthcare, patient outcomes, and pharmacy practice through 59 recommendations.

The PAI 2030 Self-Assessment Tool is designed to help you determine how well your practice setting aligns with the PAI 2030 recommendations. The tool identifies areas where the PAI 2030 recommendations could have the biggest impact on your practice setting.

The survey format is applicable to both institutional and ambulatory care pharmacy practice settings. Participants can complete the assessment, which takes about 45 minutes, from the perspective of a single practitioner or as an organization. The results will identify several areas for improvement. From there, a list of priorities for implementing change can be developed.

Please note that this assessment tool does NOT assist with therapeutic decision-making.

### Getting Started

Create Account

Login

Tiered Scoring by Domain  
& Action Plan



Summary & Action Plan | Practitioner Focused

| INSTITUTION          | COMPLETED    | ASSESSMENT TYPE | ASSESSMENT TRACK |
|----------------------|--------------|-----------------|------------------|
| Eric's Test Hospital | May 24, 2021 | Personal        | Practitioner     |

### Assessment Scores

Print Action Plan (PDF)

Tier 1 (Grey) | Tier 2 (Orange) | Tier 3 (Blue) | Tier 4 (Green)

Part A  
Patient-Centered Care  
21%

Part B  
Pharmacist Role, Education & Training  
20%

Part C  
Technology and Data Science  
22%

Part D  
Pharmacy Technician Role, Education, & Training  
11%

Part E  
Leadership in Medication Use & Safety  
100%

### Navigation

- Summary & Action Plan
- My Assessment
- Comparison Report
- Resources
- Blank Assessment

### Action Plan

[Update Action Plan]

The items below are listed in highest to lowest priority. Please return in 6-12 months and repeat this assessment and get an updated Action Plan.

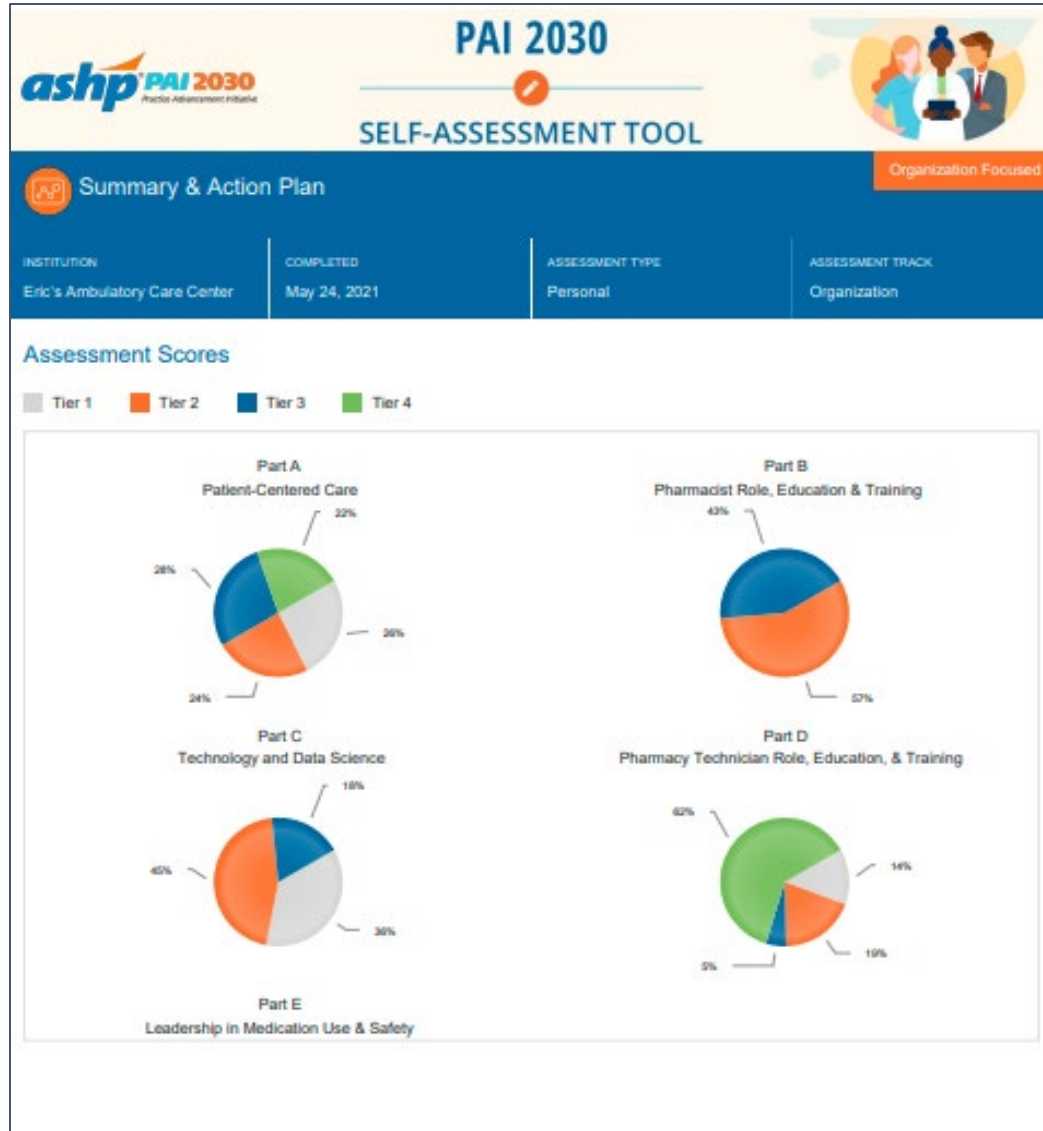
**Recommendation D2:** Pharmacy technicians should have complete responsibility for advanced technical and supporting activities (e.g., order fulfillment, tech-check-tech, regulatory compliance, supply chain management, diversion prevention, revenue cycle management, patient assistance programs).

Make pharmacy technicians completely responsible for supply chain management.





# Summary & Action Plan



## Action Plan

The items below are listed in highest to lowest priority. Please return in 6-12 months and repeat this assessment and get an updated Action Plan.

**Recommendation D2:** Pharmacy technicians should have complete responsibility for advanced technical and supporting activities (e.g., order fulfillment, tech-check-tech, regulatory compliance, supply chain management, diversion prevention, revenue cycle management, patient assistance programs).

Make pharmacy technicians completely responsible for supply chain management.

### Related Resources

- Best practices: Incorporating pharmacy technicians and other support personnel into the clinical pharmacist's process of care (Website)
- ACCP White Paper. Best practices: Incorporating pharmacy technicians and other support personnel into the clinical pharmacist's process of care. (Website)
- Expanding the role of pharmacy technicians to facilitate a proactive pharmacist practice (Website)
- Pharmacy Technician's Role in Pharmacy Informatics (PDF)
- Roles of Pharmacy Technician (PDF)
- ASHP long-range vision for the pharmacy workforce in hospitals and health systems: Ensuring medication use is optimal, safe, and effective in acute and ambulatory care settings (Website)
- PTCB Credential (Website)
- Expanding the role of pharmacy technicians to facilitate a proactive pharmacist practice (Website)
- Evaluation of the potential impact of pharmacy technician performance of anticoagulation clinic tasks on operational efficiency (Website)

**Recommendation A3:** The pharmacy workforce should collaborate with patients, caregivers, payers, and healthcare professionals to establish consistent and sustainable models for seamless transitions of care.

Increase the frequency at which the pharmacy workforce collaborates to establish a consistent and sustainable model for seamless transitions of care with payers.

### Related Resources

- Telemedicine-based collaborative care for PSD: a randomized clinical trial (Website)
- Adverse drug events after hospitalization are we missing the mark? (Website)
- Role of a care transition pharmacist in a primary care resource center (Website)
- Opioid exit plan: a pharmacist's role in managing acute postoperative pain (Website)
- A reengineered hospital discharge program to decrease rehospitalization (Website)
- Pharmacist implementation of a transitions of care electronic referral process to provide hand-off between inpatient and outpatient settings. (Website)
- A suite of inpatient and outpatient clinical measures for pharmacy accountability: Recommendations from the Pharmacy Accountability Measures Work Group (Website)
- Improving patient care and demonstrating value during a global pandemic: Recommendations from leaders of the Pharmacy Accountability Measures Work Group. (Website)
- Population health management and the pharmacist's role (Website)
- Tools and tactics for postdischarge medication management interventions (Website)
- Tools and tactics for postdischarge medication management interventions (Website)
- Development of health-system inpatient pharmacy clinical metrics (Website)
- Use of multiple methods to measure impact of a centralized call center on academic health system community pharmacies (Website)

# Take Steps to Improve Practice

- Define specific practice advancement goals & objectives
- Develop plans of action based on “Action Plan” priorities
- Identify indicator(s) of progress to pursue and monitor
  - Identify at least one [PAI 2030 focused initiative](#) to pursue and monitor as a part of statewide action plan
- Seek research or demonstration grants in support of practice advancement goals (e.g., ASHP Foundation funded offerings)
- Next steps (e.g., assign project work, forum planning, educational content)

# Action Plan Trends Report (Organization - Official) (1 of 2)

- **Recommendation A2.** Pharmacist interns and/or student pharmacists engage as leaders in medication reconciliation processes during care transitions: ***Discharged from an inpatient ward***
- **Recommendation A2.** Pharmacist interns and/or student pharmacists engage in medication reconciliation processes during care transitions: ***Admitted to an inpatient ward***
- **Recommendation A2.** Pharmacy workforce (pharmacists, pharmacy technicians) leads medication reconciliation processes during care transitions: ***Discharged from an inpatient ward***
- **Recommendation A2.** Pharmacist interns and/or student pharmacists engage in medication reconciliation processes during care transitions: ***Discharged from an inpatient ward***
- **Recommendation A2.** Pharmacist interns and/or student pharmacists engage as leaders in medication reconciliation processes during care transitions: ***In the emergency department***

N = 125 as of 9/8/2022

# Action Plan Trends Report (Organization - Official) (2 of 2)

- **Recommendation A4.** Make documentation made by pharmacists related to patient care available to: ***Community pharmacies or other external pharmacy service providers***
- **Recommendation D3.** Increase the number of newly hired pharmacy technicians who have completed an ASHP/ACPE-accredited technician education and training program
- **Recommendation D2.** Pharmacy technicians should have complete responsibility for advanced technical and supporting activities: ***completely responsible for sterile processes training and testing***
- **Recommendation A2.** Pharmacy workforce (pharmacists, pharmacy technicians) leads medication reconciliation processes during care transitions: ***In the emergency department***
- **Recommendation A2.** Pharmacy workforce (pharmacists, pharmacy technicians) leads medication reconciliation processes during care transitions: ***Admitted to an inpatient ward***

# Comparative Report Results (Organization)

(A2) The pharmacy workforce in my organization leads and/or engages in medication reconciliation processes during care transitions:

| In the emergency department            |  |
|--|--|
| 70.4%                                  | Pharmacist/Pharmacy Technician   |
| 36.8%                                  | Intern or Student Pharmacist   |
| 2.4%                                   | Practice setting not available at my facility  |
| 27.2%                                  | The pharmacy workforce is NOT involved with the medication reconciliation processes in this area |
| When admitted to an inpatient ward     |  |
| 76.8%                                  | Pharmacist/Pharmacy Technician   |
| 36.8%                                  | Intern or Student Pharmacist   |
| 0.8%                                   | Practice setting not available at my facility  |
| 20.8%                                  | The pharmacy workforce is NOT involved with the medication reconciliation processes in this area |
| When discharged from an inpatient ward |  |
| 69.6%                                  | Pharmacist/Pharmacy Technician   |
| 25.6%                                  | Intern or Student Pharmacist   |
| 1.6%                                   | Practice setting not available at my facility  |
| 28%                                    | The pharmacy workforce is NOT involved with the medication reconciliation processes in this area |

# Comparative Report Results (Organization)

(A4) Make documentation made by pharmacists related to patient care available to:  
***Community pharmacies or other external pharmacy service providers***

| All        | Responses  |
|------------|--|
| 97.6%      | Other members of the patient's healthcare team                           |
| 69.6%      | The patient  |
| 64.08%     | Healthcare providers external to my practice site                        |
| <b>24%</b> | <b>Community pharmacies or other external pharmacy service providers</b> |
| 2.4%       | Pharmacists at my site do not document                                   |



# Comparative Report Results (Organization)

(D3) Require newly hired pharmacy technicians to have completed an ASHP/ACPE-accredited technician education and training program



| All   | Responses   |
|-------|---|
| 16.8% | <b>Completion of an ASHP/ACPE-accredited education and training program</b>   |
| 17.6% | Completion of an externally provided, structured education and training program (non-ASHP/ACPE-accredited)                      |
| 22.4% | Completion of a non-accredited in-house education and training program (e.g., didactic, lecture, self-study and a written exam) |
| 43.2% | Participation in on-the-job training, but no formalized, comprehensive training program   |

# Comparative Report Results (Organization)

(D2) Pharmacy technicians should have complete responsibility for advanced technical and supporting activities.

| All          | Responses                                     |
|--------------|---|
| 87.2 %       | Order fulfillment                             |
| 37.6%        | Tech-check-tech product verification          |
| 44.8%        | Regulatory compliance                         |
| 82.4%        | Supply chain management                       |
| 60%          | Controlled substance management               |
| 53.6%        | Diversion prevention                          |
| 19.2%        | Revenue cycle management                      |
| 30.4%        | Patient assistance programs                   |
| 54.4%        | Obtaining medication history                  |
| 56.8%        | Hazardous drug management                     |
| 90.4%        | Automated dispensing cabinet management       |
| 50.4%        | Technician training program preceptor         |
| <b>73.6%</b> | <b>Sterile processes training and testing</b> |





# PAI 2030 Implementation Pathway

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## ■ Involve

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## ■ Influence

- ***Monitor progress*** (complete reassessments, sharing results, PAI 2030 focused initiative progress)
- ***Tell the story*** (case study, podcast, webinar, manuscript submission, playbook)


# Reassessment Feedback Loop

- Complete reassessments every 6 -12 months to gauge progress
  - What progress has been made (comparative reports, action list trends)?
  - Have we identified new areas of focus?
  - Where do we need assistance to close gaps?
  - Any new opportunities uncovered?



# PAI 2030 Case Studies

Submit a case study on line:




**Submit Your Case Study Here**

Share how your practice site is implementing one or more of the PAI 2030 recommendations.

**SUBMIT NOW →**





Thank you for sharing how your hospital or health system has implemented the PAI 2030 recommendations. Your experiences will be included in [ASHP's PAI 2030 Case Studies](#) to help hospitals, health systems, or other practice areas embark on similar initiatives.

We want to learn from you! Your testimonials will help us understand where pharmacy departments and pharmacists are making an impact by implementing PAI 2030 recommendations, as well as the challenges that these initiatives may present. As we review the content, we will follow-up with any additional questions and next steps

**Submitter Information:**

|             |                      |
|-------------|----------------------|
| Name-Last   | <input type="text"/> |
| Name- First | <input type="text"/> |
| Credentials | <input type="text"/> |
| E-mail      | <input type="text"/> |

**Lee Health**

**Pharmacy Technician Role, Education, and Training**  
Sub-Domain: Practice-Focused

**Geisinger Enterprise Pharmacy and Cancer Institute**

**Patient-Centered Care**  
Sub-Domain: Practice-Focused

**Selma Medical Associates**

**Patient-Centered Care**  
Sub-Domain: Practice-Focused

**Improving Diabetes Self-Management Via Pharmacist-Run Diabetes Education Group Classes**  
*Submitted by Nataliya Scheinberg, Pharm.D., BCPS, CDE*

**Case Overview**

Clinical pharmacy services were established at Selma Medical Associates in the 1990s and include medication management and drug information services. The pharmacy team has an established collaborative practice agreement with providers and offers one-on-one patient-centered appointments for various disease states. Clinical areas of focus include diabetes education and medication management.




At Selma Medical Associates, pharmacy team one-on-one diabetes care visits have consistently

**Therapy**

on various

Pharm.D.

approximately the periential training time



# PAI 2030 Case Study Outline

- Select domain and sub-domain
- Case overview
- Key elements
- Impact on patient outcomes
- Pharmacy and pharmacist roles
- Lessons learned
- Budget and resource allocation
- Future goals

**ashp** PAI 2030  
Practice Advancement Initiative


CASE STUDY  
**Los Angeles County + University of Southern California (LAC+USC) Medical Center Adult Primary Care Clinics**

**Patient-Centered Care**  
Sub-Domain: Practice-Focused

**Hemoglobin A1c Reductions with Pharmacist Visits at a Safety-Net Resident Physician Primary Care Clinic**  
*Submitted by Brian Ma, Pharm.D.*

**CASE OVERVIEW**

Primary care clinical pharmacists have integrated into Los Angeles County + University of Southern California (LAC+USC) Medical Center adult primary care clinics to improve diabetes quality metrics identified by LAC+USC Medical Center. There are two adult primary care clinics: East Clinic (resident physician based), and West Clinic (attending physician based). While each clinic has one full-time LAC+USC clinical pharmacist, only East Clinic collaborates with the University of Southern California (USC) School of Pharmacy where it deploys an additional 0.4 full time equivalent (FTE) clinical pharmacist with a 0.4 FTE pharmacy resident. Both clinics have similar referral processes where the physicians refer patients to clinical pharmacists.



This usually occurs when a patient's hemoglobin A1c is not controlled, when poor medication/self-management adherence is evident, or when they need frequent management with drug therapy adjustments and symptom control. Both clinics primarily get referrals for diabetes management, but patients can be referred for management of blood pressure, asthma, or heart failure medication optimization as well.

Regardless of the referral reason, clinical pharmacists provide comprehensive medication management where they review all medications that the patients are taking and provide medication adjustments within their scope of practice. Both clinics' clinical pharmacists have an open collaborative practice agreement with prescriptive authority except for controlled substance medications and antipsychotic/specialty medications.

[www.ashp.org/pai](https://www.ashp.org/pai)

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# Telling the Story

- Share your ideas, initiatives, and successes:
  - [Case studies](#)
  - [Podcasts](#)
  - Webinars
  - [Publications](#)
  - Posters
  - Networking
  - Playbooks, toolkits
  - Education at local, state, & national meetings

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CASE STUDY

## Geisinger Enterprise Pharmacy and Cancer Institute

 Patient-Centered Care  
Sub-Domain: Practice-Focused

### A Pharmacist-led Oral Chemotherapy Medication Therapy Disease Management Clinic

Submitted by *Tristan Maers, Pharm.D., BCOP, Anupama Mathur, Pharm.D., BCOP, Justine Maley, Pharm.D.,*

**AJHP** American Journal of Health-System Pharmacy™

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Article Contents

Abstract

Process

Questionnaire responses

Prioritiza

Discussio

Conclusi

Acknowled

CORRECTED PROOF

## A state affiliate's utilization of ASHP's Practice Advancement Initiative 2030 to identify current state of practice and a process to prioritize goal

refills, The program ing and

### Generating National Impact With The Practice Advancement Initiative (PAI) 2030

ACPE Activity Number: 0204-0000-20-031-H04-P/T  
Release Date: June 30, 2020  
Expiration Date: June 29, 2023  
Activity Type: Knowledge-based  
CE Credits: 1.0 hour, no partial credit  
Activity Fee: Member/Nonmember: Free

#### Activity Overview

As the original ASHP Practice Advancement Initiative reaches its tenth anniversary, the pharmacy profession still faces challenges related to changes healthcare structure. Continued disruption requires the profession to evolve to address pressures such as rising costs, changing workforce and business models, technological and therapeutic advances, and evolution of practice settings. ASHP has revised the PAI recommendations accordingly to project next ten years. This session will review and describe the recommendations and some strategies for applying them.

# Audience Discussion - PAI 2030 Story Collection

What are effective strategies for collecting statewide success stories related to PAI 2030 recommendation adoption and implementation (e.g., case studies, podcasts/webinars to showcase best practices)?

**What are effective strategies for collecting statewide success stories related to PAI 2030 recommendation adoption and implementation (e.g., case studies, podcasts/webinars to showcase best practices)?**

# Key Takeaways

- Start somewhere:
  - Mobilize a team
  - Use the PAI 2030 Self-Assessment Tool to probe key components of a strategy and as a baseline for practice improvements
- Partners with others
- Keep the end in mind
  - PAI 2030 focused initiatives monitor the progress toward achievement
  - Weave in to affiliate/organization goals and objectives
- Tell your story: create and amplify success



# Questions?

[pai@ashp.org](mailto:pai@ashp.org)





**ashp**<sup>®</sup> PAI 2030  
Practice Advancement Initiative