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Key Elements of a Pharmacist Practice Management Ecosystem

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Background

Pharmacists are increasingly providing patient care services across health care institutions, community-based settings, and beyond. The transformation of the pharmacy profession from a predominately drug product-centered profession to one that focuses on medication use as part of holistic care has been a continual journey since the penning of the philosophy of pharmaceutical care, in 1990.[1] Today's pharmacists are medication experts whose services are growing as a result of practice expansion through state laws and regulations, health practitioner collaborations, and sustainable payment for patient care services. Comprehensively defining the key elements of a pharmacist professional patient care practice is vital to foster replicable, standardized, and sustainable pharmacy practices serving the needs of patients nationwide to achieve broader healthcare goals including improved health outcomes and cost-effective care.

Throughout health care, there are three core components of a professional patient care practice: Philosophy of Practice, Patient Care Process, and the Practice Management System. These core components are universally accepted across each health profession. To date, the profession of pharmacy has defined and broadly adopted two of the core components: the Philosophy of Pharmaceutical Care (1990) and the Pharmacists' Patient Care Process (2014 and updated 2025).

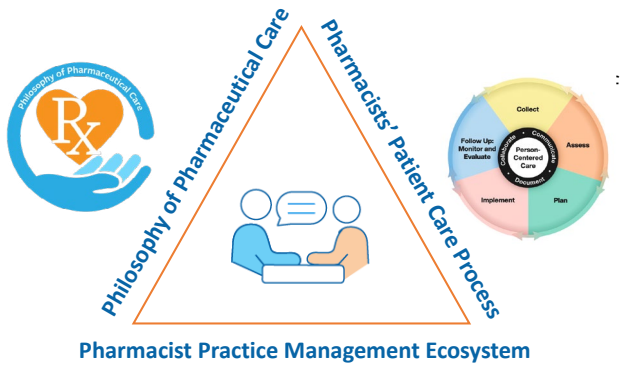
In October 2023, the 2023–2024 American Association of Colleges of Pharmacy (AACP) Professional Affairs Committee brought together leaders from diverse community pharmacy employers, pharmacy academia, and pharmacy associations with the charge to create an action plan for pharmacy academia's role in the clear and urgent need for transformation of community pharmacy practice. The AACP Professional Affairs Committee along with the Academia-Community Transformation (ACT) Pharmacy Collaborative Task Force recognized the need to bring together the core components of a pharmacist professional patient care practice with a defined pharmacist practice management ecosystem to afford clarity of the business elements necessary to support pharmacist provided patient care.

From 2024 through summer 2025, the ACT Pharmacy Collaborative Task Force sought additional input regarding the pharmacist practice management ecosystem elements from pharmacy practice leaders broadly across patient care practice environments through the Joint Commission of Pharmacy Practitioners (JCPP). When the updated Pharmacists' Patient Care Process was released in September 2025, JCPP empaneled an Implementation and Design Team to develop resources and a communication plan to advance the implementation of the revised process and this companion document, *Key Elements of a Pharmacist Practice Management Ecosystem.*

Three Core Components of the Pharmacist Professional Patient Care Practice:

Philosophy of Pharmaceutical Care: "Pharmaceutical Care is a 'person-centered' practice in which the practitioner assumes responsibility for a patient's medication-related needs and is held accountable for this commitment."[1] The pharmacy profession recognized the need for unified language how to directly apply the philosophy of pharmaceutical care to individual patients first through the Core Elements of Medication Therapy Management 1.0[2] and 2.0[3], then 2014 and 2025 through the JCPP Pharmacists' Patient Care Process[4,5], now adopted across all colleges and schools of pharmacy through the 2016 and 2025 ACPE Accreditation Standards[6,7].

Figure 1: Core Components of a Pharmacists' Professional Patient Care Practice



The Pharmacists' Patient Care Process: The Pharmacists' Patient Care Process (PPCP) is a consistent and standardized five step process (COLLECT, ASSESS, PLAN, IMPLEMENT, FOLLOW-UP) "guided by evidence, clinical reasoning, and complexity of patient needs" where pharmacists support patients to meet their medication and health outcomes.[5] The PPCP is "applicable across all practice settings and modes of

delivery (e.g., in person, telehealth)", and "is optimized when pharmacists have access to contemporary technology capabilities that augment their practice, enable documentation of their services, and allow for secure exchange of patient information through standardized data-sharing solutions.[5]"

The **Pharmacist Practice Management Ecosystem** is the third component of the Pharmacists' Professional Patient Care Practice.[1,8-11] This document serves to define the key management elements specific to a pharmacist practice providing a framework for the building and evolution of pharmacist practices ensuring standardized, replicable, and scalable pharmacy patient care services across health care settings nationwide. **The Pharmacist Practice Management Ecosystem is a dynamic system, grounded in eight interdependent key elements that are needed to establish, maintain, and grow a pharmacist patient care practice in any setting.** The ecosystem in which the practice operates goes beyond the pharmacy practice itself and is informed by pharmacists, their professional teams, organizational structures, and the surrounding healthcare environment. Pharmacists and their teams engage within the ecosystem to deliver **expert medication-related health care** while adapting to regulatory, economic, and technological advances, ensuring sustainable patient care services. Figure 2 depicts these elements prioritized in order beginning with the patient care physical environment and moving clockwise.

Figure 2: Pharmacist Practice Management Ecosystem

The Pharmacist Practice Management Ecosystem Eight Interdependent Key Elements

These eight key elements of the Pharmacist Practice Management Ecosystem are broadly applicable across health care settings and communities. These elements can be utilized as a guide, across the profession, to plan, evaluate, and strategically grow pharmacist patient care practices.

1. Patient Care Physical Environment, Operations, and Policies

Pharmacist patient care practices can be located within a variety of health care settings and locations, including, but not limited to, community pharmacies, medical practices, outpatient clinics, health systems, and more. The physical space and telemedicine environment should be designed to look and operate in a manner that fosters the professional engagement of pharmacists with patients and caregivers. The practice must have the operational workflow, policies, procedures, and emergency management plans necessary to facilitate safe and efficient provision of care. Specific examples include:

- The pharmacy patient care practice should establish a mission, vision, and goals for care that are visible within the practice and to the public.
- The setting where care is provided should be professionally designed for the provision of patient care, including private or semi-private space, tools and equipment for the provision of services (e.g., physical assessment, point-of-care testing), accommodations for patient physical needs across the lifespan, and allowing for home visits, where applicable.
- The workflow for patient care services should be designed to maintain a clear, designated way for patients to receive care while connecting to other services within and outside of the pharmacy practice including other pharmacy services, health professional offices, and community services.
- Each pharmacist practice must have a defined practice scope and agreements, as applicable (e.g., collaborative practice agreements, standing orders, statewide protocols), in place to meet legal and regulatory requirements of each state where services are being provided.
- Policies and procedures must be established and regularly maintained specific to the patient care services offered

(e.g., medication management services, point of care testing, prescribing, remote patient monitoring, home visits), and referrals to other health services.

- Emergency management procedures including the process for connecting with emergency personnel must be established and maintained ensuring patient and staff safety for any medical or other emergency.

2. Technology and Documentation

The provision of patient care requires a series of continually evolving technology-based health IT support systems. Patients need to be able to connect and communicate with the practice. Pharmacists and their teams need to have interoperability with other health providers and payers, the ability to document and bill for services, and access to clinical decision-support tools. Technology functions include:

- System functions: Pharmacist workflow should include the support of patient scheduling, patient records management, patient-provider communication, integration with patient monitoring technology, secure HIPAA-compliant video calling, clinical decision and drug information support tools, patient education, AI interfaces and digital therapeutics where applicable, and reporting mechanisms to manage patient populations and conduct quality improvement initiatives.
- Collection and Data Exchange: Clinical documentation system (electronic health record) with capability to exchange standardized clinical and billing data (e.g., Pharmacist eCare Plan, electronic prescriptions, medical/pharmacy billing claims, Standardized Medication Profile for transitions of care, patient monitoring device data).
- Interoperability: Exchange of patient clinical data (access and transmit) with other health provider electronic health records through interoperable health information networks (HINs) for care coordination purposes.
- Value-based Reporting: Quality and cost management reporting functionality, (e.g., supporting payment models including value-based payment, and quality reporting for services provided).

3. Financial Infrastructure

Each practice needs a specific mechanism(s) to be compensated for services. For services reimbursed by health plans, pharmacists need to be credentialed and contracted for the service provision by the health plan. For contracted services outside of health plans (e.g., medical practices, self-insured employers, community organizations), pharmacists and their employers work directly with the payer to establish services and payment mechanisms. For cash-based services, pharmacists and their teams must establish consistent fee structures made available to patients and the public. Specifically, systems need to be in place for:

- Contracting and billing for services with health plans, self-insured employers, health practices, and other payers, with attention to fair and appropriate reimbursement parity for services.
- Billing of services through an interoperable electronic system with the ability to create reports for payment reconciliation.
- Collection of payment or co-payment from patients, where appropriate.
- Reconciliation of billed claims with payer payments through revenue cycle management, monitoring of cash flow, and inventory management.
- Implementation and evaluation of services for a variety of payment models (e.g., value-based payment, fee-for-service, direct cash pay).

4. Managing Human Resources

The personnel needed for the practice must be recruited and consistently supported for the provision of pharmacist-provided patient care services. The pharmacist serves as the leader of the pharmacy practice, independently or within a larger health practice. Practitioner credentialing processes must be implemented, and position descriptions for each member of the team must be established and updated as the practice evolves over time. The pharmacist is supported by a team within the practice, partners (within and outside of the practice), and human resource infrastructure including:

- Pharmacists with backgrounds in leadership, patient care service development, care provision, and management.
- Patient-care support staff, including, but not limited to pharmacy technicians and student interns with clinical training (e.g., vaccine administration, basic physical assessment), other pharmacy trainees, community health workers, and medical assistants.
- Interprofessional patient care teams within and external to the pharmacist practice, ensuring continuity of patient care.
- Partnerships with medical leadership for state-required or institutional-required protocols and agreements.

- Management support staff, including, but not limited to those with finance, billing, marketing, communications, technology, and human resource management expertise.
- Established processes for ongoing training and evaluation for all roles in the practice including, but not limited to, onboarding for new hires, clinical and practice competency assessment, professional development, and annual performance reviews.

5. Strategic Implementation and Ongoing Continuous Quality Assurance and Improvement Process

Initiating a pharmacist practice requires a clear strategic plan with ongoing quality assurance and quality improvement for the purpose of meeting clinical, economic, and patient-reported outcomes and overall goals of the practice. Ongoing success requires input from patients, staff, community partners, payers, and medical practice partners. Specifically, each practice should have:

- A clear strategic plan for implementation of the patient care practice and new services accompanied by a corresponding timeline. The implementation plan should include a needs assessment to understand the patient population(s) served, gaps in care, unmet needs of other local health and medical providers, locally available resources (e.g., staff, technology), and payment mechanisms available.
- A service implementation plan designating how the practice will operate internally, the flow of patient referrals to and from other services and providers, and how billing and payment will be implemented.
- A process to collect and assess ongoing patient and provider satisfaction, service-related and value-based payment metrics along with a mechanism for ongoing quality assessment, improvement, and achieving accreditation standards.
- A plan for ongoing expansion and development of the practice with key growth indicators including return on investment for all key partners to facilitate sustainability of the practice.
- A plan for practice-based and interprofessional networking within state and national associations, and with local and statewide practice partners for the purposes of practice transformation and innovation.

6. Marketing and Communications

The establishment and growth of a patient care practice require the public, providers, payers, and patients to all understand the services provided by the pharmacist and how to utilize the services. The pharmacist patient care practice should have a communication and marketing plan, ideally with consultation of communication and marketing experts, that includes:

- Pharmacist services offered within the practice in patient-friendly language.
- Ongoing public and health provider communications and marketing of services with a focus on patient engagement, updates on health guidelines, and amplifying local connections to health care providers and patient support resources.
- Patient health education within and outside of the practice for medication-related or other health needs.
- Data-driven patient care outcomes marketing to health plans, payers, and health organizations.
- Promotion of pharmacists and staff as subject matter experts for media and community services, in addition to, ongoing social and public marketing of services.

7. Partnerships and Connections

Successful patient care requires building relationships between patients, caregiver(s), pharmacists, internal and external care teams, and broadly within the community that serves the patient. Each pharmacist practice should have a specific plan to establish and maintain other health provider partnerships and communication connections as a part of the routine provision of individualized patient care. Partnerships with local providers, community resources, and payer programs are necessary to ensure patient access to care and social determinant of health needs. Key partnerships and relationships to be established include:

- Patients, their caregiver(s), and their care team.
- Medical professionals (including medical directors) and their staff for collaboration and referrals for care and any state-required protocols or agreements.
- Local health care leadership within medical practices, health systems, and the local community.
- Health plans, employers, pharmaceutical manufacturers and other payers, specifically for payment contracting and referrals to care management and patient resources.
- Local community resources which can include health providers (e.g., dietitians, social workers), health departments, food banks, senior centers, etc. that support meeting patient social determinants of health needs.

8. Continuing Professional Development–Transforming the Workforce

The ongoing success of all patient care practices requires continuing professional development for pharmacists, students, post-graduates (i.e., residents, fellows, graduate students), and staff. Pharmacist practices and their organizational leadership must have a plan to ensure continual learning and growth of employees in the areas of clinical development, management and leadership development, quality improvement, and practice transformation including:

- Support of the pharmacist's individual responsibility to grow and advance their medication and patient care competencies.
- Ongoing, timely, evidence-based clinical education and quality improvement for all staff.
- Patient engagement and patient care best practices.
- Student and post-graduate education and training, in partnership with colleges and schools of pharmacy where applicable.
- Membership and engagement with state and national professional associations.

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