April 16, 2010

Michael D. Maves, M.D., M.B.A.
Executive Vice President, CEO
American Medical Association
515 N. State St.
Chicago, IL 60654

Re: American Medical Association (AMA) Scope of Practice Data Series: Pharmacists

Dear Dr. Maves:

The American Pharmacists Association (APhA) collaborated with the American Association of Colleges of Pharmacy (AACP), American College of Clinical Pharmacy (ACCP), Accreditation Council for Pharmacy Education (ACPE), American Society of Consultant Pharmacists (ASCP), National Alliance of State Pharmacy Associations (NASPA), and National Association of Boards of Pharmacy (NABP) to formulate the following response to the *AMA Scope of Practice Data Series: Pharmacists* document. We were invited to provide requested input to the AMA and to clarify any inaccuracies in the document. We conducted a thorough analysis that resulted in the recommendations attached to this letter.

After reviewing the *AMA Scope of Practice Data Series: Pharmacists* document, the collaborating organizations are deeply concerned with the accuracy and completeness of the information presented. Today physicians and pharmacists are collaborating to enhance patient care in innovative and effective ways. This document is a regression and contrary to the recommendations and policy pronouncements of the Institute of Medicine (IOM), the Patient-Centered Primary Care Collaborative (PCPCC), the Joint Commission, the Association of Academic Health Centers (AHC), and numerous other groups that support more and better inter-professional collaboration to improve patient care.

We have serious concerns about the portrayal within the document of pharmacists' scope of practice, the provision of collaborative drug therapy management (CDTM) services, and the education and training of pharmacists. The suggestion in the document -- that the evolving scope of practice of pharmacists serves primarily to "compensate" for increased automation and utilization of pharmacy technicians -- is simply wrong. Rather, pharmacy practice is being driven by substantial and important changes in pharmacists' education and training over the past two decades to meet the needs of patients in using medications safely and more effectively. This training allows pharmacists to engage in services for which they have the specific education, training, and regulatory authority to positively impact patient outcomes, especially with regard to the management of medication therapy and the unmet needs of patients.

It is within the scope of practice in all 50 states for pharmacists in all practice settings to obtain medication histories, review the patient's medications to identify medication-related problems, to engage collaboratively with physicians to resolve identified problems, educate the patient about proper use of medications, encourage adherence with prescribed medications, and document and communicate information and recommendations to other providers on the patient's health care team. These medication therapy management activities are part of a pharmacist's responsibility to ensure optimal therapeutic outcomes for the patients they serve. Recognition of these services is missing in the AMA document.

We have major concerns that the CDTM descriptions in the document inaccurately equate (and therefore confuse) the practice of collaborative drug therapy management -- an inherently inter-professional and interdependent practice activity -- with "efforts" to expand the scope of practice of pharmacists into areas that are suggested to be exclusive to the practice of medicine. We acknowledge the long-held view of AMA and others that the practice of medicine is quite expansive, with a wide range of patient care activities and domains serving as its framework. However, that does not mean that the performance of any one of those myriad functions or patient care activities by another health professional who is appropriately educated and licensed to perform that function, somehow constitutes the "practice of medicine." There is substantial overlap in the regulated scopes of practice of health care professionals. That does not make a physician a nurse if he/she performs a service/task that is in the scope of practice of a nurse any more than it makes a pharmacist a physician if he/she performs a service/task that also falls within the scope of practice of a physician.

The document omitted numerous changes in practice and training, including the most recent version of the accreditation standards for the education of doctor of pharmacy (PharmD) students that have been in place since July 1, 2007. The Accreditation Council for Pharmacy Education (ACPE), the nationally recognized body that accredits degree programs of colleges and schools of pharmacy, maintains rigorous requirements for didactic and experiential education and training of pharmacists. ACPE undertakes this important role in collaboration with the entire pharmacy profession to ensure that education and training programs, both pre and post-licensure, are designed to equip pharmacists with the knowledge, skills, and behaviors to provide the full range of professional services within their regulated scope of practice. Furthermore, with the move to the PharmD degree, the experiential component of pharmacists' education has been greatly expanded. This experiential component now includes required learning experiences throughout the curriculum and advanced pharmacy practice experiences with diverse patient populations in the final year of training. Completely ignored in the document is the fact that many medical and pharmacy school curricula are being revised to facilitate the education and training of medical students and student pharmacists together, using collaborative team-based models of care.

Patients today have important and increasing concerns about the safety and appropriate use of their medications. Practically every week, the lay press examines incidents in which patients have either been harmed by the therapy they receive or have failed to achieve the desired therapeutic results. The AMA could better serve the public and its members by issuing resource guides on how physicians and pharmacists can collaborate to better assure that the medication therapy provided in both the hospital and in the community results in optimal medication therapy outcomes. The tone of the AMA document suggests a concern by the authors that pharmacists are expanding their practice to usurp roles traditionally served by physicians. On the contrary, pharmacists are filling roles today that were largely unmet and that support the health care team in a patient centered model.

In closing, the collaborating organizations strongly urge the AMA to correct the identified errors noted in the *AMA Scope of Practice Data Series: Pharmacists* document. We are unclear how broadly the document has been circulated, and for what purpose. We ask that AMA share the revised document with errata and revisions noted with at least as broad an audience as the original and with the request that the inaccurate version be destroyed to avoid misinformation. All signatory organizations are committed to productive dialogue with AMA, and we look forward to that at your earliest opportunity. Our collaboration would intend to advance the ability of pharmacists and physicians to work in a team-based approach for optimized medication use and improved patient care. If you have any questions or require any additional information, please contact Thomas E. Menighan at 202-429-7567 or tmenighan@aphanet.org.

Sincerely,

Thomas E. Menighan, B.Pharm., M.B.A.,
FAPhA

John Feather, Ph.D., CAE
Executive Director and CEO
American Society of Consultant Pharmacists

Lucinda L. Maine, Ph.D., R.Ph.
AACP, Executive Vice President &CEO

Carmen Catizone, M.S., R.Ph., D.Ph.
Executive Director
National Association of Boards of Pharmacy

Michael S. Maddux, Pharm.D., FCCP
Executive Director
American College of Clinical Pharmacy

Rebecca P. Snead, R.Ph.
Executive Vice President & CEO
National Alliance of State Pharmacy
Associations

Peter A. Vlasses, Pharm.D.
Executive Director
Accreditation Council for
Pharmacy Education