



Practice Advancement Initiative 2030



As healthcare evolves, PAI 2030 provides pharmacists with the tools and guidance they need to continue to lead and shape the profession.

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Advancing Pharmacy Practice Through The Next Decade

ASHP's Practice Advancement Initiative (PAI) was created to transform how pharmacists care for patients in order to meet the demands of future practice and patient care delivery models.

PAI 2030 includes 59 streamlined and updated recommendations to promote optimal, safe, and effective medication use, expand pharmacist and technician roles, and implement the latest technologies.

PAI 2030 Themes for Change

- Optimize care via pharmacist-provided comprehensive medication management.
- Advance pharmacy technician roles.
- Harness data to improve patient health.
- Integrate pharmacy enterprise for convenient and cost-effective care.
- Adopt personalized, targeted therapies.
- Public health opportunities in social determinants, chronic illness, and addiction.

As healthcare evolves, PAI 2030 provides pharmacists with the tools and guidance they need to continue to lead and shape the profession.

The goal of PAI 2030 is to significantly advance the health and well-being of people by supporting patient-centered care delivery models that optimize the most effective use of pharmacists as direct patient care providers.

PRACTICE-FOCUSED RECOMMENDATIONS



Patient-Centered Care

A1. Pharmacists should collaborate with patients, families, and caregivers to ensure that treatment plans respect patients' beliefs, values, autonomy, and agency.

A2. The pharmacy workforce should lead medication reconciliation processes during care transitions (e.g., emergency department, upon admission and discharge, ambulatory care setting, community pharmacy, long term care).

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

A4. Pharmacist documentation related to patient care must be available to all members of the healthcare team, including patients, in all care settings.

A5. The pharmacy workforce should partner with patients and the interprofessional care team to identify, assess, and resolve barriers to medication access, adherence, and health literacy.

A6. Patients must have access to a pharmacist in all settings of care.



Pharmacist Role, Education, & Training

B1. All pharmacists should have an individualized continuing professional development plan.

B2. Pharmacists should leverage and expand their scope of practice, including prescribing, to optimize patient care.

B3. Pharmacists should participate in and assume key roles on emergency response teams.



Technology & Data Science

C1. Pharmacists should use health information technologies to advance their role in patient care and population health.

C2. Pharmacy practice leaders should foster the development and application of advanced analytics (e.g., machine learning and artificial intelligence) in activities such as risk assessment, monitoring performance metrics, identifying patients in need of pharmacist care, optimizing medication use, and business management.

C3. Pharmacy practice leaders should be engaged in assessing emerging patient care technologies (e.g., mobile applications, monitoring devices, digital wearables or ingestibles, blockchain technology) to support optimal medication-use outcomes.

C4. The pharmacy workforce should be competent in health information technology (including but not limited to analytics, automation, and clinical applications of technology) with ongoing education and training embedded at all stages of career development.



Pharmacy Technician Role, Education, & Training

D1. Pharmacy technicians should participate in advanced roles in all practice settings to promote efficiency and improve access to patient care.

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).



Leadership in Medication Use & Safety

E1. Pharmacists should advance the use of pharmacogenomic information for personalized medication treatment.

E2. Pharmacists should assume leadership roles in medication stewardship activities at the local, state, and national levels.

ORGANIZATION-FOCUSED RECOMMENDATIONS



Patient-Centered Care

A7. The pharmacy workforce, in all care settings, must have access to complete patient medical records and related health information.

A8. The pharmacy enterprise should be integrated and modeled to provide patient-centered care across the continuum (e.g., home and outpatient infusion, specialty pharmacy, community pharmacy, acute care).

A9. The pharmacy workforce should lead medication education for patients and caregivers that optimize outcomes, including in care transitions.

A10. Pharmacists should play an active role in ensuring that ethical principles drive clinical and business decisions related to medication use.

A11. Health systems must provide 24/7 pharmacy services with advanced clinical capability.

A12. Health systems should support innovative models for providing a safe and appropriate level of pharmacy services for small and rural hospitals or other alternative practice settings.

A13. Pharmacy departments should take responsibility for appropriate medication use in the structuring of external partnerships.



Pharmacist Role, Education, & Training

B4. Health systems should require completion of ASHP-accredited residency training as a minimum credential for new pharmacist practitioners.

B5. Pharmacists should participate in organization-based credentialing and privileging processes to ensure competency within their scope of practice.

B6. Pharmacy practice leaders should ensure that their workforce has the necessary knowledge and competency to adapt to emerging healthcare needs.

B7. Pharmacists practicing in specialty areas should be board-certified through the Board of Pharmacy Specialties or other appropriate body.



Technology & Data Science

C5. Virtual pharmacy services (e.g., telepharmacy) should be deployed to optimize operational and clinical services that extend patient care services and enhance continuity of care.

C6. The pharmacy enterprise must have sufficient resources to develop, implement, and maintain technology-related medication-use safety standards.

C7. Pharmacy departments should have access to an analytics resource, such as a data scientist, to collect, aggregate, measure, visualize, and disseminate data related to the financial and clinical performance of pharmacists.

C8. Pharmacy departments should use technology to ensure the safe compounding of sterile products.



Pharmacy Technician Role, Education, & Training

D3. All newly hired technicians should have completed an ASHP/ACPE-accredited technician education and training program.

D4. Health systems should require technicians to be certified by the Pharmacy Technician Certification Board.

D5. Pharmacy departments should foster the development of professional career paths for pharmacy technicians.



Leadership in Medication Use & Safety

E3. Pharmacy must be an active and accountable partner in the financial stewardship (e.g., minimizing waste, using cost-effective therapies, managing the supply chain) of care delivered in all settings.

E4. Pharmacy practice leaders should ensure evidence-based medication use by continually analyzing and reporting use patterns and outcomes.

E5. Health systems should support interprofessional innovation centers designed to pursue breakthroughs in areas such as patient experience, medication use, clinical outcomes, operational efficiency, technology, and revenue generation.

E6. Health systems should support the well-being and resiliency of their staffs.

E8. The pharmacy enterprise should engage, employ, or develop expertise in areas such as finance, analytics, business management, quality assurance, informatics, human resources, payer relations, and supply chain management.

E9. Health systems should have a pharmacist executive leader, with a reporting structure consistent with other executive leaders, to oversee and influence enterprise-wide decision making related to medication use and technology.

E10. The pharmacy workforce should assess and mitigate risk in medication-use systems across all settings.

PROFESSION-FOCUSED RECOMMENDATIONS



Patient-Centered Care

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



Pharmacist Role, Education, & Training

B8. Pharmacy education, residency training, and continuing education should cover healthcare reimbursement, payment, and business management in all areas of practice.

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

B10. The pharmacy workforce should be knowledgeable and have the resources to care for patients with behavioral and mental health disorders.

B11. Training and credentialing should exist to develop and recognize pharmacists who specialize in health information technology.

B12. Credentialed ambulatory-care pharmacists should be considered primary care providers.

B13. The profession should champion multi-state or national licensure for pharmacists.

B14. Pharmacists, in collaboration with other key stakeholders, must work to increase public, regulatory, and health professional understanding of pharmacists' roles and value.



Technology & Data Science

C9. Pharmacy should employ high-reliability principles when designing and selecting health information technology.

C10. Pharmacy should advocate for information technology that is interoperable and transparent with respect to usability, security, and functionality across the continuum of care.

C11. Pharmacy should establish standards for the application of artificial intelligence (AI) in the various steps of the medication-use process, including prescribing, reviewing medication orders, and assessing medication-use patterns in populations.



Pharmacy Technician Role, Education, & Training

D6. A scope of practice including core competencies should be developed and defined for pharmacy technicians in acute-care and ambulatory-care settings.



Leadership in Medication Use & Safety

E11. Pharmacists should lead the development, implementation, and evaluation of medication-related national quality indicators and accountability measures.

E12. Pharmacists should be leaders in federal and state legislative and regulatory policy development related to improving individual and population health outcomes.

E13. Pharmacy should partner with interprofessional organizations to define and delineate practice advances into state and federal laws and regulations to optimize patient care.

E14. Pharmacy should leverage healthcare models that acknowledge pharmacist value and align payment with quality of outcomes.



How To Get Involved

There are many opportunities for ASHP members to get involved in PAI 2030 activities

- **PAI Connect Community**—Participate in online discussions of practice issues.
connect.ashp.org/pai
- **ASHP Sections and Forums**—Serve on Advisory Groups that are working on PAI-related priorities.
- **ASHP Meetings**—Participate in education sessions at the ASHP Midyear Meeting and the Summer Meetings to learn about advances in practice.
- **Advocacy**—Support ASHP and state advocacy priorities that advance the roles of pharmacists and pharmacy technicians in patient care settings by contacting your congressional representatives and supporting the work of ASHP's Political Action Committee.
- **PAI 2030 Self-Assessment**—This tool will be used by pharmacists and state affiliates to guide and assess progress towards practice advancement

To learn more about PAI 2030, visit ashp.org/PAI

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