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Pharmacy Accreditation



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MANY RECENT conferences, including ASAP's annual conference, have addressed the topic of pharmacy accreditation. In this column, we'll do a deeper dive into what accreditation is and why it's getting so much attention by pharmacies.

Accreditation is the act of granting credit or recognition, especially to an educational institution that maintains suitable standards. Accreditation is necessary for any individuals or institutions in education that need to prove that they meet a general standard of quality. Pharmacies are increasingly considering gaining accreditation, whether for community or specialty pharmacy, to increase their standing with their patients and their community, and with the payers whose networks they belong to.

Whether a pharmacy chooses to pursue accreditation for its community practice or its specialty practice, certain themes and elements are applicable to both. Accreditation may provide a pharmacy with the means to ensure that measurable, safe, and effective patient care is being provided, to empower pharmacists to practice at a higher level and for pharmacy practice networks to recognize and provide consistent care to patients. As more pharmacies pursue and obtain accreditation, there will be a critical mass of pharmacy practices achieving the JCPP (Joint Commission of Pharmacy Practitioners) 2015 Vision for Pharmacists' Practice. The vision states: "Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient centered, team-based healthcare."

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Through the accreditation process, there is an increasing focus on the creation of mechanisms to identify providers and practice sites that can deliver quality healthcare, improve patient outcomes, and use resources effectively. Broadly, accreditation assesses a pharmacy's structure, processes, and performance in four areas: 1) organization and administration; 2) pharmacy operations; 3) clinical management; and 4) quality reporting and improvement.

Each accrediting body has standards that address these areas, with items focused on organizational quality, customer service, communication, pharmacy operations, and patient management. These standards require documented policies and procedures, and may require dedicated personnel. Standards can be used to facilitate

high-quality, safe, and effective dispensing and patient care services, and the use of patient care data to advance patient care, enhance medication safety, and improve care delivery. Standards may differ from statutory requirements, and there may be harmonization across various accreditation programs.

THE OPTIONS

Currently, pharmacy accreditation is offered by three main bodies: the Accreditation Commission for Health Care (ACHC), the Center for Pharmacy Practice Accreditation (CPPA), and the Utilization Review Accreditation Commission (URAC).

ACHC was established in 1986 by the Association for Home & Hospice Care of North Carolina. They have expanded to now offer accreditation for home health, hospice, pharmacy, behavioral health, DMEPOS (durable medical equipment, prosthetics/orthotics, and supplies), private duty and sleep labs/centers. Their pharmacy accreditation includes programs for infusion, community, specialty, and long-term care.

CPPA is a partnership established in 2012 by the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), and the American Society of Health-System Pharmacists (ASHP) to oversee accreditation of pharmacy practice sites. These sites include community, specialty, and telehealth.

URAC has been offering accreditation since 1990 for programs related to health and dental plans, healthcare management, pharmacy quality management, and

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provider integration and coordination. Its pharmacy programs include those for community, mail service, and specialty.

As you can see, each accrediting body has a different origin and history and works in a variety of settings. The accreditation services they offer also vary, notably by timing and cost. Depending upon the accrediting body, a pharmacy can expect the process to take anywhere from six to 18 months, and costs can range from less than \$5,000 to over \$30,000.

This leads to the question: Is accreditation worth it? Pharmacies will invest a significant amount of time and effort to complete the accreditation process, regardless of which accrediting body they choose. Payers are responding to this in a variety of ways. Some are offering access to their more exclusive networks to those pharmacies that are accredited and can clearly demonstrate their impact on outcomes and cost management. Others are offering enhanced reimbursement (as much as \$0.50 per prescription) to those pharmacies that are accredited. Ongoing changes in reimbursement models, includ-

RELATED RESOURCES

Accreditation Commission for Health Care (ACHC): Customer Central is your personalized website to complete the accreditation process, from start to finish. https://cc.achc.org/

Center for Pharmacy Practice Accreditation (CPPA): CPPA develops pharmacy practice standards and accredits pharmacy practices that meet the accreditation criteria. https://www.pharmacypracticeaccredit.org/accreditation

Utilization Review Accreditation Commission (URAC): URAC accredits many types of healthcare organizations based on their function. https://www.urac.org/

ing accountable care organizations and value-based payment, are gaining traction. Regional and national payers, as well as CMS, are implementing these new models, and pharmacies will have to demonstrate their abilities. Accreditation is an objective way for pharmacies to illustrate their capabilities as it ensures the framework is in place for innovation, care management, documentation, and communication.

Given the changing healthcare environment and the need for pharmacists to

practice at the top of their license, be included on care teams, and continue to provide the trustworthy care patients have come to expect, accreditation is likely to grow as a tool to achieving the myriad of goals that exist for the healthcare industry. **CT**

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