

Connecting the Dots: Past, Present and Future of Community-Based Pharmacy Practice Innovations



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Objectives

1. Describe the history of community-based pharmacy practice innovations
2. Differentiate provider status, scope of practice and payment for service
3. Compare and contrast community-based pharmacy practice innovations
4. Discuss scenario planning for predicting the future of community-based pharmacy practice innovation

Innovation?

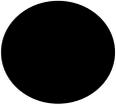
PAST

PRESENT

FUTURE



“You can’t connect the dots looking forward, you can only connect them looking backwards. . So you have to trust that the dots will somehow connect in your future. You have to trust in something—your gut, destiny, life, karma, whatever. This approach has never let me down, and it has made all the difference in my life.”

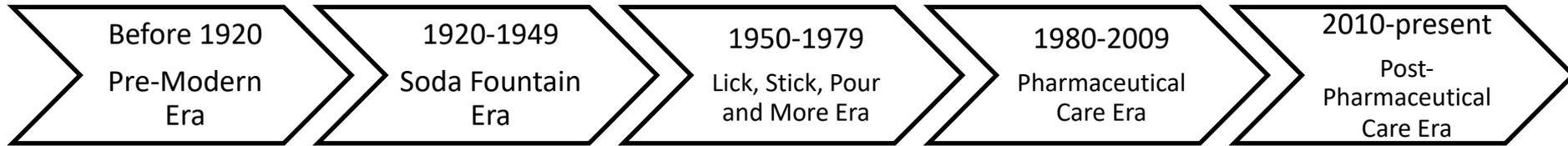


-Steve Jobs

Past



Pharmacy Era Timeline



1852

*As labor should have its just reward, and as the skill, knowledge and responsibility required in the practice of pharmacy are great, **the remuneration of the pharmacist's services should be proportional to these**, rather than the market value of the preparation rendered.*

1922

[The pharmacist] should never discuss the therapeutic effect of a Physician's prescription with a patron nor disclose details of composition which the Physician has withheld, suggesting to the patient that such details can be properly discussed with the prescriber only.

1969

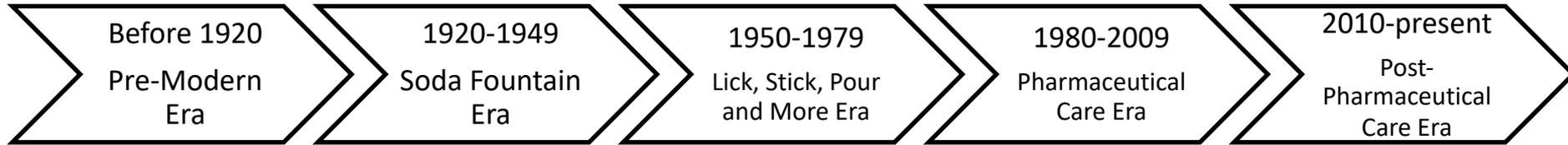
A pharmacist should hold the health and safety of patients to be of first consideration; he should render to each patient the full measure of his ability as an essential health practitioner.

1994

Pharmacists are health professionals who assist individuals within making the best use of medications... A pharmacist serves individual, community and societal needs.

Pharmacy Era Timeline

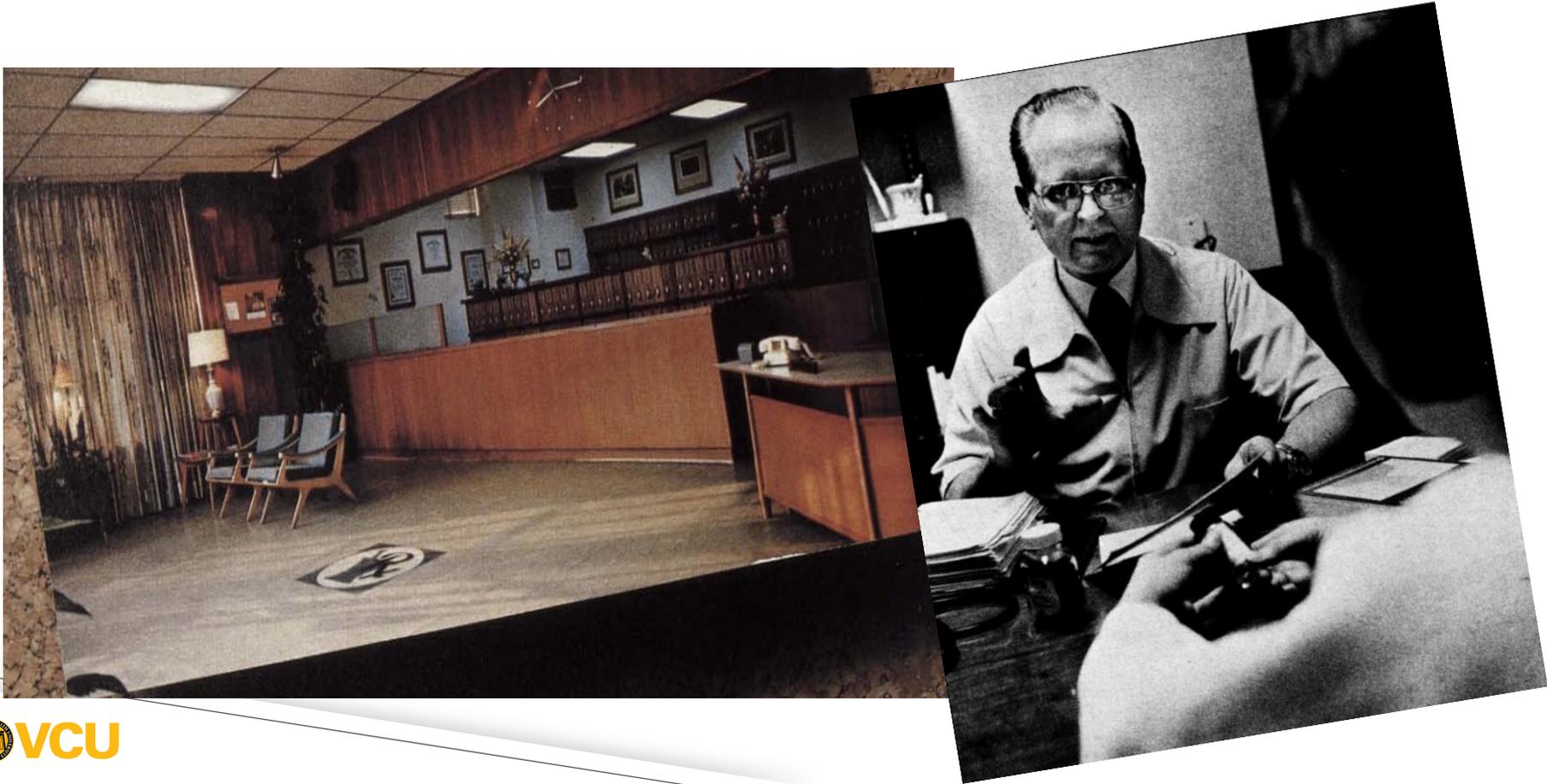
1932 ACPE



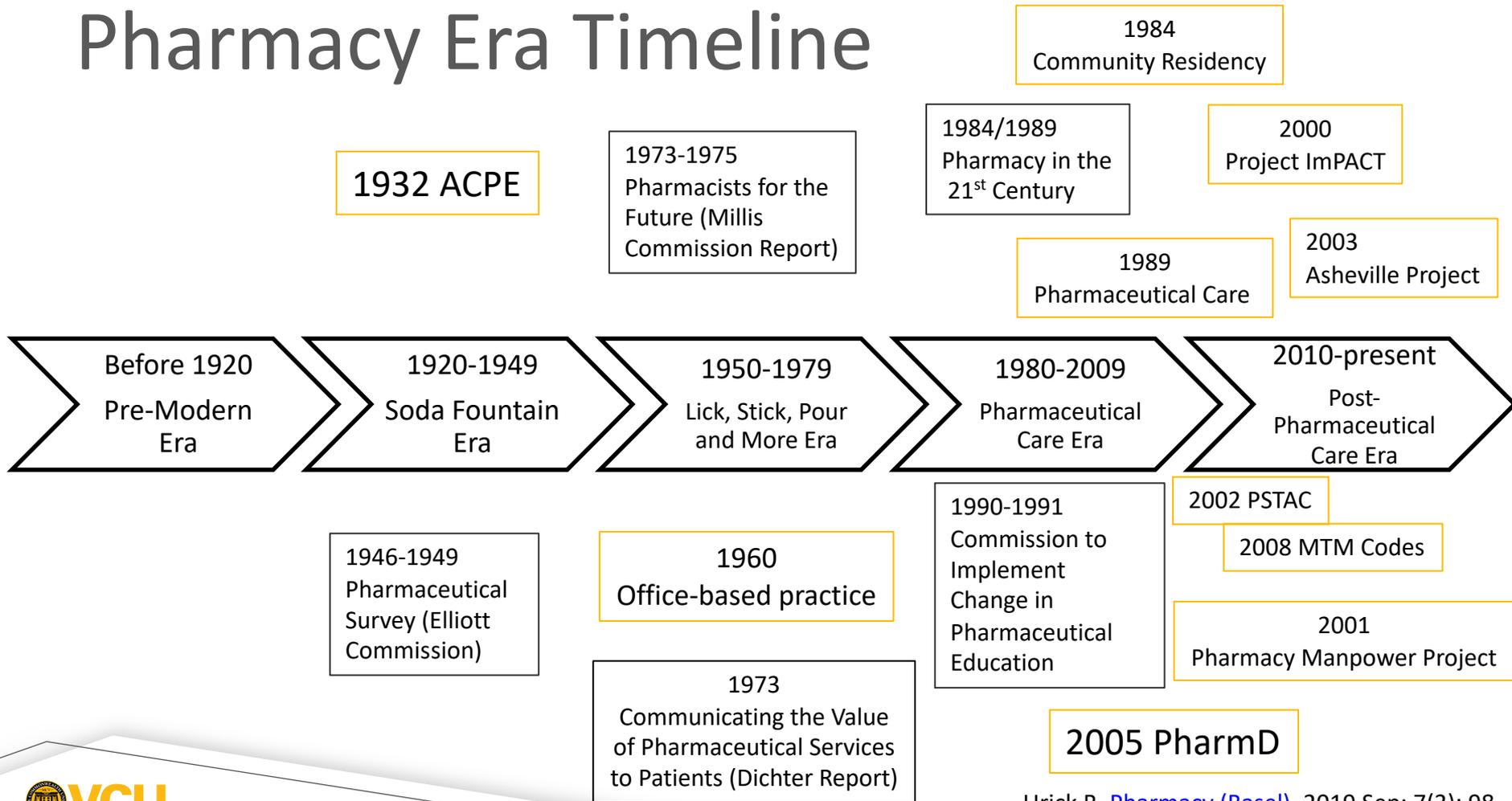
1946-1949
Pharmaceutical
Survey (Elliott
Commission)

1960
Office-based practice

“The Office-Based Family Pharmacist”



Pharmacy Era Timeline



“Be wise enough to learn from the past, shrewd enough to capitalize on the present, and clever enough to prepare for the future”

-Matshona Dliwhago

What have we learned?



THE PAST

- 1 OPERATE THE DRUGSTORE.
- 2 MANIPULATE THE R_x.
- 3 ADHERE TO LEGAL AND OFFICIAL PROTOCOL.

comprehensive medical care

PREVENTIVE MEDICINE WELLNESS

INFORMANT ON COMMUNITY HEALTH
RESOURCES.

EMERGENCY MEDICINE.

REFERRAL TO MD, D.D.S.

ENVIRONMENTAL HEALTH ADVISOR.

restorative
medicine -
illness
distribution

PUBLIC HEALTH EDUCATION.

CONSULTANT ON USE OF DRUGS.

ADVISOR ON SAFETY IN HOME
USE OF DRUGS.

PARTICIPATION ON HEALTH
CARE TEAM.



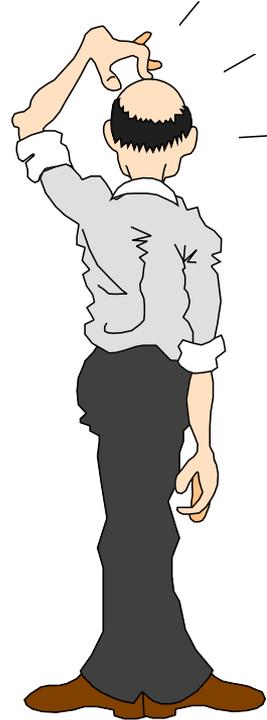
SOCIETY

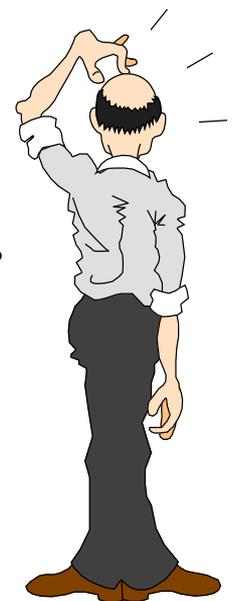
Modern pharmaceutical service.

Present



Pharmacists????





Patient-centered care

Collaborative Drug Therapy Management

Medication Reconciliation

Direct Patient Care

Pharmaceutical Care

Team-Based Care

MTM

Patient care management services

Comprehensive Medication Therapy Management

Patient education

Disease Management

Medication Synchronization

Patient Counseling

Collaborative Practice

Case Management

Pharmacotherapy

ACHIEVING OUR SHARED VISION BY FOSTERING A CULTURE OF

CREATING A
ROADMAP
FOR OUR
ALIGNED FUTURE



LIFELONG LEARNING

ENCOURAGES FLEXIBILITY AND
NOURISHES PASSION



ADAPTABILITY

OUR SUPERPOWER IN A
CHANGING HEALTHCARE LANDSCAPE,
AS WE CONTINUE INCREASING
ACCESSIBILITY OF CARE

COMMUNITY



COMING TOGETHER
FOR THE PROFESSION,
THE PRACTITIONERS,
OUR COLLABORATORS,
AND THE PEOPLE
WE SERVE

INTERPROFESSIONAL COLLABORATION

WORK TOGETHER & SHARE
BEST PRACTICES TO HELP
US ALL REACH
OUR GOALS



INCLUSIVITY

MAKES OUR PROFESSION
STRONGER AND PROMOTES
HEALTH EQUITY

WITH A FOCUS ON:

COMPETENCY-BASED EDUCATION

GROWS SKILLS IN
THINKING AND
PROBLEM SOLVING
WHILE
ACCOMMODATING LEARNERS



PROFESSIONAL IDENTITY FORMATION

KNOW & AMPLIFY OUR VALUE
AS WE EVOLVE



OPTIMIZING THE CONTINUUM OF LEARNING

COMMUNICATION & ALIGNMENT
TURBOCHARGES
OUR
PROGRESS



CONTINUING PROFESSIONAL DEVELOPMENT

INCLUDING MENTORSHIP & CERTIFICATION



COLLABORATE WITH THE **AACP TRANSFORMATION CENTER**

TO ACCELERATE PHARMACY PRACTICE TRANSFORMATION & ACADEMIC INNOVATION TO CREATE A HEALTHY WORLD FOR ALL

AACP
Transformation
Center Center to Accelerate Pharmacy Practice
Transformation and Academic Innovation

Where the patients are...

Visits per year to different healthcare providers:

Go to their
community
pharmacy
35 times
per year



Have
**9 outpatient
visits**
per year with
specialists and
other medical
professionals



Visit their
primary care
physician
4 times
per year



Source: Pharmacists as Influencers of Patient Adherence, Pharmacy Times, August 21, 2014.

Community-Based Pharmacist Practitioner

Pharmacist who routinely provides patient
care services within the community



Origination and Promotion of Community-Based Pharmacist Practitioners

- 2015 Planning Committee: Evaluating and establishing a vision for the future Community Pharmacy Residency Programs
- 2016 Commentary: Recognition of Community-Based Pharmacist Practitioners

FEATURES

Journal of the American Pharmacists Association 56 (2016) 154–159



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FEATURES

Developing a vision and strategic action plan for future community-based residency training

Jann B. Skelton, James A. Owen*

ARTICLE INFO

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Received 2 February 2016
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ABSTRACT

Objective: The Community Pharmacy Residency Program (CPR) Planning Committee convened to develop a vision and a strategic action plan for the advancement of community pharmacy residency training. Aligned with the profession's efforts to achieve provider status and expand access to care, the Future Vision and Action Plan for Community-based Residency Training will provide guidance, direction, and a strategic action plan for community-based residency training to ensure that the future needs of community-based pharmacist practitioners are met.

Design Source: National thought leaders, selected because of their leadership in pharmacy practice, academia, and residency training, served on the planning committee. The committee conducted a series of conference calls and an in-person strategic planning meeting held on January 13–14, 2015. Outcomes from the discussions were supplemented with related information from the literature. Results of a survey of CPR directors and preceptors also informed the planning process.

Summary: The vision and strategic action plan for community-based residency training is intended to advance training to meet the emerging needs of patients in communities that are served by the pharmacy profession. The group anticipated the advanced skills required of pharmacists serving as community-based pharmacist practitioners and the likely education, training and competencies required by future residency graduates in order to deliver these services. The vision reflects a transformation of community-based residency training from CPR to community-based residency training, and embodies the concept that residency training should be primarily focused on training the individual pharmacist practitioner based on the needs of patients served within the community, and not on the physical location where pharmacy services are provided.

Conclusion: The development of a vision statement, core values statements, and strategic action plan will provide support, guidance, and direction to the profession of pharmacy to continue the advancement and expansion of community-based residency training.

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Background and history of community pharmacy residency programs

Over the past 3 decades, residency programs in community pharmacy practice have served to transform and advance community pharmacy practices and support the adoption of

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advanced clinical pharmacy services in the community setting. Similar to early residency programs in hospital settings, as community pharmacy residency training programs evolved and expanded, these programs targeted development of both individual pharmacist practitioners and the actual practice sites in which this advanced training was conducted. For a full appreciation of the potential impact of the future Vision and Action Plan for Community-based Residency Training, it is important to understand the historical progression of community pharmacy residency training.

Postgraduate training programs for pharmacists in hospital care service delivery became realistic. The planning committee recognized that those pharmacists who embrace their expanding roles in community-based patient care are

SCIENCE AND PRACTICE

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COMMENTARY

Recognition of community-based pharmacist practitioners: Essential health care providers

Marialice Bennett, Jean-Venable R. Goode*

ARTICLE INFO

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Received 2 February 2016
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ABSTRACT

Objective: To introduce the term community-based pharmacist practitioner (CBBPP), detail how community pharmacists are transitioning into this essential role, suggest 4 tenets of CBBPP, and discuss the role of CBBPP in future pharmacy practice.

Summary: The focus and nature of community pharmacy is expanding into new practice settings and including enhanced patient care services. With these shifts toward better meeting the health care needs of the communities they serve, community-based pharmacist practitioners provide patient care services have refined specialized skills and should be widely viewed and accepted by the profession, patients, other health care providers, and the public as health care practitioners. Four suggested tenets of CBBPP are: deliver direct patient care, contribute to team-based care, manage patient care services, and serve as leaders for advancing patient care. **Conclusion:** Pharmacist-provided patient care services are expanding in a variety of community-based settings. The term "community-based pharmacist practitioner" highlights the unique skillset that pharmacists who embrace their expanded patient care services, and bring recognition to the value community pharmacists contribute to patients, communities, and the health care system.

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In health care, the term "practitioner" is used to identify someone who is qualified to provide and routinely deliver a certain level of services. During the 2015 evaluation of the vision and future of Postgraduate Year 1 (PGY1) Community Pharmacy Residency Programs, a planning committee of pharmacy thought leaders identified that pharmacists in a growing variety of community settings across the United States are providing patient care services, and the percentage delivering these services is likely to climb as the value of pharmacist-provided services is more broadly recognized, once provider status is achieved and compensation for patient care service delivery becomes realistic. The planning committee recognized that those pharmacists who embrace their expanding roles in community-based patient care are

assuming the role of "practitioner" introduced in detail within the present commentary, the term "community-based pharmacist practitioner" (CBBPP) describes a pharmacist who routinely provides enhanced patient care services within the community. Based on the current landscape and trajectory of community practice, CBBPPs are essential members of the health care team and are the future of our profession.

Pharmacists' evolving role

The United States health care system is rapidly evolving, with increases in the number of insured individuals, shortages of primary care providers, a renewed focus on team-based collaboration, and emphasis on quality of care and cost efficiency.¹ These issues are expected to become even more important as the Medicare population exceeds 80 million people by 2030 and underserved areas and populations expand as providers "shrinkage" grows.² Health plans and providers are seeking viable solutions that will result in improved patient access and outcomes.

Historically, pharmacists' primary role has been viewed as centered on safety and accurately dispensing medications. However, over the past decade, pharmacist training has evolved to focus on medication optimization, chronic condition

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Background

- Practitioner
 - Qualified to provide and routinely deliver a certain level of services
- Community pharmacists have refined skills and are stepping up to better meet the healthcare needs of the communities they serve
- Should be widely viewed and accepted by the profession, patients, other healthcare providers and the public as healthcare practitioners

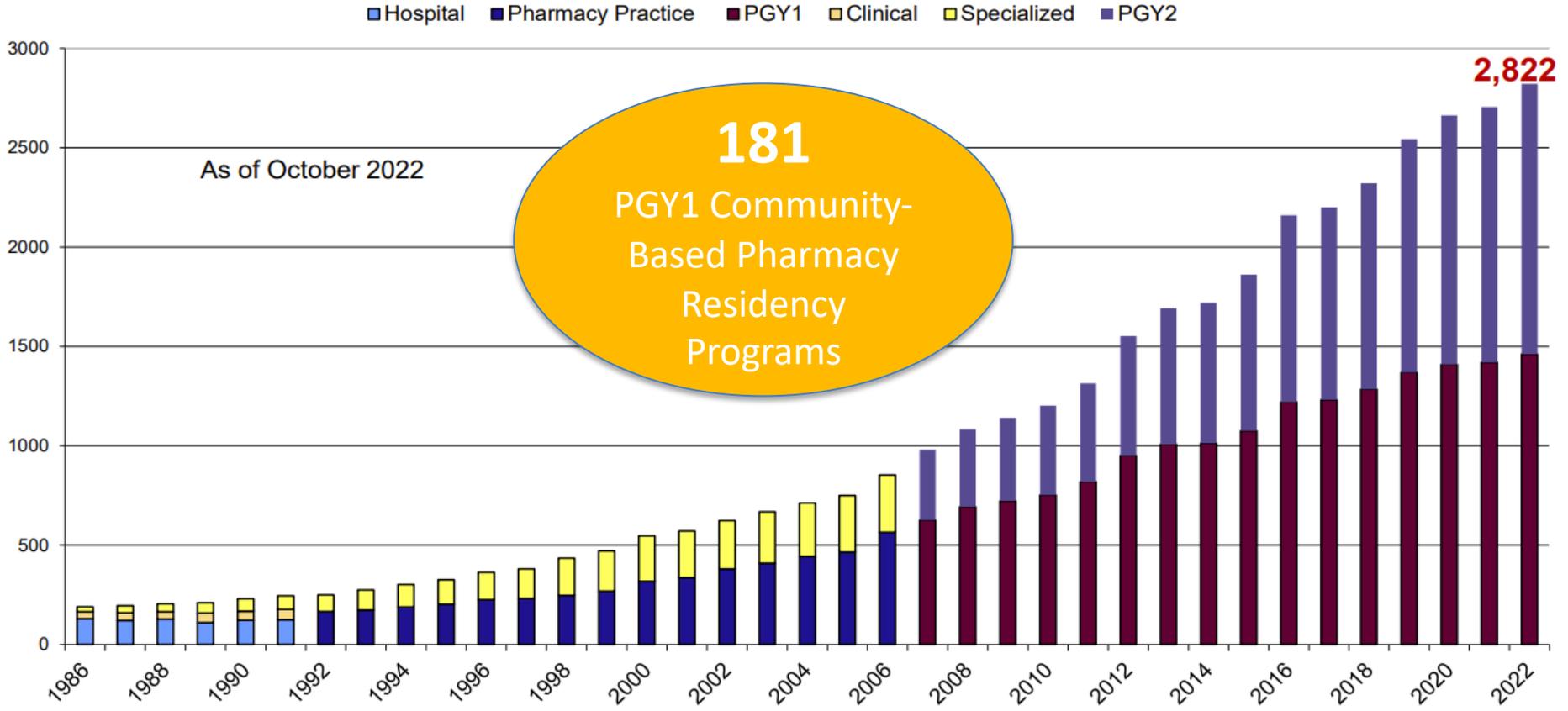
Defining the Community



Community-Based Pharmacist Practitioner

- Creates, advances, and influences team-based care to the benefit of patients they serve
- Strives to enhance management of community-based pharmacy practices to focus on the delivery of patient care services
- Serves as a leader within community-based practice settings, their local communities, and within the profession of pharmacy
- Provider of direct patient care to meet the healthcare needs of patients in the communities they serve

ASHP Accredited Pharmacy Residency Program Growth



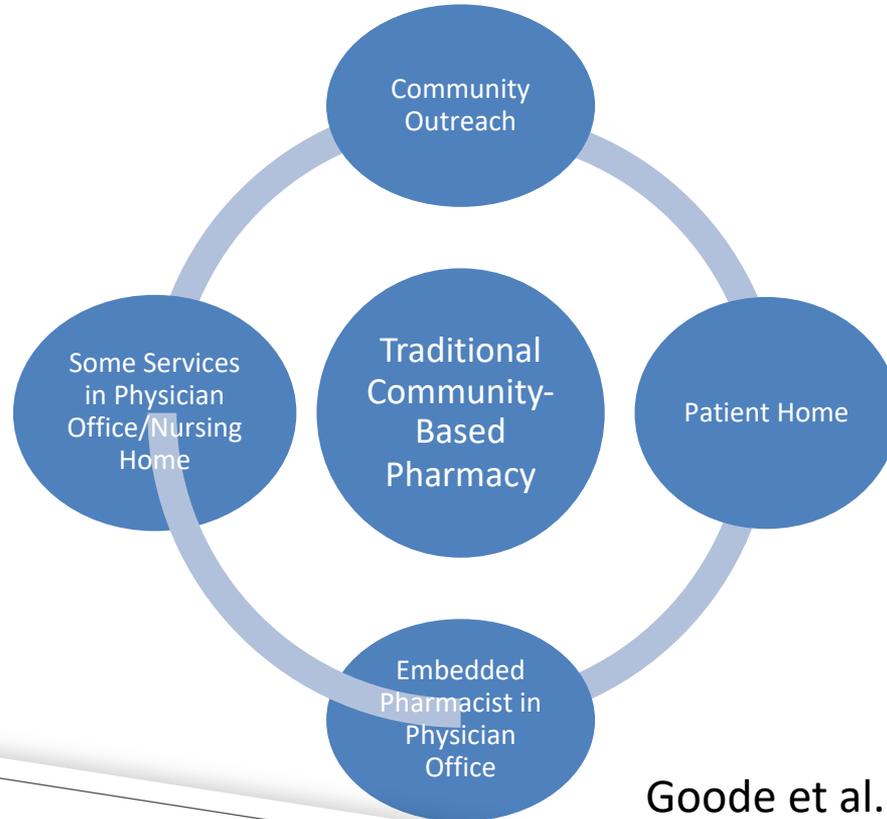
VCU PGY1 Community-Based Pharmacy Residency Program



25
years

- Practice change agents
- >125 resident graduates
- Contributions to community-based pharmacy scholarship
 - Qualitative and Quantitative
 - Pharmacist services implementation
 - Patient care outcomes
 - Patient satisfaction

Community-Based Pharmacist Practitioner Service Models



No longer about...



Better Approach

**HEALTH CARE
WITHOUT WALLS**

Community-Based Pharmacist Services

Medication
Optimization

Screenings

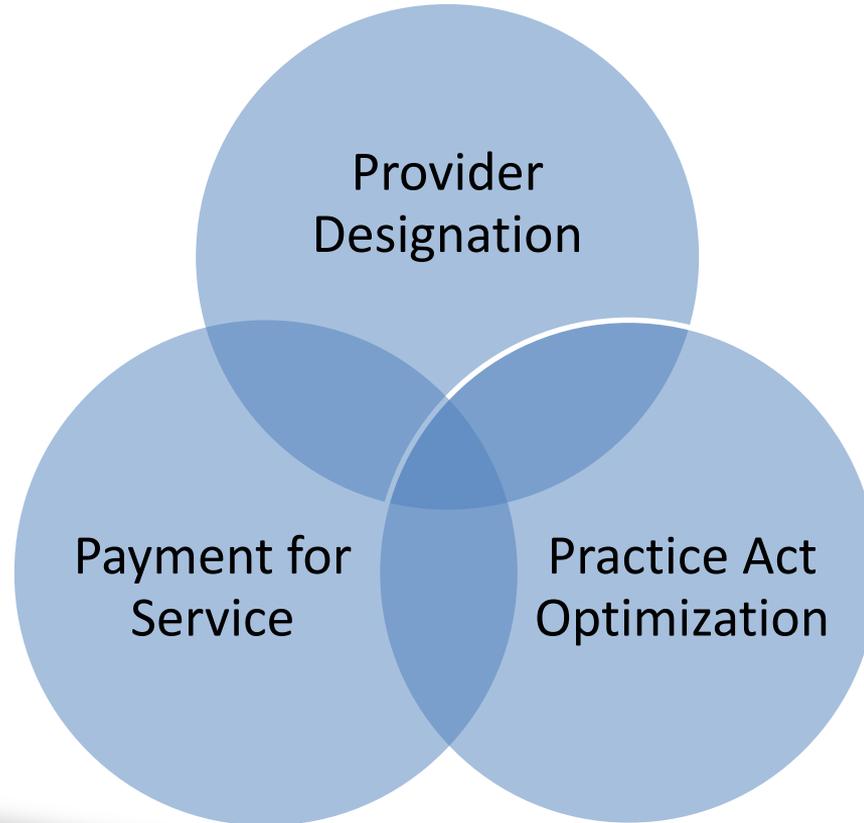
Laboratory
Testing

Education

Wellness and
Prevention

Other Patient
Care Services

Optimizing Pharmacists Role and Value



Provider Designation

- Federal
 - Pharmacists and pharmacists' patient care services not included in key sections of the Social Security Act
 - Determines eligibility for health care programs
 - Omission often cited by state and private health care plans
 - Barrier for pharmacist services in emerging integrated care delivery models
- State
 - Recognition as a health care provider for payment

Federal Legislation

NEW! Equitable Community Access to Pharmacist Services Act (ECAPS), H.R. 7213

This law recognizes the heroic efforts of pharmacists during the pandemic. It makes permanent certain pharmacists' services for Medicare Part B beneficiaries and establishes reimbursement pathways. It also helps prepare for pharmacists' services for future emergencies and public health needs and addresses gaps in health equity. It was introduced in the U.S. House of Representatives on March 24, 2022.

Pharmacy and Medically Underserved Areas Enhancement Act, H.R. 2759/S. 1362

This law adds pharmacists as eligible providers of pharmacists' services for Medicare Part B beneficiaries, specifically in medically underserved areas and those with health professional shortages. It was introduced in the U.S. House of Representatives on April 22, 2021 and the U.S. Senate on April 26, 2021.

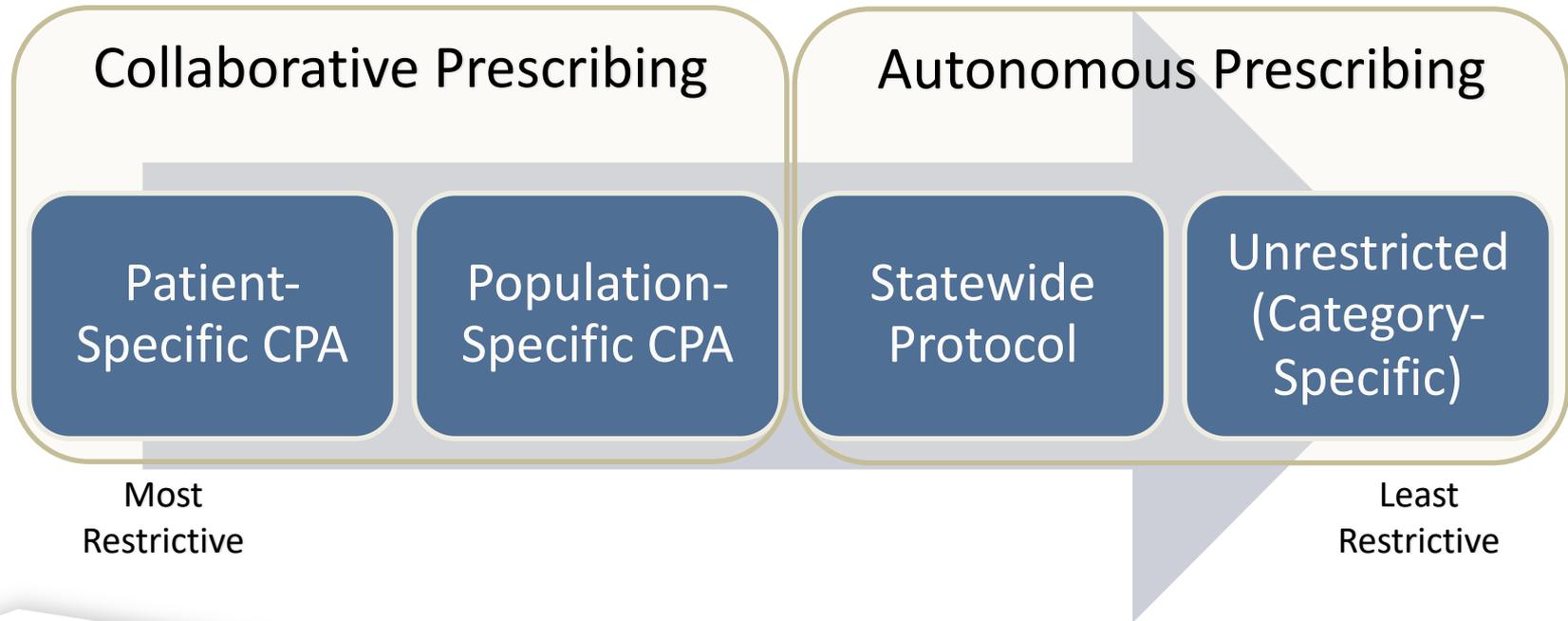
Commonwealth of Virginia

- Pharmacists are considered health care providers
- New legislation (2023)
 - Requires Medicaid to recognize and credential pharmacists as providers to establish payment for clinical services
 - Improves healthcare access and outcomes for the families who utilize Virginia's Medicaid program by expanding access to basic health care safely and securely
 - Adds pharmacists to the list of health care professionals who can provide services for patients, increasing access in crucially underserved areas better reflecting how our team-based care model works while we look to help those most in need

Scope of Practice

- Describes the procedures, actions, and processes that a healthcare practitioner is permitted to undertake in keeping with the terms of their professional license

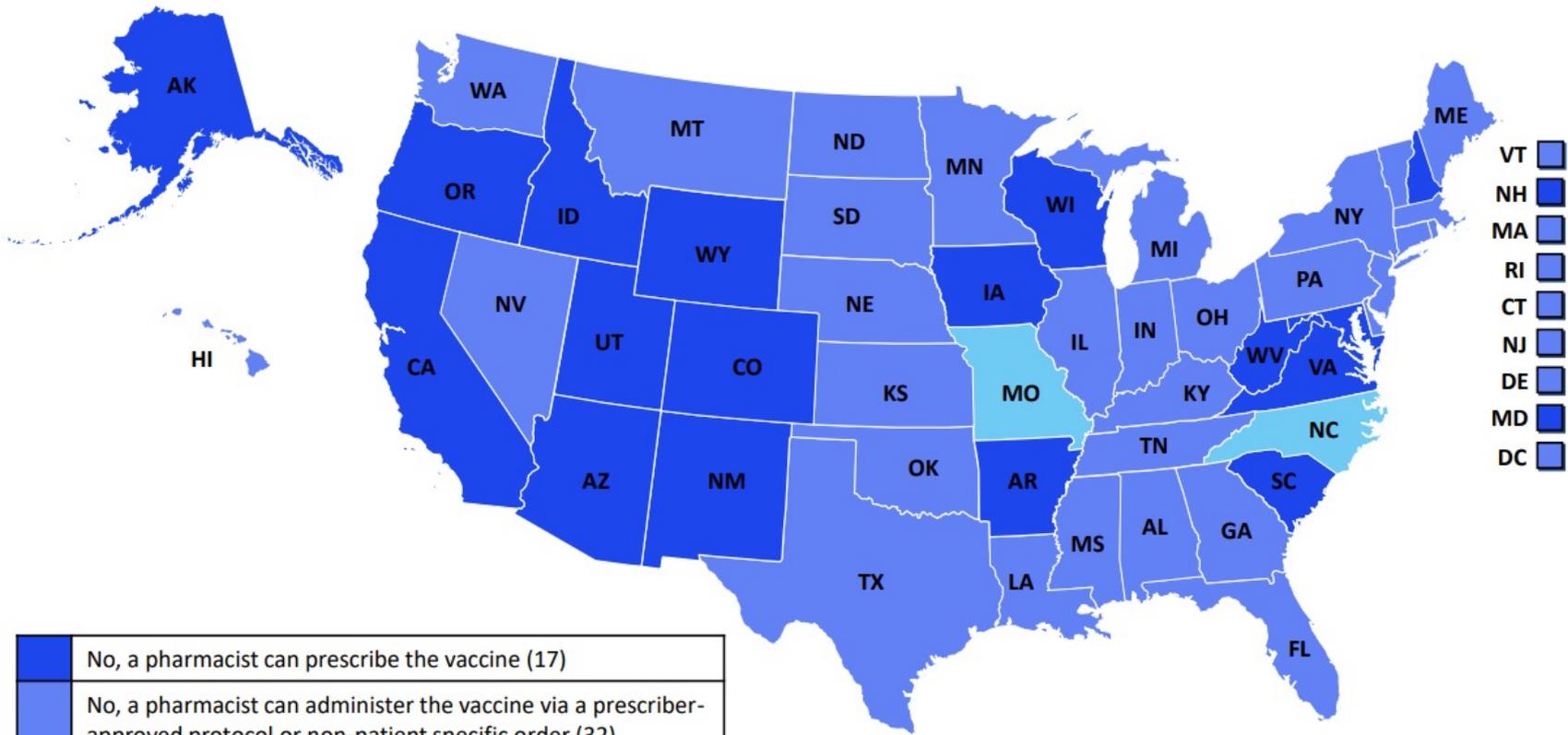
Continuum of Pharmacist Prescriptive Authority



COVID-19 Federal PREP ACT

- COVID-19 testing
- Childhood vaccines
- COVID vaccines
- Pharmacy technicians and interns
- Influenza vaccine
- Administer COVID therapeutics
- Prescribe Paxlovid

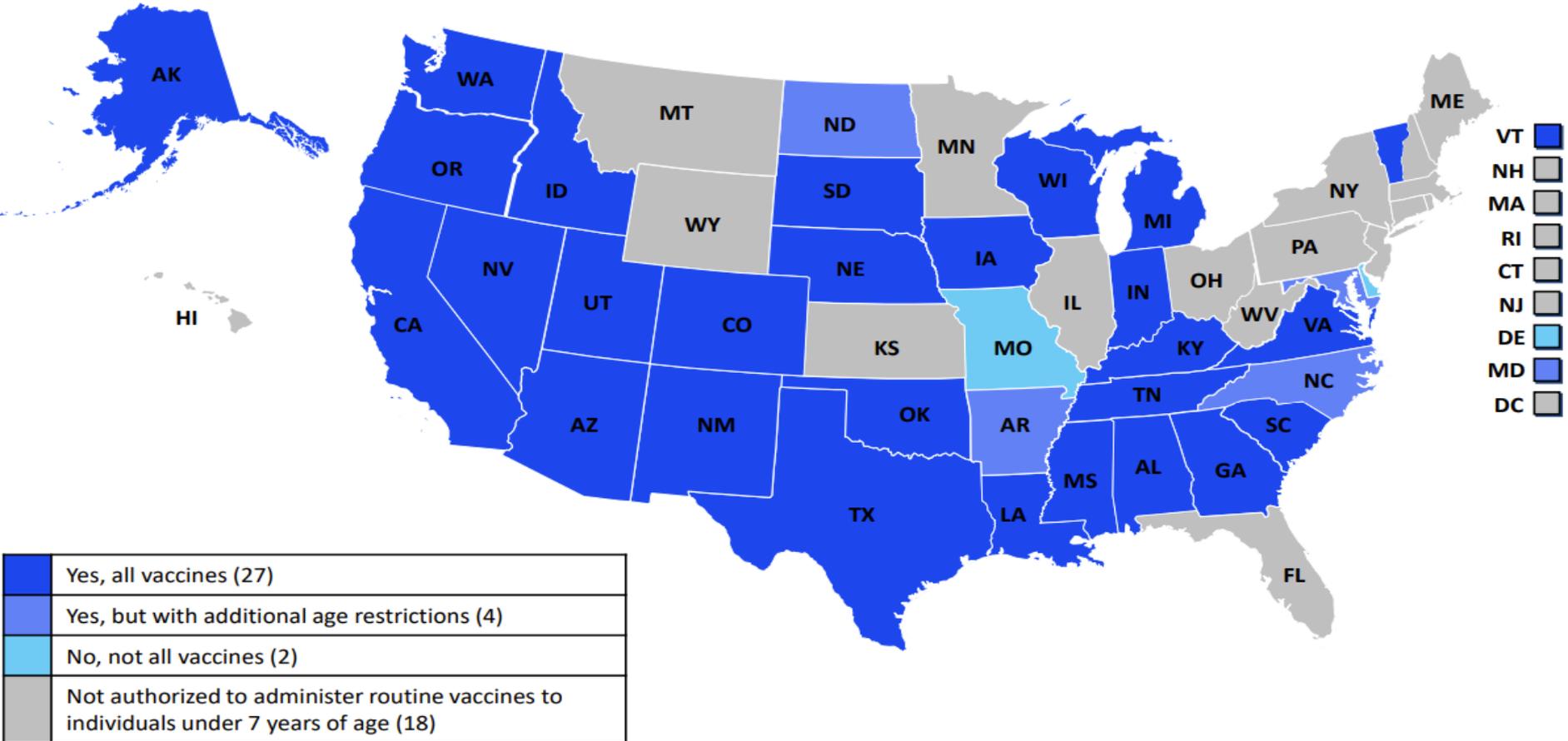
Pharmacist CDC Adult Vaccine Authority



	No, a pharmacist can prescribe the vaccine (17)
	No, a pharmacist can administer the vaccine via a prescriber-approved protocol or non-patient specific order (32)
	A prescription is needed for certain vaccines, ages, or circumstances (2)

Pharmacists in all 50 states can administer all vaccines included on the CDC recommended adult immunization schedule. Pharmacists in the District of Columbia can administer all vaccines on the adult immunization schedule except MMR and varicella vaccines.

Pharmacist Authority < 7 Years of Age



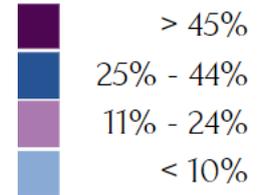
CLIA- Waived Pharmacies



14,522

Number of Pharmacy
Waivers Approved
Since May 8, 2020

centage of Total
nunity Pharmacies



Test and Treat

- [Arkansas](#) (2021): can treat, via statewide protocol, health conditions that can be screened utilizing CLIA-waived tests
- [Colorado](#) (2021): can prescribe drugs for conditions that have a test used to guide diagnosis or clinical decision-making and is CLIA-waived
- [Delaware](#) (2022): can order, test, screen, and treat, pursuant to a statewide protocol, health conditions including flu, strep, COVID, other respiratory diseases, lice, certain skin conditions, and other existing or emerging public health threats when identified and permitted
- [Idaho](#) (2018): can prescribe drugs for conditions that have a test used to guide diagnosis or clinical decision-making and is CLIA-waived
- [Iowa](#) (2021): can prescribe, via statewide protocol, tests and treatment for flu, strep, and COVID
- [Kansas](#) (2022): can initiate treatment, via statewide protocol, for flu, strep, and UTI

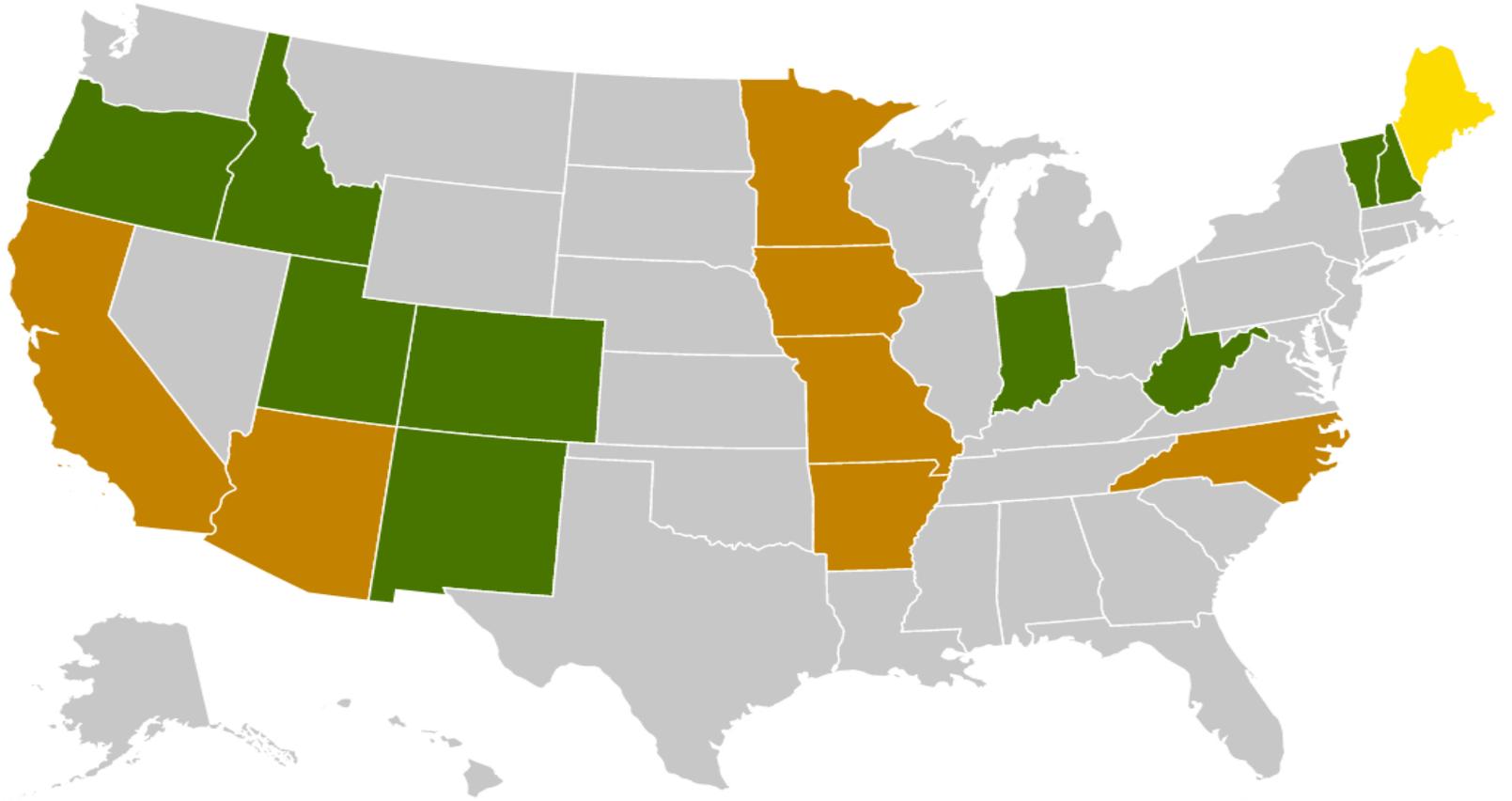
HIV PEP and PrEP

- [California](#) (2019): can furnish PrEP and PEP if certain conditions met
- [Colorado](#) (2021): can prescribe drugs for conditions that have a test used to guide diagnosis or clinical decision-making and is CLIA-waived
- [Idaho](#) (2018): can prescribe drugs for conditions that have a test used to guide diagnosis or clinical decision-making and is CLIA-waived
- [Maine](#) (2021): can prescribe, dispense, and administer HIV prevention drugs pursuant to statewide protocol, standing order, or CPA
- [Nevada](#) (2021): can prescribe, dispense, and administer drugs for preventing HIV, via statewide protocol
- [New Mexico](#) (2020): issued new statewide protocol for prescribing PEP
- [Oregon](#) (2021): can prescribe, dispense, and administer PrEP (and PEP in accordance with Board rules)
- [Utah](#) (2021): prescribe PrEP and PEP (via statewide protocol or standing order)
- [Virginia](#) (2021): initiate treatment, dispense, and administer, via statewide protocol, controlled substances for prevention of HIV, including for PrEP and PEP

Hormonal Contraceptives



Tobacco Cessation Aids



Commonwealth of Virginia

2020

Naloxone

Epinephrine

Oral or self administered
Contraceptives

Prenatal vitamins

Nonprescription
medications

2021

Vaccines

TB Skin Testing

PrEP and PEP for HIV

Nonprescription devices
and supplies

2022

Vaccines 3 years and older

COVID 19 testing

Tobacco cessation products

Pharmacist Role in COVID-19 Pandemic

- >270 million COVID-19 vaccinations (45% of U.S. total) given by pharmacists
 - Overall averted:
 - >1 million deaths (9/22)
 - >8 million hospitalizations
- >42 million COVID-19 tests administered by pharmacists
- >100,000 COVID-19 treatments provided by pharmacists

Saving:

\$450 billion in health care

Payment for Service

- Pockets of service payment
- Credentialing
- Accreditation
- Quality measures

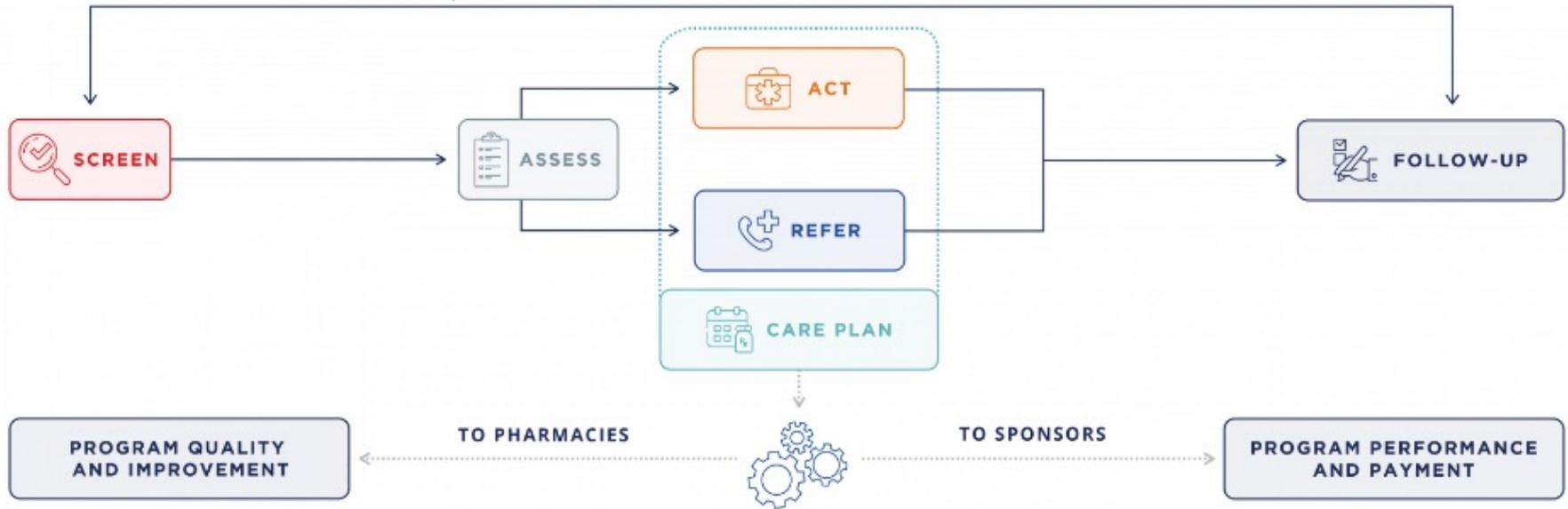
Community Pharmacy Enhanced Services Network (CPESN)

- Improve quality of care and patient outcomes related to medication use
 - High performing pharmacies
 - Agreement to provide a minimum of enhanced services
 - Cooperative Agreements that define scope of work
 - Good standing with Board of Pharmacy
- Clinically integrated network

NATIONWIDE NETWORK OF PHARMACY PROVIDERS

SINGLE SIGNATURE CONTRACT

EngageRx MODEL OF CARE



Prescription-Level
Moment-In-Time



Patient-Level
Care Plan-Over-Time

Moving beyond filling prescriptions at a moment in time,
to caring for patients over time.

Flip the Pharmacy

- Change packages prescribe specific steps to help transform 3 key areas of pharmacy:
 - Workflow
 - Patient care processes
 - Business model
- Provide focused practice transformation activities to develop each of the six domains.
 - Domain 1 : Leveraging the Appointment-Based Model
 - Domain 2 : Improving Patient Follow Up and Monitoring
 - Domain 3 : Developing New Roles for Non-Pharmacist Support Staff
 - Domain 4 : Optimizing the Utilization of Technology and electronic Care Plans
 - Domain 5 : Establishing Working Relationships with other Care Team Members
 - Domain 6 : Developing the Business Model and Expressing Value

1.35 M

eCare Plans Submitted

33,931

Blood Pressure Readings
Transmitted

1,285

Blood Glucose & A1c
Results Reported

49,311

eCare Plans with Immunization
SNOMED CT Codes Submitted

1,447

Patients Educated & Dispensed
Naloxone

Doing the Numbers



83% of the US is covered by hand delivery to the home



177+ payer/purchaser programs



41 national contracts

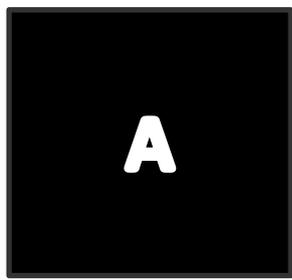


Potential \$14.41M in total revenue opportunity for 3,530 pharmacies

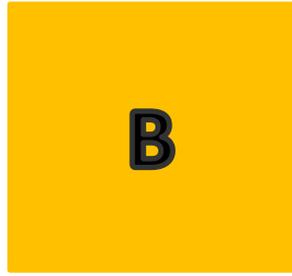


Future

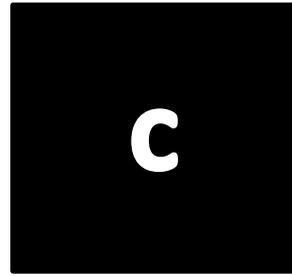




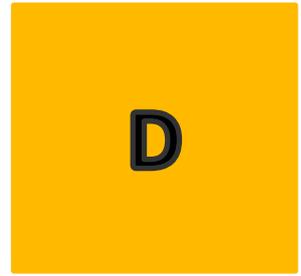
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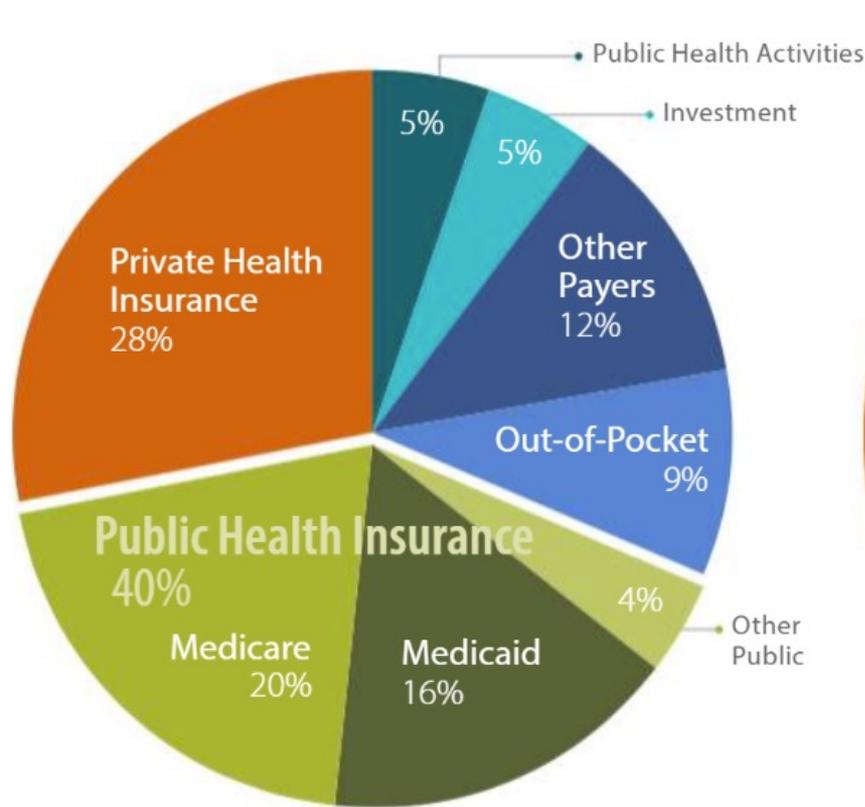
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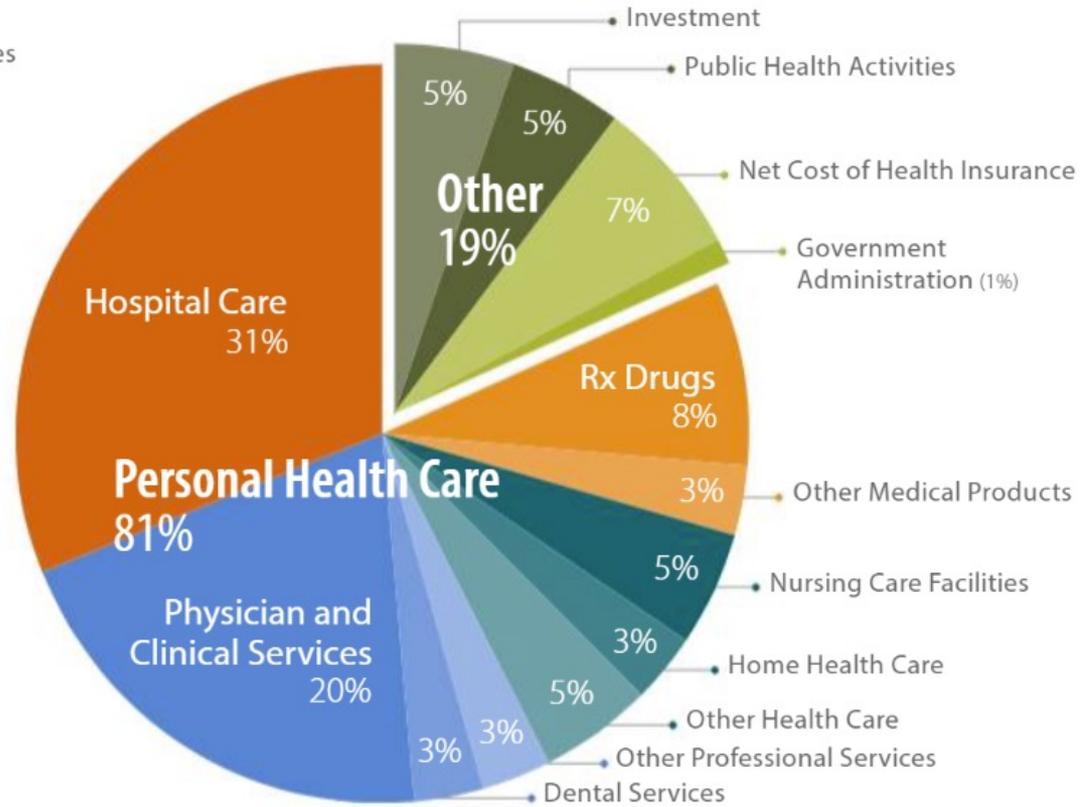
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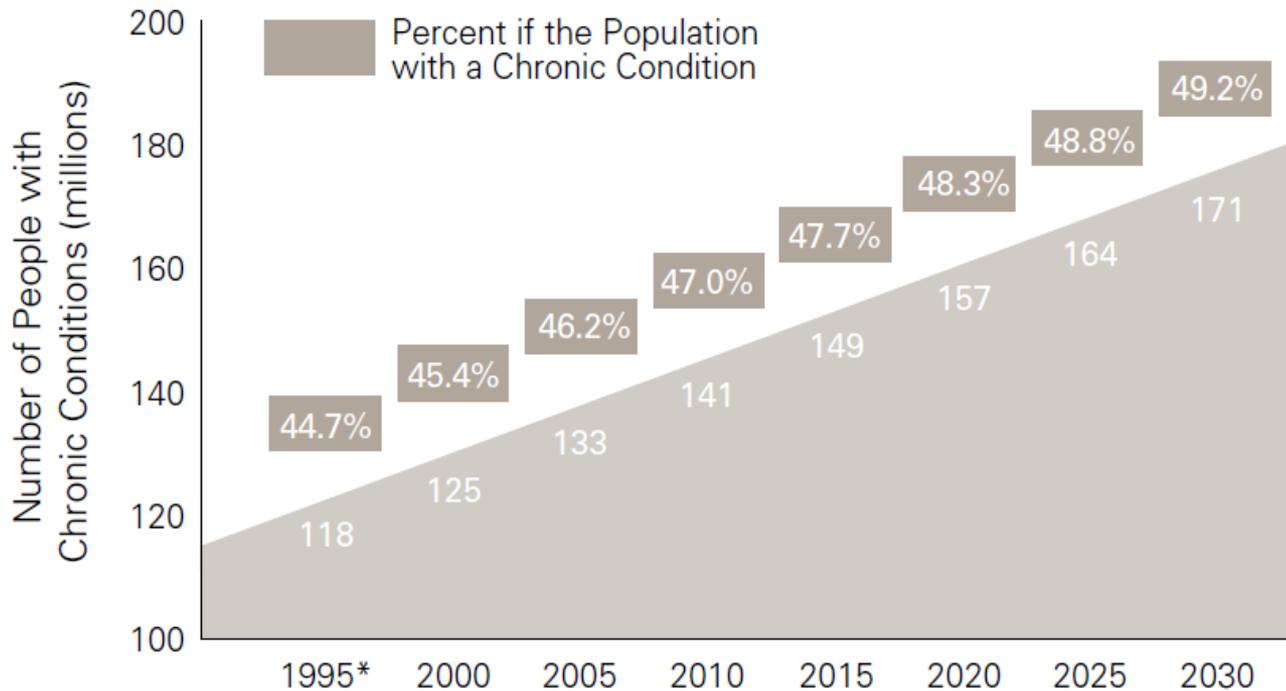
PAYMENT SOURCES, 2020



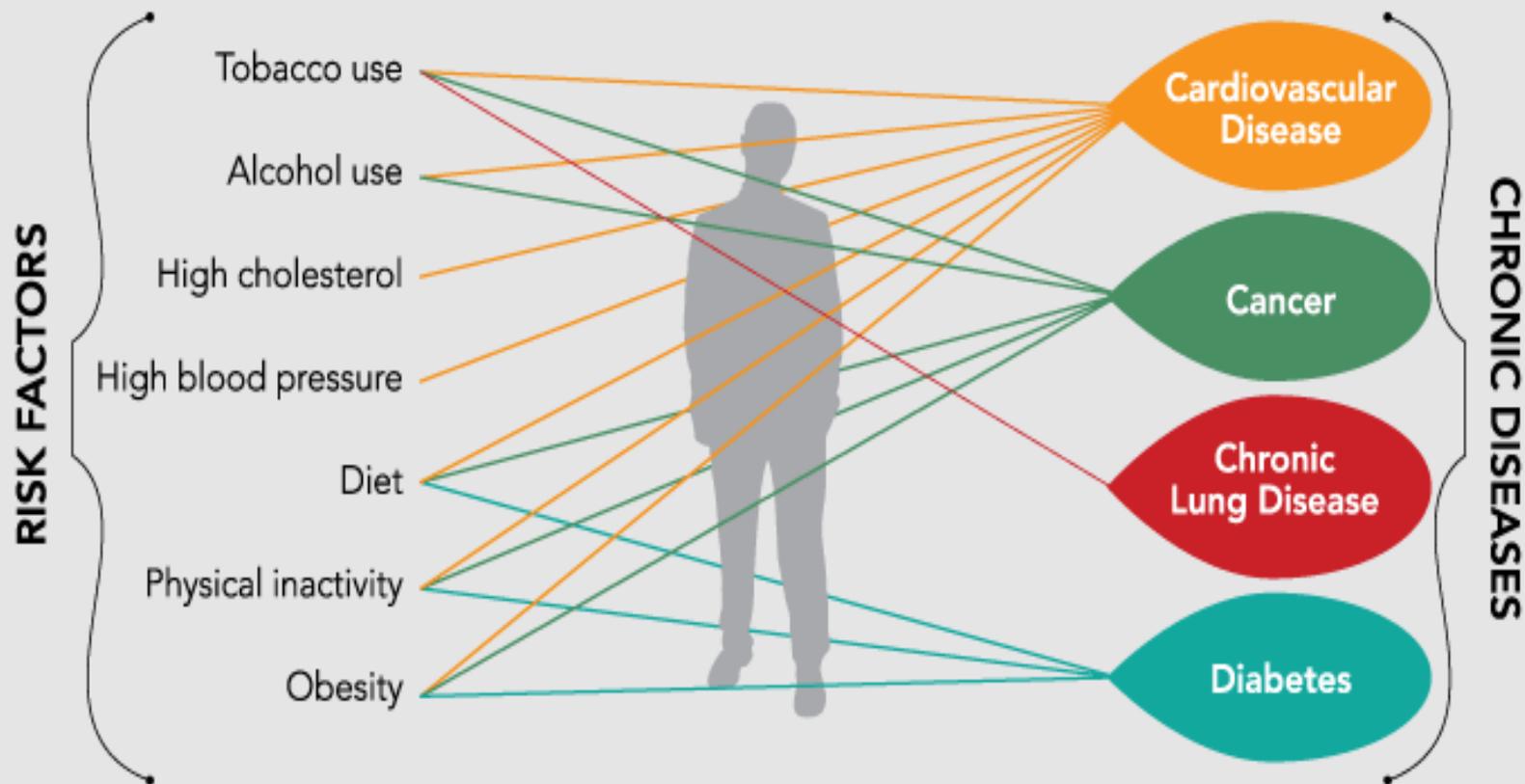
SPENDING CATEGORIES, 2020



Chronic Disease



The Whole Person: The Web of Chronic Disease¹



Medication Adherence: A \$300 Billion Problem

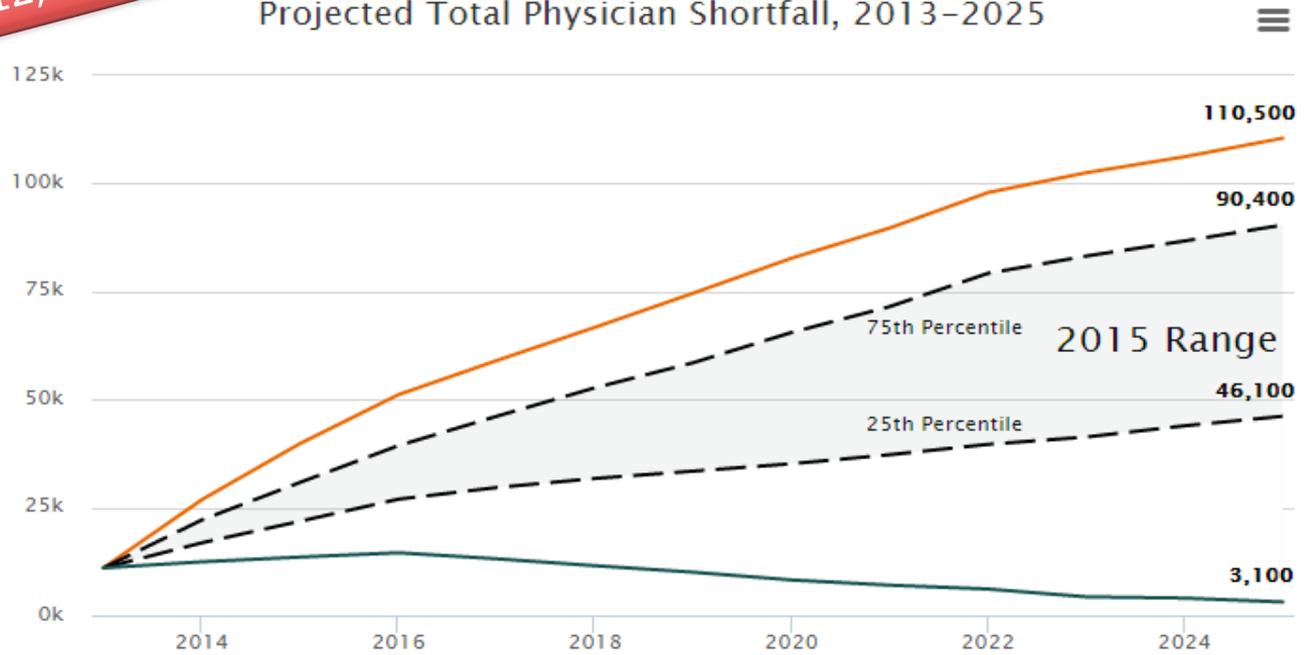
Solutions Needed to Improve Adherence and Lower Costs

13% of
Health
Care
Spending

- Half of all patients do not take their medications as prescribed
- More than 1 in 5 new prescriptions go unfilled
- Adherence is lowest among patients with chronic illnesses
 - At least 125,000 Americans die annually due to poor medication adherence
 - As adherence declines, emergency room visits increase by 17% and hospital stays rise 10% among patients with diabetes, asthma, or gastric acid disorder
 - Poor medication adherence results in 33% to 69% of medication-related hospital admissions in the United States, at a cost of roughly \$100 billion per year

**Primary Care Physician Shortfall
12,500 – 31,000**

Projected Total Physician Shortfall, 2013-2025

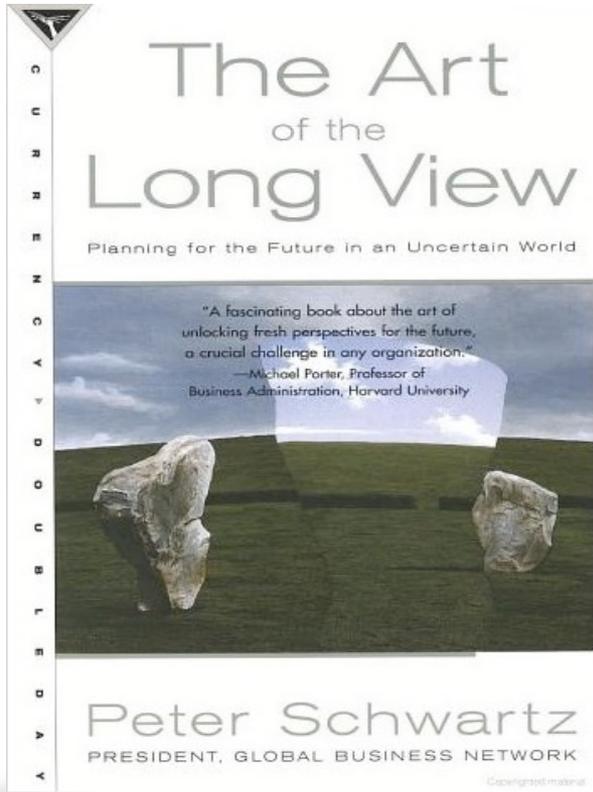


Source: IHS, Inc. March 2015



“If you don’t design your own life plan, chances are you’ll fall into someone else’s plan. And guess what they have planned for you? Not much.”

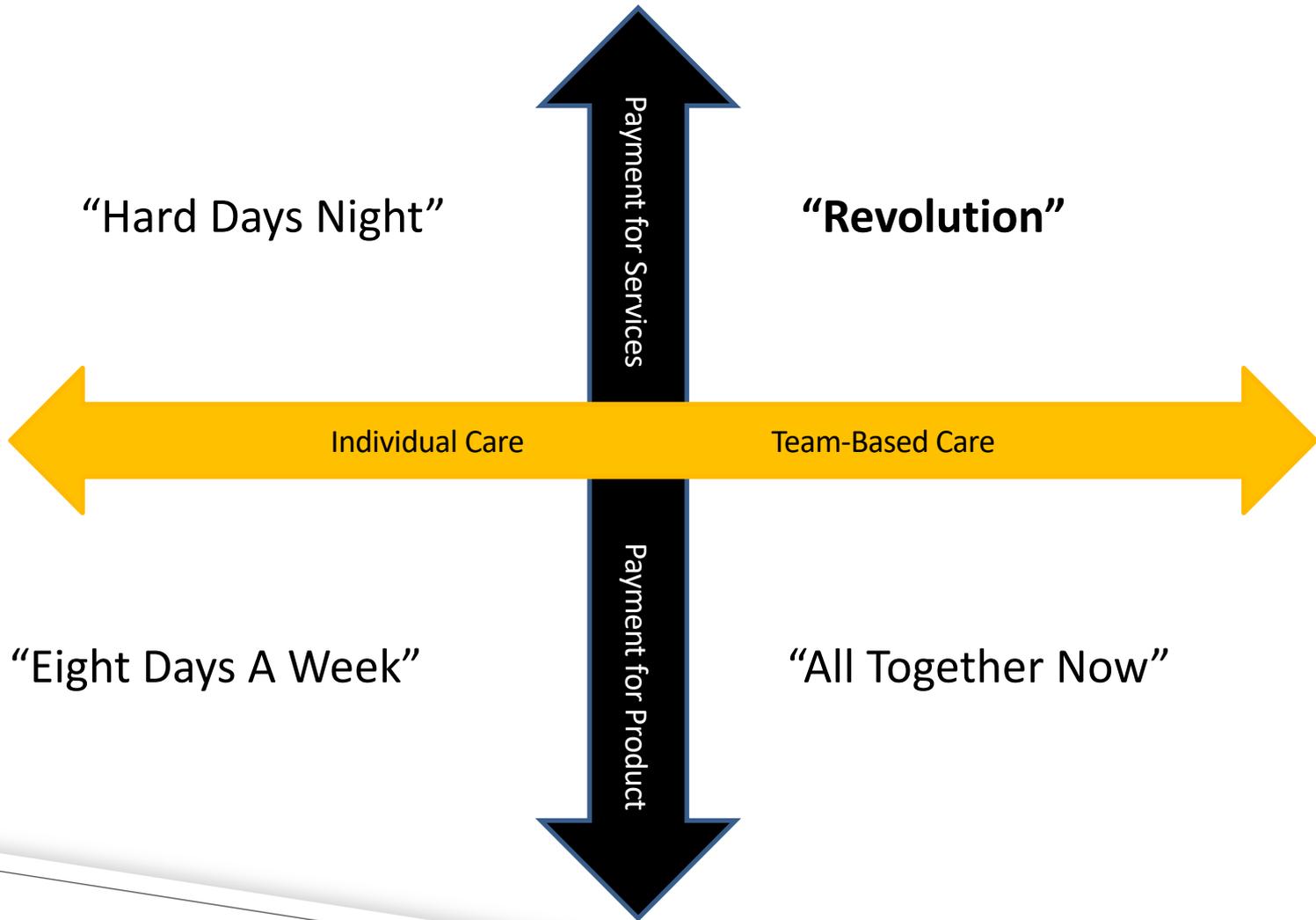
-Jim Rohn



- A set of organized ways for us to dream effectively about our own future
- Tool for helping to take a long view in a world of great uncertainty
 - Ordering one's perceptions about alternative future environments
 - Complete accuracy is not the goal
- Steps to developing
 - Identify focal issue
 - Key Forces
 - Driving Forces
 - Rank by Importance and Uncertainty
 - Scenario Logics
 - Fleshing out the Scenarios
 - Implications
 - Selection of Leading Indicators

Key Drivers

- Social
 - Aging population
 - Multiculturalism
 - Savvy and informed patients
 - Pharmacist workforce
- Technology
 - Digital age
 - New specialty medications and targeted therapies
 - Practice technology
- Economic
 - New payment models
 - Payment for product and service
 - Uninsured patients, changes in coverage
- Quality
 - Education
 - Outcomes and satisfaction
- Political
 - Legislation
 - Scope of practice



Scenario Summary

	“Eight Days a Week”	“Hard Days Night”	“All Together Now”	“Revolution”
Infrastructure	No Change	No Change	Change	Change
Responsibility	Product	Patient/Product	Product	Patient
Patient Care Services	No Change	Growth	No Change	Substantial Growth
Individual/Team	Individual	Individual	Team	Team
Technology	No Connection	No Connection	Connection	Connection
Payment	Product	Product/Service	Product	Service

Continued Solutions

- Education
- Value and role of pharmacist
- Team-based care
 - Primary care pharmacist
 - Referral process
 - Pharmacist support team
- Technology



Advocacy
Leadership
Change agents

Building A Community of Care

- Change is ha

“Revolution”

- Un
-

networks

- Relationships
- Community-Based Pharmacy Practitioner

“The power of community to create health is far greater than any physician, clinic or hospital.”

– Mark Hyman

Assessment Questions



1. Which of the following was an early community-based pharmacist service innovation?
 - A. Compounding
 - B. Office-based pharmacy
 - C. Medication therapy management
 - D. Pharmacogenomics

2. Which of the following terms pertains to the recognition of pharmacists as health care providers?
- A. Provider status
 - B. Scope of practice
 - C. Payment for service
 - D. Credentialing

3. Which of the following community-based pharmacy practice innovations requires a CLIA-waived laboratory?
- A. Immunizations
 - B. Blood pressure monitoring
 - C. Test and treat
 - D. Falls risk assessment

4. The purpose of scenario planning is to
 - A. Predict the future
 - B. Choose the preferred future
 - C. Order perceptions about the future
 - D. Plan towards the preferred future