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AACP REPORT

Report of the 2019-2020 Strategic Engagement Standing Committee

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EXECUTIVE SUMMARY. For the American Association of Colleges of Pharmacy (AACP) strategic engagement is critical to the success of colleges and schools of pharmacy in expanding pharmacy and public health practice, meeting programmatic needs, and fulfilling institutional missions. The 2019-2020 Strategic Engagement Committee was charged with exploring the collaborative relationships colleges and schools have within their state to advance pharmacy practice. More specifically, this committee was tasked to examine those relationships with current state pharmacy and medical associations. This report seeks to provide insights from this work and share recommendations to assist AACP in facilitating practice transformation. To uncover current schools' relationships with state and medical associations, the committee utilized AACP's ability in convening members to conduct focus groups at INsight 2020 and one-on-one interviews with key faculty members. Overall, partnerships with state pharmacy associations are successful or growing, whereas there is still work to be done in developing relationships and collaborating with medical and health care societies. We found that there are several schools with "best practices" related to state association collaborations and look to highlight exemplar practices in this report as they are critical towards practice transformations.

Recommendations and Suggestions

Based upon the work of the 2019-2020 Strategic Engagement Committee, the following recommendations are provided to AACP and schools and colleges of pharmacy, along with one suggestion to colleges and schools of pharmacy:

1. AACP should create an internal campaign to increase awareness among members of the importance of enhancing advocacy efforts at the national, state and local levels while highlighting those schools with successful partnerships.
2. AACP should convene high level stakeholders (eg, CEO deans) to promulgate support for dedicated advocacy resources within colleges/schools of pharmacy.
3. AACP should create programming to enhance the skills of faculty and administrators related to creating systems of advocacy and collaboration

between colleges/schools of pharmacy and health profession societies to advance practice.

4. AACP should work with schools to build relationships with national pharmacy and health profession societies that promote collaboration for practice advancement and transformation.
5. AACP should engage further with the state associations to gain their perspectives on successful partnerships and how schools could work together with them.
6. AACP should create recognition for effective advocacy efforts through a potential award given yearly to a school.

Suggestion for Schools and Colleges of Pharmacy:

1. Schools and colleges of pharmacy should dedicate resources to support the school/college's engagement in practice advancement work with pharmacy and health profession societies at a state level.

Strategic Engagement

AACP's 2004-05 Argus Commission defined community engagement as "the application of institutional resources to address and solve challenges facing communities through collaboration with these communities."¹ More recently, AACP has streamlined its processes and aligned its resources to broaden its focus from advocacy to strategic engagement and position itself to prioritize, initiate, and maintain initiatives, as needed. The 2018-2019 Strategic Engagement Standing Committee Charges include the exploration of faculty leadership and development as they relate to active participation in strategic engagement-related activities, challenges and barriers to engagement in such activities, and strategic engagement successes and non-traditional opportunities. Previous AACP Standing Committees tackled multiple important and high priority issues engaging internal stakeholders and external partners. From these discussions, knowledge, guidance, and specific recommendations related to engagement were shared with The Academy. This year's committee will look to examine these relationships with state associations and medical societies through interviews and focus groups of faculty members and key stakeholders.

INTRODUCTION AND COMMITTEE CHARGES

According to the Bylaws of the American Association of Colleges of Pharmacy (AACP), the Strategic Engagement Committee "will advise the Board of Directors on the formation of positions on matters of public policy and strategies to advance those positions to the public and private sectors on behalf of academic pharmacy."

President Sorensen presented the 2019-2020 committee with the following charges:

1. Evaluate the nature of collaborative relationships between schools of pharmacy and state pharmacy associations with respect to supporting advancement of pharmacy practice. Identify promising practices that should be disseminated across the Academy.
2. Identify ways in which the profession (professional organizations and schools), within individual states, is partnering with medical societies to identify common priorities and opportunities for collaboration.
3. Define strategies and draft an action plan for AACP's role in catalyzing school efforts to partner with pharmacy and medical societies for the purpose of advancing collaborative practice.

Process

Each year, AACP members are provided an opportunity to respond to an open call to express their interest in serving on various committees. The incoming AACP President, along with AACP staff, also identify members with interest and experience that aligns with committee charges. AACP members are then assigned to committees based on this expertise in a manner to ensure representation from different schools and colleges of pharmacy. Members identified for service on the committee are then contacted directly to verify their interest and availability.

Committee members were notified of their official selection prior to the AACP Annual Meeting in 2019, which provided some opportunity for committee members to meet in person and conduct brief introductions. Members met virtually in early Fall 2019 to review charges and begin thinking of ways in which committee charges could be achieved. An in-person meeting was conducted in Washington, DC in January 2020 with remaining meetings conducted virtually during the Spring of 2020.

The committee determined that it would be necessary to collect data from member colleges and schools in order to evaluate the nature of the relationships which exist between member institutions and state pharmacy associations, as well as medical societies. The committee believed that exemplar success stories could be gathered as a part of this data collection and collated for dissemination to the Academy so that key successful tools and strategies might be repeated by others around the country. It was determined that focus groups would be utilized in order to collect needed information with follow-up individual interviews being used as needed to complete data collection.²

In January 2020, the committee came together for an in-person meeting over the span of two days. During this time, the following definition for collaborative practice transformation activities was agreed upon to guide the planned focus group discussions. Collaborative practice transformation activities were defined as:

- Joint advocacy efforts between colleges/schools and pharmacy/medical/health professional/patient advocacy organizations for practice innovation including payment for pharmacy services;
- Partnerships between colleges/schools of pharmacy and medical/health professional/patient advocacy organizations to support and/or provide innovative, interprofessional practice initiatives; and
- Partnerships between colleges/schools of pharmacy and other entities (state pharmacy associations, state medical associations, patient advocacy groups, etc.) to scale models for innovative, interprofessional

practice through provision of education/training for practicing pharmacists to provide these advanced services.

An interview guide was developed to facilitate the focus groups and individual interviews. This guide, based on an implementation framework (Appendix 1) included questions meant to generate responses to provide information around the themes of effective innovation, the role of relationships, implementation contexts or barriers, and key outcomes achieved. The committee determined that live focus groups would be held in conjunction with the AACP Insight 2020 interim meeting in Puerto Rico in February. Participants in the focus groups were identified from the lists of registered attendees. Discussion among committee members regarding attendees and Colleges/Schools known for ongoing advocacy work generated an invitation list of participants.

Two focus groups were held on February 9th and 10th as part of the AACP Insight meeting and as a joint effort with the AACP Professional Affairs Committee. At the conclusion of each session, attendees were asked to provide the names of additional colleagues at their institutions who could provide information upon follow-up related to advocacy efforts. Additional planned focus groups at the 2020 National Alliance of State Pharmacy Associations (NASPA) meeting held in conjunction with the American Pharmacists Association annual meeting in March 2020 could not be held as the meetings were canceled due to COVID-19.

Therefore, additional individual interviews were scheduled in March and April to complete data collection using contacts generated from the focus groups. Additional committee input generated other key informants at colleges/schools of pharmacy who were not already represented. The committee contacted these key informants for one-on-one virtual interviews. Data from all focus groups and individual interviews were collated and form the basis for the committee's recommendations. Committee members completed the final report in May 2020.

AACP is uniquely positioned to convene members, faculty, administrators, deans and relevant stakeholders through their yearly Interim and Annual meetings. After conducting focus groups and interviews, we see that it would be beneficial to host special sessions, at Interim or Annual meeting, focusing on the importance of devoting resources (ie, dean-level position, FTE time for faculty, recognition in RPT, etc.) to advocacy and practice advancement efforts with potential tools and resources to assist in implementation. Creating an internal awareness amongst members, would be a strong catalyst in developing and strengthening partnerships that aid in advocacy and practice transformation.

Related to sessions at AACP meetings, there is potential to create systems of advocacy and collaboration between schools and colleges of pharmacy and health profession societies to advance practice through a special session(s). Furthermore, after development and discussions with relevant stakeholders, a training or certification program to enhance skill development would be very beneficial to school administrators looking to expand their partnerships.

Focus Group and Interview Findings

Although there was variation in practice across schools/colleges, there were some common elements and consistent themes that linked to success in advancing practice transformation through partnership with state pharmacy associations. Most schools reported either a long-term positive relationship with their state pharmacy association or that this relationship is growing. There seems to be an increasing awareness of the importance of the state associations, with some schools now paying for faculty membership in associations. Importantly, successful partnerships included colleges/schools whose faculty members are serving as board members or in key leadership roles for their state associations.

These relationships appear to pay dividends, as progressive legislative successes seem to be tied to a strong relationship between state association and faculty and students within colleges/schools. State associations have extensive policy know-how, timely awareness of legislative activity, and are able to hire lobbyists, while faculty and students provide professional practice experience and can testify to the value of pharmacy practice when making their case to legislators. Integration of legislative days and stakeholder engagement into curricular activities helps sustain these school-association relationships and enables faculty and student leadership.

In order to stimulate interest and garner support for schools to foster collaboration with state associations, a campaign led by AACP should be created. We envision the campaign to have two components. In our investigation, we heard from some who had begun working with state associations but were really interested in growing their partnership and wanted more guidance on what others were doing. Therefore, we envision one aspect of the campaign inward facing. AACP would help showcase how schools can begin to engage or expand relationships with their state associations through examples of successful partnerships along with strategies for curricular integration. The second component of the campaign would be outward facing using video vignettes. In these videos, AACP would showcase some of the great successes schools have had in working with their state

associations and the outcomes that have resulted in improving practice transformation. This campaign would serve as guidance highlighting the importance of advocacy efforts at the national, state and local levels.

Recommendation 1: AACP should create an internal campaign to increase awareness among members of the importance of enhancing advocacy efforts at the national, state and local levels while highlighting those schools with successful partnerships.

A common theme we noticed within the successes that were expressed by members in our one-on-one interviews was a dedicated group of faculty and/or department-level programs. There were “Centers for Practice Improvement” where several faculty within the “Center” had clear roles to advance and advocate for state-level policies to improve pharmacy practices. This is important as it provides a common platform of support from each college and school of pharmacy.

We also saw some “state-wide collaboratives” where membership in the “collaborative” was often a combination of several stakeholders. It comprised key faculty, who represented most colleges/schools in the state, deans from colleges/schools of pharmacy, executive members of the state pharmacy association(s), and other key stakeholders such as pharmacy executives from both hospital systems and community-based organizations. The “collaborative” would meet 2-4 times per year to discuss advocacy and policy strategies.

Creating an environment that empowers faculty to work in these collaborative settings allows them to then empower students to be their own advocates as they learn from relevant stakeholders to see the current needs of the profession in settings students will soon enter. AACP is uniquely positioned to create these avenues to enhance the skills faculty obtain to learn how to build these collaborative settings. These hubs built around collaboration are critical in developing true practice transformation.

Recommendation 2: AACP should convene high level stakeholders (eg, CEO deans) to champion for dedicated advocacy resources within colleges/schools of pharmacy.

Recommendation 3: AACP should create programming to enhance the skills of faculty and administrators related to creating systems of advocacy and collaboration between colleges/schools of pharmacy and health profession societies to advance practice.

Suggestion 1: Schools and colleges of pharmacy should dedicate resources to support the school/college’s engagement in practice advancement work with pharmacy and health profession societies at a state level.

Experience with medical associations was less common, with only one school reporting a substantial

relationship with the state medical association. Much more common was collaboration with individual medical practitioners, and schools did report relationships improved when individual medical practitioners collaborated with pharmacists. Garnering support from individual physicians such as deans of medical schools and chief clinical officers of hospitals or community groups for policies rather than direct endorsement from societies and associations was a good strategy. If there was another key success, it was more related to other key stakeholders such as statewide large employers, hospital groups, or insurers such as Medicaid.

Through our focus groups and interviews, it seemed that the little successes that did exist with medical societies were mostly defined by ensuring that the medical professional groups were “not against” them on advocacy efforts. If the medical professionals were neutral about a specific policy or legislation, it was seen as a win. Overall, the relationship with medical societies was negative to non-existent. There is generally lots of room for improvement in medical society relationships, but there was little mention overall in interviews as being a priority. There is significant room for improvement in relationships with medical associations, and a need for the pharmacy profession to develop a positive definition of success in these relationships. However, it is important to note that due to COVID-19, the committee did not get a chance to really delve into these relationships with much depth.

Recommendation 4: AACP should work with schools to build relationships with national pharmacy and health profession societies that promote collaboration for practice advancement and transformation.

Recommendation 5: AACP should engage further with the state associations to gain their perspectives on successful partnerships and how schools could work together with them.

With some of the continuous collaborative efforts and successes schools have had, the committee believes it would be beneficial to develop a recognition tool, such as an annual award. We believe an award would not only continue the great work schools and colleges of pharmacies have done in building up successful partnerships, but also, the award could serve as a motivating tool for schools to continue or begin working with their state associations.

Recommendation 6: AACP should create recognition for effective advocacy efforts through a potential award given yearly to a school.

Success Stories and Best Practices

Through our focus groups and interviews, we were able to see some good successful initiatives and collaborative

practices. There were some common practices that are done at multiple schools, such as legislative days, internship opportunities and conference meetings preparing students to take part in advocacy.

We saw schools implementing legislative days into their curriculum, where students would learn the advocacy process through the help of faculty and state associations. The structure focused on providing students the ability to have at least one experience in understanding the legislative process. Students would hear from the state associations on bills that could impact their practice in the future, and learn from legislators and lobbyists about the current culture and major issues that might need to be addressed outside of pharmacy. Students were either encouraged or guided on how to contact their legislators ahead of time to request a meeting, followed by a full legislative day at the state capitol talking to legislators and their staffs.

Another unique design we saw was the opportunity for students to take part in legislative internships. During the internship, they would work with a member of their alumni, not necessarily a pharmacist, whose job was tied to public policy or a state agency. This would allow students to spend time at the capitol and research issues. We saw this used as a professional elective typically for P3 students as they are in the area the entire semester. The internship could count toward Personal Professional Development advocacy. This experience often led these students to pursue policy opportunities in the future.

The committee plans to compile a supplemental document detailing the states and schools we were able to hear from to share some of their practices and work. We

are looking to coordinate with AACP on the best way to disseminate that information as supplemental material for this report.

It is also important to note, although these are some of the best practices shared in our discussions with faculty members, we must add the disclaimer that each state varies. The legislative landscape combined with the infrastructure of the state associations themselves are key attributes that lead to the type of collaborative practices that are created.

CONCLUSION

Based on the findings of the focus groups and interviews the committee developed a series of recommendations for specific strategies and tactics which the committee believes could be achieved. Through both assistance and guidance from AACP, and with collaboration among members, we can reach the goal of practice transformation and the bold aim of reaching widespread collaboration with primary care professionals. The six recommendations put forth by the committee look to highlight some of the ways schools and colleges of pharmacy can engage in successful collaborations with their state pharmacy associations.

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Appendix 1. Interview Guide—Use of CFIR Framework (see bottom of guide for table of constructs)

Introduction (and use as part of invitation email)

Goal: We are interested in learning about your experience in collaboration with policy and advocacy work. In particular, our goal is to learn about “best practices” in promoting pharmacy practice change through collaboration with your state pharmacist or other health care associations.

Collaborative Practice Transformation Activities Definition - For the purpose of this discussion, collaborative practice transformation activities are defined as:

Joint advocacy efforts between colleges/schools and pharmacy/medical/health professional/patient advocacy organizations for practice innovation including payment for pharmacy services;

Partnerships between colleges/schools of pharmacy/medical/health professional/patient advocacy organizations to support and/or provide innovative, interprofessional practice initiatives;

Partnerships between colleges/schools of pharmacy and other entities (state pharmacy associations, state medical associations, patient advocacy groups, etc.) to scale models for innovative, interprofessional practice through provision of education/training for practicing pharmacists to provide these advanced services.

Effective Innovation

Please tell us about a time when you were successful with promoting/advocating for practice change in your state.

What was the background and rationale for the change?

Why was this change necessary?

What created the urgency for this change?

What scientific evidence supported the change?

What were the key strategies and actions that led to this success? In what way were pharmacy and other health professions associations included in this effort?

Role of Relationships

What is the nature of the relationship between your college/school of pharmacy and the state pharmacy associations for the advancement of practice in your state?

How did those relationships come about?

How were they fostered in the short term?

How were they fostered in the long term?

What strategies did you employ to foster or leverage those relationships?

What is the nature of the relationship between your college/school of pharmacy and the state associations for other health professions for the advancement of practice in your state?

How did those relationships come about?

How were they fostered in the short term?

How were they fostered in the long term?

What strategies did you employ to foster or leverage those relationships?

What types of relationships did you have with other organizations such as patient advocacy organizations and public health to advance pharmacy practice in your state?

How did those relationships come about?

How were they fostered in the short term?

How were they fostered in the long term?

What strategies did you employ to foster or leverage those relationships?

Implementation Contexts or Barriers

What principles or activities led to your success?

Can you describe the structure and allocation of resources for advocacy work in the college/school of pharmacy?

What was the role of your college/school of pharmacy in this change?

Who specifically contributed in a meaningful way?

How did they contribute?

What factors or circumstances were a barrier to your success?

Key Outcomes

What were the key outcomes that occurred?

What other unintended outcomes have occurred from this effort?

Follow Up

Are there other people at your school we can follow up with regarding partnerships with your state association, medical association, or other groups with whom you have partnered for advocacy efforts?

We would be interested in having some of these success stories shared through a brief video vignette. Would you be willing to share your story through this media?

CFIR Framework

Domain	Construct
Intervention Characteristics	Intervention Source Evidence Strength and Quality Relative Advantage Adaptability Triability Complexity Design Quality and Packaging Cost
Outer Setting	Patient Needs and Resources Cosmopolitanism Peer Pressure
Inner Setting	External Policy and Incentives Structural Characteristics Networks and Communications Culture Implementation Climate
Characteristics of Individuals	Readiness for Implementation Knowledge and Beliefs About the Intervention Self-Efficacy Individual Stage of Change Individual Identification with Organization Other Personal Attributes
Process	Planning Engaging Executing Reflecting and Evaluating

Damschroder LJ, Aron DC, Keith RE, et al. Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implement Sci.* 2009;4(1):50. [PubMed].