



## Ambulatory Care Pharmacy Content Outline

**FINALIZED SEPTEMBER 2019/FOR USE ON FALL 2020 EXAMINATION AND FORWARD**

### Definition and Target Audience

The BPS Board Certified Ambulatory Care Pharmacist (BCACP) Program is a credential for pharmacists who have met the eligibility criteria below and provide integrated, accessible healthcare services for ambulatory patients in a wide variety of settings, including, but not limited to, community pharmacies and clinics. The purpose of the BCACP program is to validate that the pharmacist has the advanced knowledge and experience to optimize therapy for ambulatory patients who administer medications themselves or with the assistance of a caregiver.

An individual credentialed with BCACP has the skills to:

- Provide team-based, patient-centered ambulatory care to integrate prevention and care of both acute illnesses and chronic conditions, and to optimize medication and health-related outcomes
- Identify, evaluate, and apply key ambulatory literature to ensure optimal patient-specific and population-based health
- Support ambulatory care practice through collaboration, education, and practice transformation

### Domains

1. Patient-Centered Ambulatory Care (75% of examination)
2. Translation of Evidence into Ambulatory Care Practice (15% of examination)
3. Ambulatory Care Practice Advancement (10% of examination)

#### Domain 1: Patient-Centered Ambulatory Care (75%)

*Optimizing medication and health-related outcomes*

**Task 1.** Collect accurate and pertinent patient information.

Knowledge of:

- a. Patient interviewing techniques
- b. Pertinent information to gather from the patient, medical record, and/or other sources (e.g., patient health and medication history, laboratory tests, diagnostic tests, biometric data, prescription drug monitoring, etc.)
- c. Tools and techniques to identify patient-specific factors impacting care (e.g., adherence, access to care, cultural competency, health literacy, health beliefs, social determinants of health, patient readiness, etc.)
- d. Physical assessment skills and techniques
- e. Technology and medical devices to make medication- and health-related decisions (e.g., point-of-care testing, ambulatory monitors and sensors, insulin pumps, etc.)

**Task 2.** Assess patient-specific information.

Knowledge of:

- a. Principles of pharmacology to determine appropriateness, efficacy, and safety (drug interactions, adverse effects, etc.) for prescription, nonprescription, and complementary and alternative medicines
- b. Impact of patient-specific factors on the development of the care plan (e.g., adherence, access to care, cultural competency, health literacy, health beliefs, social determinants of health, patient readiness, etc.)
- c. Interpretation of results (e.g., physical assessment, laboratory data, diagnostic tests, self-screening and monitoring results, and biometric data, etc.) necessary for disease and medication management

- d. Clinical practice guidelines to determine gaps in care (e.g., identification of immunizations, health screening and monitoring, compelling indications, etc.)
- e. Prioritizing patient needs and/or medication-related problems
- f. Special populations (e.g., pediatrics, pregnancy/lactation, geriatrics, sex- and gender-specific health, etc.)
- g. Patient medical needs beyond a pharmacist's scope of practice

**Task 3.** Create and implement an individualized patient-centered care plan.

Knowledge of:

- a. Principles of pharmacotherapy and pharmacodynamics/pharmacokinetics to ensure appropriateness, efficacy, and safety (drug interactions, adverse effects, etc.) for prescription, nonprescription, vaccines, and complementary and alternative medicines
- b. Clinical practice guidelines to establish goals of therapy that align with patient preferences
- c. Clinical practice guidelines to develop an appropriate pharmacologic and nonpharmacologic plan to achieve therapy goals
- d. Lifestyle behaviors that impact chronic diseases and wellness (e.g., nutrition, exercise, tobacco use)
- e. Proper administration techniques for various medications and products
- f. Effective interventions to address medication and treatment nonadherence
- g. Patient-specific factors (e.g., quality of life, end of life, comorbidities, etc.) and how they may impact the care of the patient
- h. Pharmacoeconomic principles applied to treatment plan design

**Task 4.** Follow-up to monitor and evaluate response to an individualized patient-centered care plan.

Knowledge of:

- a. Principles of pharmacotherapy and pharmacodynamics/pharmacokinetics to evaluate appropriateness, efficacy, and safety (drug interactions, adverse effects, etc.) for prescription, nonprescription, vaccines, and complementary and alternative medicines
- b. Clinical practice guidelines to reassess goals of therapy that align with patient preferences
- c. Clinical practice guidelines to reassess appropriateness of pharmacologic and nonpharmacologic plan to achieve therapy goals
- d. Lifestyle behaviors that impact chronic diseases and wellness (e.g., nutrition, exercise, tobacco use)
- e. Appropriate timing and frequency of reassessment (e.g., follow-up visit, laboratory evaluation, self-monitoring, etc.)
- f. Patient-specific factors (e.g., quality of life, end of life, barriers to care) and how they may modify the care of the patient
- g. Pharmacoeconomic principles that pertain when re-evaluating care plan

**Task 5.** Educate patients and caregiver(s) regarding the care plan.

Knowledge of:

- a. Pharmacotherapy and disease-specific counseling points (e.g., expected outcomes, adverse effects, administration, self-management, etc.)
- b. Techniques for selecting or developing appropriate patient educational materials (e.g., content relevance, health literacy, etc.)
- c. Wellness, prevention, and self-care (e.g. tobacco cessation, dietary modification, exercise, non-pharmacologic therapy, etc.)
- d. Principles for assessing patient comprehension and engagement (e.g. teach-back, situational-based assessment, adherence improvement strategies, etc.)
- e. Patient self-monitoring (e.g., home INR, glucose, weight, blood pressure)
- f. Unique barriers to and implementation of education during non-traditional encounters (e.g. group education, telehealth, etc.)

**Task 6.** Communicate the patient-centered care plan with other healthcare professionals across the continuum of care.

Knowledge of:

- a. Effective verbal and written communication techniques
- b. Best practices for documentation
- c. Principles of conflict management and negotiation

**Domain 2: Translation of Evidence into Ambulatory Care Practice (15%)**

**Task 1.** Interpret and integrate literature into patient care.

Knowledge of:

- a. Common sources of literature applicable to ambulatory pharmacy practice
- b. Interpretation of clinical and/or statistical significance (e.g. relative risk, number needed to treat, confidence intervals, p-values, clinical vs. statistical significance)
- c. Research methodology to interpret internal and external validity (e.g., population selection, blinding, intervention)
- d. Strengths and limitations of study design and/or literature source
- e. Interpretation of study results as applied to patient care
- f. Methodology and endpoints used in pharmacoeconomics

**Task 2.** Employ principles and strategies of project and research design.

Knowledge of:

- a. Principles of statistical analysis and study design for quality improvement projects and research
- b. Regulatory and ethical requirements for the conduct of research

**Task 3.** Apply data from internal or external sources to improve population health.

Knowledge of:

- a. Pertinent literature, evidence-based treatment guidelines, and consensus statements
- b. Strategies to identify population-based interventions (e.g., public health repositories, claims databases, laboratory-driven reports, population health dashboard, medication safety reports/initiatives, etc.)
- c. External organizational quality metrics (e.g., CMS, NCQA, etc.)

**Domain 3: Ambulatory Care Practice Advancement (10%)**

*Furthering ambulatory care through collaboration, education, and practice transformation*

**Task 1.** Collaborate with other healthcare professionals to advance team-based care.

Knowledge of:

- a. Interprofessional roles and relationships
- b. The scope and limitations of ambulatory care pharmacy practice
- c. Strategies for effective collaborative relationships with other healthcare professionals
- d. Team strategies and tools to enhance performance and patient safety (i.e., hand-offs)
- e. Resources for care coordination and transitions of care

**Task 2.** Enlist strategies to effectively educate pharmacy personnel, other healthcare professionals, learners, and other stakeholders.

Knowledge of:

- a. Educational strategies, including but not limited to cognitive learning levels (e.g., Bloom's taxonomy), learning styles (e.g., visual, auditory, read/write, kinesthetic), and precepting roles (e.g., direct instruction, modeling, coaching, facilitation)
- b. Resources available through relevant groups, organizations, and agencies
- c. Techniques and/or strategies for effective feedback
- d. Academic detailing

**Task 3.** Establish, manage, and/or advance an ambulatory care practice or service.

Knowledge of:

- a. Types of patient care services within an ambulatory practice (e.g., medication therapy management, comprehensive medication management, adherence programs, disease management services, transitions of care, etc.)
- b. Role of the pharmacist in patient centered medical homes, accountable care organizations, or other specialty care services
- c. Elements of a sustainable business model (e.g., Strengths-Weaknesses-Opportunities-Threats (SWOT) analysis, Compensation strategies, Funding sources)
- d. Continuous quality improvement processes (e.g., Plan, Do, Study, Act (PDSA); Six Sigma)
- e. Health information technology and documentation systems