As the pharmacy profession continues to shift from traditional dispensing roles to providing clinical services, the Joint Commission of Pharmacy Practitioners (JCPP) identified a need for a consistent approach across the pharmacy profession for the provision of optimal patient care in a team-based system.1 The JCPP published the Pharmacists’ Patient Care Process (PPCP) in May 2015 as a standardized process and terminology for pharmacy practice.2

The JCPP is a forum of thirteen national pharmacy organizations and liaisons, whose representatives meet quarterly to discuss national challenges (Table 1).3 Founded in 1977, JCPP was created to unify the profession nationally, so that leadership across the various pharmacy organizations could align their positions to have a greater influence on policy and healthcare system issues impacting pharmacy.

In order to advance the practice of pharmacy, JCPP set strategic goals with the first one being “establishing, implementing and promoting a consistent patient care process that is scalable and viable”, which resulted in the PPCP.1 The PPCP stems from the pharmaceutical care model introduced in the 1990s by Hepler and Strand.2 The pharmaceutical care model recognized a pharmacist’s key clinical functions (identifying, solving, and preventing drug-related problems for patients; identifying patient-specific outcomes; developing a therapeutic plan; developing a monitoring plan for follow-up) and established the role for pharmacists as part of the health care team.4 The PPCP expands the pharmaceutical care model to standardize terminology within the profession and expectations of pharmacists for external stakeholders, such as other healthcare providers, policy makers, and payers.1

Recently, two systematic reviews concluded that there is inconsistent evidence for pharmacist interventions leading to improvement in patient clinical outcomes, largely due to the heterogeneity of terminology across the profession.5,6 For example, the systematic reviews found literature about ambulatory services named medication therapy management (MTM), pharmaceutical care, pharmacy-led chronic disease management, or other similar phrases. The components of these services and the level of pharmacists’ interventions varied drastically between publications, leading to inconclusive results. Moving forward, the PPCP and associated terminology can be used to standardize research in compiling evidence to support the impact of pharmacists’ clinical services on patient outcomes.

**What are the Implications for Pharmacists?**

An immediate impact of the new PPCP is in the education of pharmacy students and young practitioners. Recently, the Accreditation Council for Pharmacy Education (ACPE) integrated the PPCP into the 2016 accreditation standards for Doctor of Pharmacy degree programs.7 The expectation for schools and colleges is to develop a curriculum that “prepares students to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model.”7 Furthermore, the PPCP is integrated into the American Society of Health-System Pharmacists accreditation standards for community-based residency training programs as the basis for providing professional services, and future plans exist to incorporate the PPCP into other residency program accreditation standards as well.8

With these changes, students and young practitioners will learn to approach patient care with specific terminology and concepts from the PPCP as they undergo their training, both in the classroom and in pharmacy practice settings. Preceptors at clerkship and residency sites can demonstrate the process in practice and advocate for the importance of unifying the profession with a common language.

A recently published resource from the Centers for Disease Control and Prevention

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**TABLE 1. Member Organizations of JCPP**

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<td>National Association of Boards of Pharmacy (NABP)</td>
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<td>National Community Pharmacists Association (NCPA)</td>
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<td>National Alliance of State Pharmacy Associations (NASPA)</td>
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3. Founded in 1977, JCPP was created to unify the profession nationally, so that leadership across the various pharmacy organizations could align their positions to have a greater influence on policy and healthcare system issues impacting pharmacy.
4. Pharmacists’ Patient Care Process (PPCP) is the Joint Commission of Pharmacy Practitioners (JCPP)’s framework for providing patient-centered care in an interprofessional team setting.
5. Two systematic reviews concluded that there is inconsistent evidence for pharmacist interventions leading to improvement in patient clinical outcomes, largely due to the heterogeneity of terminology across the profession.
6. For example, the systematic reviews found literature about ambulatory services named medication therapy management (MTM), pharmaceutical care, pharmacy-led chronic disease management, or other similar phrases.
7. The expectation for schools and colleges is to develop a curriculum that “prepares students to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model.”
8. With these changes, students and young practitioners will learn to approach patient care with specific terminology and concepts from the PPCP as they undergo their training, both in the classroom and in pharmacy practice settings.
(CDC) recognized the population health importance of community pharmacists in managing hypertension to lower cardiovascular disease. The resource guide outlines the steps specifically in terms of the PPCP, stating that pharmacists who are more engaged with their patients can practice at the top of their license. Preceptors could encourage student pharmacists to practice applying the PPCP for patients with hypertension using this guide as a checklist, emphasizing the role pharmacists could play in managing chronic diseases in collaboration with other healthcare providers. Also, the CDC guide proposes quality measures that pharmacies could use to assess the impact of their hypertension management in terms of the PPCP to measure the success of the process.

The Wisconsin Pharmacy Quality Collaborative (WPQC) Level II services provided in community pharmacies include many, if not all, aspects of the PPCP. WPQC was developed based on the American Pharmacists Association and National Association of Chain Drug Stores document on medication therapy management core elements. While the WPQC terminology is currently closely connected to the terminology used in PPCP, in the future, WPQC plans to modify current terminology to be standardized with the PPCP. This small change will allow for Wisconsin pharmacist services to be consistently named with the pharmacy profession. Additionally, payers will know what they are paying for and the standardization will be critical for providing consistent high quality care and continued reimbursement.

**Conclusion**

Overall, the immediate implications for adopting the PPCP are in the training of students and new practitioners as mandated by accreditation standards. Practicing pharmacists have an important role as preceptors in showcasing how this process fits into daily pharmacy practice and emphasizing the implications for the advancement of the profession. Most importantly, the PPCP provides a common language for pharmacists to use when describing the process of providing patient care services, which could assist in the accumulation of compelling evidence to support pharmacist clinical services in the future.

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**FIGURE 1. The Pharmacist’ Patient Care Process**

![Diagram of the Pharmacist’s Patient Care Process](http://www.pharmacist.com/sites/default/files/JCPPharmacists_Patient_Care_Process.pdf)
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