COMMUNITY PHARMACY FOUNDATION
COMPLETED GRANT SYNOPSIS

Expanding a Successful Program to Increase the Number and Quality of Services in Community Pharmacy
Jennifer L. Rodis, PharmD, BCPS
The Ohio State University College of Pharmacy

Objectives

1) Expand the Partner for Promotion program, a strategy for enhancing community pharmacy practice, to five colleges of pharmacy in the U.S.
2) Evaluate feasibility and success of program expansion to a variety of pharmacy college structures.

Methods

Design
- 3-year timeframe to recruit and train faculty to implement Partner for Promotion program into curricula and offer program for two full academic years
- Faculty and colleges selected based on differing demographics and involvement in community pharmacy practice
- Data collected via online survey reports completed annually by partnering faculty

Study endpoints
- Number of community pharmacy sites participating
- Number of students participating
- Number and type of financially sustainable, patient-centered services developed at community pharmacy sites
- Number of new and/or enhanced advanced pharmacy practice experience (APPE) sites
- Satisfaction with the PFP model materials and methods for training
- Suggestions for improvement to the materials and methods for training
- Amount of time spent with various aspects of integrating the model
- Perspective on the feasibility of adoption of the model at other colleges of pharmacy and in other community pharmacies

Results

- Five colleges of pharmacy adopted the Partner for Promotion program through the grant period (2010-2013). These partnering institutions were chosen based on a diversity of college structures and characteristics and included Chicago State University, Midwestern University-Glendale, Northeast Ohio Medical University, University of Utah, and West Virginia University.
  - Each college site offered the program to 1-3 pharmacy sites partnered with 2 students per site annually. The PFP program was completed by 18 groups at these institutions during the study period. 36 students were engaged, with pharmacy practice residents engaging with the program.
  - Services were developed at each site with 11/18 sites continuing to offer service created through PFP, an approximately 60% rate of sustainability
  - Services included Medication Therapy Management (MTM), immunizations, wellness screenings and prevention services, disease-focused services, and medication nutrition
  - One new APPE site was created; all other offerings of PFP occurred at existing APPE sites

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- Faculty responses in survey reports indicated 100% found the PFP Model materials Very Useful (on a scale of 1-4, Not Useful – Very Useful) and reported making no changes to the training modules.
- Faculty spent approximately 30-80 hours annually operating the program with resulting impacts on teaching and practice enhancement.
- A strategic planning meeting was held with faculty partners with each college of pharmacy and other stakeholders in July 2013. Strategic directions include:
  - Expansion to additional colleges of pharmacy.
  - Establishment of a formal Advisory Group, consisting of the faculty engaged with this grant.
  - Networking among PFP faculty for research, teaching, and practice endeavors.
- All five colleges plan to continue offering the PFP program as part of their curriculum and/or restarting the program with current or new faculty or departmental oversight, as applicable, which demonstrates the impact of the program locally and dedication of colleges to continue the program despite faculty turnover and workload shifts.

### Conclusion

This project demonstrated successful integration of the Partner for Promotion (PFP) program in colleges of pharmacy across the United States, with differing college structures and characteristics, as well as a variety of local environments related to progressiveness of community pharmacy practice. Outcomes support further expansion of this model to additional colleges of pharmacy, with possible creation of a network of community pharmacy faculty through the PFP program for teaching, practice, and scholarly endeavors to enhance the care provided to patients by pharmacists in the community.