



COMPLETED GRANT SYNOPSIS

Community Pharmacy Foundation Program Evaluation Project

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Objectives

The purpose of this program evaluation project was to apply a mixed methods analytical approach to describe the Community Pharmacy Foundation’s journey toward advancing scholarly efforts that enrich the value proposition of community pharmacist integration in the healthcare delivery and financing system of the future, as described in the Centers for Medicare and Medicaid Services value-based Payment Taxonomy.

Methods

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| Design | <ul style="list-style-type: none"> This program evaluation project categorizes previously funded CPF grants and special projects according to research methodologies and domains, describes the impact on practice of CPF grants and special projects, analyzes the influence of CPF funding on principal investigators who are studying community pharmacists contributions to the three-part national aim, and conducts a gap analysis related to CPF strategic directions. |
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Results

There are numerous findings presented in this report. A brief overview of a few noteworthy high-level findings of this CPF Program Evaluation Project includes:

- Domain Types for funded projects shifted between the Initial and Recent Year periods. During the Initial Years, projects were more likely to be in the CPF domain of Therapeutics, Diseases & Populations, and in the Recent Years, this migrated to the CPF domain of Medication Management, Safety & Quality ($p = 0.01$). This reveals a shifting focus from targeted clinical research questions to one of health systems improvement overall.
- Over one-half (54%) of CPF grants have been awarded to individuals affiliated with academic institutions over the 10-year program evaluation period, and this trend increased slightly (to 59%) during the Recent Years. In addition, the CPF co-funding relationship with the American Pharmacists Association (APhA)-Foundation’s Incentive Grants Program accounted for an additional 135 CPF funded grants supporting studies of Pharmacy Residents affiliated with academic institutions.
- There were 99 (of 114) primary investigators and co-investigators with valid contact information who were asked to comment on the impact of CPF funding on their career development. Forty-four investigators provided a wealth of reflections about CPF impact on subsequent funding, new/expanded collaborations, promotion and advancement, practice development, awards, and reimbursement reform. It is clear that CPF funding is having an important impact on the careers of colleagues in academia and funds are being used by grantees to meet the mission of academic institutions. This is significant because the value of CPF funding in schools and colleges of pharmacy may be understated in terms of funding rankings expressed in the annual American Association of Colleges of Pharmacy (AACCP) Pharmacy Faculty Research Grant Data (PFRGD) Report.
- Using the Agency for Healthcare Research and Quality (AHRQ) Impact Factor framework for describing

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“outcomes of outcomes research,” 61% of CPF funded projects in the Early Years were at AHRQ Impact Level 1 (e.g. studies that added to the knowledge base only and did not represent a direct change in policy or practice), while only 32% of projects in the Recent Years were at Impact Level 1 ($p = 0.03$).

- There were four projects (all in the Recent Years) in AHRQ Impact Level 4 (e.g. studies that may change actual health outcomes or profoundly change practice), and there was a statistically significant association between funding level over \$50,000 and Level 4 impact studies ($p = 0.01$).
- In analyzing contributions of CPF projects to the Three-Part Aim, there was a significant difference in number of projects funded to control health care costs through quality improvement when comparing Initial Years (3%) to Recent Years (21%), ($p = 0.01$). These findings suggest that CPF strategies are emphasizing investigation of community pharmacists’ impact on health system improvements, and addressing important questions for overall healthcare system improvements.
- There were 71% of CPF studies funded above the \$50,000 level impacting two or more of the Three-Part Aims compared with 46% of those funded at less than \$50,000 ($p=0.03$).
- In regards to analysis of funding patterns related to the CPF strategic direction of coordinated medication use, 66% of projects were in the area of Delivery Reform (66%), as compared to Payment Reform (11%) and Real Time Data Integration (10%).
- There was a significant association between funding level over \$50,000 and studies impacting all three, ‘Coordinated Use of Medications’ strategic direction categories as 16% of studies funded over the \$50,000 level impacted two or more of the Coordinated Use of Medications categories compared with 0% of those funded at the \$50,000 or less amount. ($p < 0.01$).
- CPF investments through collaborative and co-funding agreements have expanded the CPF sphere of influence by synergizing efforts and resources to establish a more diverse array of funding opportunities for individuals and institutions. For instance, co-funding of the APhA–Foundation Incentive Grants program effectively doubles the number of funded grants reported on the CPF Website. And a co-funding relationship with the Pharmacy Quality Alliance (PQA) resulted in the development of an award-winning resource, (e.g. Educating Pharmacists in Quality, or EPIQ, Program), to train practitioners and students in measuring, improving, and reporting quality of care with over 60,000 PQA Web site downloads.

Conclusion

The Community Pharmacy Foundation (CPF) has experienced a remarkable transformation in a relatively short period of time. The “Early Years” (2002-2008) were characterized by efforts to raise awareness of the Foundation and advancing patient care practices. As the Foundation matured into the “Recent Years” (2009-2015), it began to focus resources on studying the impact of pharmacists’ contributions to a concerted national aim of better care and better health at lower costs. Strategic planning is now focused on addressing challenges to pharmacist integration in redesigned health care delivery and financing models.