IMPLEMENTING SOLUTIONS

Building a sustainable, healthy pharmacy workforce and workplace

June 20 – 21, 2023

APhA
American Pharmacists Association

ashp
pharmacists advancing healthcare™

NABP
National Association of Boards of Pharmacy

Summary and highlights

Hosted by
American Pharmacists Association
American Society of Health-System Pharmacists
National Association of Boards of Pharmacy

Executive summary

Workplace issues leading to high stress levels and occupational burnout across pharmacy practice settings prompted three national pharmacy associations to seek actionable solutions. Their goal: to improve the well-being of pharmacy personnel and, in turn, shift the focus of the profession to providing patient care.

> Summit participants identified solutions to address workplace conditions leading to high levels of stress and occupational burnout. These outcomes are compiled in the Actionable Solutions section of this report.

The American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), and the National Association of Boards of Pharmacy (NABP) convened a summit titled "Implementing Solutions: Building a Sustainable, Healthy Pharmacy Workforce and Workplace," on June 20–21, 2023, at the Renaissance Arlington Capital View Hotel in Arlington, VA. The summit called on participants to establish actions to implement solutions by individuals, employers, and pharmacy associations in the near, medium, and long term. Participants included pharmacy professionals from independent and chain community pharmacies, health-system pharmacies, boards of pharmacy, schools and colleges of pharmacy, and professional pharmacy associations.

Discussions and solutions focused on five workplace themes: practice advancement, mental health, workforce, regulations and requirements, and technology and workflow efficiencies. These themes formed the basis of a survey that was sent to all invitees prior to the summit. The survey asked respondents to consider various workplace strategies from previous consensus conferences, statements, and recommendations within each theme and rank them according to their level of importance and the extent to which the strategies exist or have been implemented in their workplace. Workplace strategies that respondents ranked of high importance and relatively low in implementation (i.e., the strategies with the greatest opportunity for impact but the lowest uptake) were prioritized for discussion during the summit.

Within the practice advancement theme, the roles and responsibilities of pharmacy personnel were discussed. Participants supported establishing uniform educational and practice standards for pharmacy technicians, with the idea that assigning more complex duties to pharmacy technicians would make them feel more highly valued and, at the same time, free pharmacists to utilize the full extent of their training and provide better service to patients. This segued into a discussion about giving pharmacy technicians even more responsibility and autonomy through an advanced-level pharmacy technician role.

Participants also supported pharmacy associations launching a public awareness campaign to promote pharmacist care services. Attendees stressed the need for payment models to be able to accommodate billing for cognitive services.

In the context of mental health, the topic of implementing a "just culture" was discussed. Such a culture—which involves fixing systems rather than punishing individuals when medication errors occur—was thought to reduce stress levels, increase trust, encourage medication error reporting, create learning opportunities, and improve processes to build in better safeguards. Improving interpersonal communications among personnel, providing mental health resources, and monitoring indices of well-being in the workplace were also discussed as approaches to bolster the mental health of pharmacy personnel.

The workforce-themed discussions focused largely on ensuring adequate staffing levels and improving the influx and cultivation of potential new pharmacy personnel by partnering with high schools to make students aware of pharmacy practice as a viable career path. Participants also supported establishing closer relationships between academia and practice settings to better prepare graduates for pharmacy practice. Support for "just culture," autonomy for pharmacy practice settings, and improved communication between management and personnel also emerged in this context.

Regarding regulations and requirements, participants discussed identifying and eliminating rules that create unnecessary administrative burdens without a commensurate benefit to patient care and that take time away from higher-priority tasks. Participants recommended that regulatory resources should be compiled and made easily accessible to ensure that pharmacy personnel can comply with all regulations and requirements and that they can efficiently complete administrative tasks.

Discussions about technology and workflow efficiencies focused on developing incentives to encourage the creation of innovative models that would streamline administrative tasks and centralize common processes to conserve time and resources.

The subject of creating an advanced pharmacy technician role also re-emerged as a means to improving workflow efficiencies. Participants again supported creating a website to house tool kits and best-practice recommendations, thereby providing a central repository where pharmacy personnel can go to enhance workplace and personal well-being. Representatives of national pharmacy organizations in attendance volunteered to collaborate on building this resource hub.

Specific, actionable solutions, along with their designated actors, are presented for each of the five themes in the table below. The intent of the summit organizers is that individuals, employers, and pharmacy associations will implement these solutions according to their respective capabilities.

Actionable solutions

Practice advancement	
Actor	**Action**
Employers	☐ Educate the public, health-system executives, and payers on the value of pharmacy services with case studies and success stories in order to create sustainable collaboration with the care team and within organizations.
	☐ Leverage pharmacy technician responsibilities and technology efficiencies to enable pharmacists to focus on high-value pharmacy services without cutting labor and resources.
	☐ Create clarity and delineation of roles for pharmacy technicians that allow for expanded responsibilities.
	☐ Leverage existing payment models and processes used for medical billing so that pharmacists are reimbursed for pharmacy services.
	☐ Work with state payers and commercial health plans to establish pharmacist credentialing pathways that leverage pharmacists' impact on health care outcomes as well as a compensation model that is outcome-focused.

Actors	Actions
	☐ Modify performance metrics (e.g., those of organizations, payers, state regulators, etc.) to include quality and patient outcomes as part of overall productivity metrics.
	☐ Develop attribution models for pharmacist- and pharmacy-level services across all settings of care and practice settings.
Associations	☐ Create patient demand for medication management services/comprehensive medication management/pharmacy services by demonstrating and communicating value to patients and public health.
	☐ Conduct research on, and communicate the impact of, pharmacy practice models on patient care outcomes.
	☐ Educate patients and the public on the value of diverse practice settings (e.g., medication-related roles within the pharmacy workforce) that improve patients' and public health.
	☐ Advocate for federal allowances to expand scope for public health services (e.g., pharmacist initiation of medication for opioid use disorder).
	☐ Work with state payers and commercial health plans to establish pharmacist credentialing pathways.
	☐ Modify performance metrics to include quality and patient outcomes as part of overall productivity metrics.
	☐ Develop attribution models for pharmacist- and pharmacy-level services across all care and practice settings.
NABP/boards of pharmacy	☐ Create role clarity and delineation for pharmacy technicians that allow for expanded responsibilities.

Mental health	
Actors	**Actions**
Individuals	☐ Increase awareness on types of stressors (e.g., eustress and distress), the stress continuum model (e.g., ready, reacting, injured, ill), and strategies to manage short- and long-term stress.
Employers	☐ Review organizational policies and promotional materials for mental health/employee assistance programs to ensure they raise awareness of available services and remove the stigma of accessing mental health services.
	☐ Conduct root-cause analyses to identify systems- and organizational-level risks to mental health and for occupational burnout and moral injury.
	☐ Create awareness for substance use recovery programs for pharmacists and pharmacy technicians.
	☐ Identify and remove intrusive questions related to mental health that may contribute to mental health stigma and create barriers to accessing mental health services in employee and credentialing forms.
	☐ Review time-off policies that limit flexibility and anonymity and require the use of personal time off in accessing mental health care services.
	☐ Institute programs that train pharmacy personnel on how to de-

	escalate situations with aggressive patients and caregivers.
	☐ Create a peer-to-peer support program to support the pharmacy workforce in health care settings.
	☐ Develop an organization-specific program or encourage the use of the national Pharmacy Workplace and Well-being Reporting (PWWR) tool, which includes anonymous report forms and brings to light learnings about workplace conditions. The use of the program must address the fear of retaliation if it is used and must include reporting aggregate learnings for the organization.
	☐ Establish a process for actively monitoring and encouraging employee use of allotted paid time off/vacation time.
	☐ Communicate and demonstrate best practices for disconnecting from work when using paid time off/vacation time (e.g., do not email or call an employee on vacation, allow a period of time for re-entry after taking vacation time such as catching up on email).
	☐ Review culture and practices that create pressure to work offline before and/or after scheduled hours or hours of operation.
	☐ Review scheduling policies to address flexibility and adequate time for uninterrupted breaks while working and time for rest and recovery between shifts.
Associations	☐ Create a resource compendium with validated assessment instruments related to mental health, occupational burnout, and moral injury that individuals and employers can use in their organizations.
	☐ Develop a profession-wide program that publicly addresses a zero-tolerance policy of abuse, aggression, and violence from patients/caregivers and workplace colleagues.
	☐ Launch a national pharmacy workforce suicide prevention day to enhance awareness, prevention strategies, and education.
	☐ Promote and offer access to nationally recognized trainings related to pharmacy personnel well-being and mental health (e.g., Mental Health First Aid) and assessment tools (Well-Being Index for Pharmacy Personnel).
	☐ Develop a series of articles, presentations, and one-on-one meeting scripts for employers to address the issue of open, honest, and retaliation-free communication between staff and management.
	☐ Create awareness for substance use recovery programs for pharmacists and pharmacy technicians.
NABP/boards of pharmacy	☐ Create awareness for substance use recovery programs for pharmacists and pharmacy technicians.
	☐ Create a resource compendium with validated assessment instruments related to mental health, occupational burnout, and moral injury that individuals and employers can use in their organizations.

Workforce

Actors	Actions
Employers	☐ Offer hybrid (some in-person, some virtual) work opportunities where possible. Seek and promote creative models based on learnings from the COVID-19 pandemic.
	☐ Build models for redundancy and flexibility in staffing to absorb last-minute and unavoidable schedule and staffing changes and to accommodate people who need to be away or need self-care.
	☐ Establish a closer partnership between academia and employers/practice settings to address the gap between the ideal state and current state of practice and to determine real-world requirements student pharmacists need to be practice-ready upon graduation.
	☐ Raise career awareness in secondary education to recruit for both pharmacy technician and pharmacy profession training pathways.
	☐ Ensure hiring, onboarding, and orientation processes are streamlined for pharmacy technicians and pharmacists.
Associations	☐ Raise awareness in secondary education to recruit for both pharmacy technician and pharmacy profession training pathways.

Rules and requirements

Actors	Actions
Employers	☐ Work with state boards of pharmacy to define an advanced-level position and career pathway for pharmacy technicians.
	☐ Identify unnecessary regulatory burdens and workplace requirements that take time away from activities that could improve the safety of patients and the well-being of pharmacy staff.
Associations	☐ Work with state policymakers and boards of pharmacy to expand pharmacist and pharmacy technician scope of practice.
	☐ Work with state boards of pharmacy to define an advanced-level position and career pathway for pharmacy technicians.
	☐ Standardize and harmonize minimum pharmacy technician training standards.
	☐ Identify and modify or remove stigmatizing and intrusive questions related to mental health and substance use in licensure applications.
	☐ Develop materials to educate regulators and licensees about substance use disorders and the need to remove the stigma regarding self-reporting of such disorders.
	☐ Create awareness and increase access to pharmacist and pharmacy technician license holders about state pharmacist recovery programs.
	☐ Standardize and harmonize continuing pharmacy education requirements.

	☐ Identify unnecessary regulatory burdens and workplace requirements that take time away from activities that could improve the safety of patients and the well-being of pharmacy staff.
	☐ Work with boards of pharmacy to adopt a just culture framework for addressing pharmacy and medication errors.
	☐ Review federal and state pharmacy–related reporting requirements to harmonize and streamline where possible.
NABP/boards of pharmacy	☐ Regularly review regulations to determine applicability, necessity, and level of benefit to public health, and update as needed.
	☐ Identify unnecessary regulatory burdens and workplace requirements that take time away from activities that could improve the safety of patients and the well-being of pharmacy staff.
	☐ Work with state policymakers and boards of pharmacy to expand pharmacists' and pharmacy technicians' scope of practice.
	☐ Work with state boards of pharmacy to define an advanced-level position and career pathway for pharmacy technicians.
	☐ Standardize and harmonize minimize pharmacy technician training standards.
	☐ Identify and modify or remove stigmatizing and intrusive questions related to mental health and substance use in licensure applications.
	☐ Create awareness and increase access to pharmacist and pharmacy technician license holders about state pharmacist recovery programs.
	☐ Standardize and harmonize continuing pharmacy education requirements.
	☐ Develop materials to educate regulators and licensees about substance use disorders and the need to remove the stigma regarding self-reporting of such disorders.
	☐ Review currently recommended shared services model laws and rules and update as appropriate, and subsequently, work with boards of pharmacy to adopt Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act) language to allow for shared services.
	☐ Expand training for new executive officers to board of pharmacy chairs and new board counsel to include a review of the Model Act.
	☐ Identify unnecessary regulatory burdens and workplace requirements that take time away from activities that could improve the safety of patients and the well-being of pharmacy staff.
	☐ Work with boards of pharmacy to adopt a just culture framework for addressing pharmacy and medication errors.
	☐ Review federal and state pharmacy-related reporting requirements to harmonize and streamline where possible.

Technology and workflow efficiencies	
Actors	**Actions**
Employers	☐ Develop agreements that allow pharmacy personnel interoperable access to electronic health records and health information systems for the purposes of direct patient care (e.g., recent discharge, lab value monitoring, medication reconciliation) across the care continuum.
	☐ Appropriately leverage artificial intelligence to help manage order verification/prescription review in order to free up time for pharmacy personnel to provide other value-added services to patients (e.g., education, therapy optimization, point-of-care testing).
	☐ Streamline and simplify the prior authorization process across the care continuum (i.e., standardize and automate the process among all payers, standards organizations, and systems).
	☐ Reallocate administrative and non–patient care tasks to support personnel (e.g., scheduling, report generation, filing).
	☐ Review policies and workflows to decrease interference with pharmacist and pharmacy support staff in providing patient care and ensure adequate time for necessary documentation in patient-facing hours.
	☐ Implement an appointment-based model as much as possible (e.g., for vaccines, telehealth, disease state management) to enhance professional status, establish/maintain patient relationships, and support workflow.
	☐ Maximize central fill and shared service models, where feasible, to allow more time for provision of patient care services.
Associations	☐ Conduct research to demonstrate which improved efficiencies result in optimal delivery of services and better workplace conditions.
	☐ Publish best practices in pharmacy workflows based upon research conducted (e.g., standardize med sync processes, move phones away from filling stations, standardize/automate electronic reporting requirements).

Introduction

As the scope of pharmacy practice has grown in recent years, the expectations placed on pharmacy personnel have also intensified. Pharmacists and pharmacy technicians have risen to the challenge, but at a cost. High levels of stress and occupational burnout run rife across pharmacy practice settings. Concurrently, pharmacists are in short supply, and numbers of student pharmacists enrolled in schools and colleges of pharmacy are dwindling.

To address these challenges, APhA, ASHP, and NABP convened a summit, Implementing Solutions: Building a Sustainable, Healthy Pharmacy Workforce and Workplace. Held on June 20–21, 2023, at the Renaissance Arlington Capital View Hotel in Arlington, VA, the summit focused on improving pharmacy personnel well-being and facilitating high-quality patient care. Participants were called upon to identify actionable solutions that can be implemented by individuals, employers, and pharmacy associations in the near, medium, and long term.

Participants included pharmacy professionals from independent and chain community pharmacies, health-system pharmacies, boards of pharmacy, schools and colleges of pharmacy,

and professional pharmacy associations. Participants were encouraged, if they felt more comfortable, to provide their personal perspectives rather than those of their organization. The outcomes of the discussion were not derived through a formal consensus forming process, but reflected a general concurrence of the group.

The summit focused on five workplace themes: practice advancement, mental health, workforce, regulations and requirements, and technology and workflow efficiencies.

These themes formed the basis of a survey that was sent to all invitees prior to the summit. The survey asked respondents to consider various workplace strategies within each theme and rank them according to their level of importance and the extent to which the strategies exist or have been implemented in their workplace. Survey results are presented in Appendix A of this report.

The summit was collaborative and participatory. Participants were divided into small groups to discuss each theme that was addressed in the pre-summit survey. Workplace strategies that respondents ranked of high importance and relatively low in implementation (i.e., those strategies with the greatest opportunity for impact but the lowest uptake) were prioritized for discussion during the summit. During their discussion of a theme, each breakout group documented actions and solutions intended for implementation in workplace settings.

Following each breakout group discussion, two of the groups reported a summary to the summit collective, and each group had the opportunity to weigh in. By the end of the summit, each group had reported to the collective at least twice. The documented solutions from each group were collected and compiled and are shown in the Actionable Solutions section above in this report. Additional reflections and observations collected during the summit are provided in Appendix B.

Background and discussion

Day 1
The summit began on June 20, 2023, with a welcome from moderator Libby Baney, JD, partner at Faegre Drinker Biddle & Reath LLP, followed by opening remarks from the chief executives of the host organizations.

Ilisa Bernstein, PharmD, JD, FAPhA, interim executive vice president and CEO of APhA, commented that the individuals gathered for the summit joined the pharmacy profession to help patients. While acknowledging disappointment in some of the current workplace conditions, she expressed her excitement for the opportunity that the summit presented to develop pathways to implement solutions that will help shift the focus back to the profession providing patient care.

Paul W. Abramowitz, PharmD, ScD (Hon), FASHP, CEO of ASHP, remarked that there is much work to be done to increase well-being, decrease burnout, and develop tangible solutions and steps. He expressed great interest in the thoughts and insights that the group would provide.

Lemrey "Al" Carter, PharmD, MS, RPh, executive director/secretary of NABP, added that the summit invitees were hand-selected because they are leaders in their organizations and in the profession. With pharmacists leaving the profession and fewer student pharmacists enrolling in schools and colleges of pharmacy, he noted that change is needed and that the assembled group would start making those changes.

On June 21, 2023, the day started with an icebreaker activity intended to encourage creative thinking. Using sheets of blank paper and a box of crayons, attendees illustrated their view of the current state of pharmacy and their vision for the future of pharmacy. A brief discussion of the colorful and insightful results revealed some negativity toward the current environment, a tipping point where things could get worse or better, and a sense of optimism for the future. Acknowledging the current problems depicted, Baney remarked that the reason the participants were convened was to build a better future.

Following the icebreaker, the moderator introduced the themes for discussion. For each theme, participants were given time for individual review and reflection upon the pre-summit survey results, followed by group discussion and identification of solutions. Participants were asked to forego theoretical recommendations and, instead, document actionable solutions.

Theme 1: Practice advancement
After the breakout, groups discussed the theme of practice advancement.

One of the most strongly supported solutions that emerged was to expand the role of pharmacy technicians. Some recommended establishing a new higher professional level for technicians and developing a corresponding academic curriculum for advanced-level pharmacy technicians. In some chain community pharmacy settings, technicians serve as pharmacy operations manager, managing pharmacy operations, metrics and schedules. In some health systems, advanced-level technicians manage the supply chain or work in informatics. Participants noted that mid-level tasks requiring some training, but less clinical competency than that of a pharmacist, should be delegated to pharmacy technicians. In this way, employers can show technicians that they value them.

Conversely, some participants warned that, when new tasks are added and none are removed, stress and burnout can increase. There were also raised concerns that increasing responsibilities of pharmacy technicians should not be seen as an opportunity to decrease pharmacists' hours and resources.

Many advised advocating for boards of pharmacy to assess, increase, or eliminate pharmacy technician ratios to allow for adequate and redundant staffing levels if staff members are out sick or on break. To provide a basis for continuity, participants called for universal minimum practice standards for pharmacy technicians in every state. To ensure a collective voice for pharmacy technicians, many supported creating a joint statement from participating organizations for boards of pharmacy to include pharmacy technician members.

Contributors added that schools and colleges of pharmacy could provide curricula for pharmacy technicians, such as by offering an associate degree program in pharmacy education, to help bring about this change. As more opportunities are created for pharmacy technicians, it was noted, additional time and opportunity can be allocated for pharmacists to provide patient care. Some stressed that pharmacists need to be more involved with providing full patient care instead of having solely transactional relationships with patients.

Another solution that was presented was to launch a national public awareness campaign to educate the public about the skills and training pharmacists have and the services they can provide. Some indicated that directing such messaging to physicians, other health care providers, and patients would also be advantageous. Participants noted there is little public demand for pharmacists' services because patients do not understand what these services are or why they

need them. It was mentioned that, during the COVID-19 pandemic, there was a national campaign to raise public awareness about testing and vaccinating. A similar advocacy campaign could educate patients about pharmacist care and service offerings.

Several attendees emphasized solutions around revenue for patient care services. It is essential, and business and payment models need to change and be sustainable in order to fully address many of these workplace issues. Attendees noted that when it comes to provision of and payment for pharmacist care services, many pharmacy computer systems lack interoperability and capability to effectively provide or bill for such services. Among other ideas, participants discussed ways to better align payment models to the services that pharmacists provide.

Others advised learning how to better adapt to existing payment models. Some advised expanding payment models by working with payers directly. Demonstrating the value of pharmacist services was also discussed. Several attendees noted that the metrics that payers review may not ideally reflect the value that the pharmacist has provided.

The topic of credentialing was also brought up, noting that other health professionals are required to meet certain credentials in order to be reimbursed for patient care services.

Another solution that was presented was to improve communications and streamline operations by creating a virtual tool kit, such as a website, which provides training and informational resources for management and practitioners. This solution received strong support from the group and was raised in the discussions of multiple themes.

Theme 2: Mental health

Following the breakout discussions on the mental health theme, one of the solutions that was presented was to pursue a just culture approach to medication errors as a means to improve the mental health of pharmacy personnel. This approach focuses on fixing the process or system in which an error occurred rather than punishing individuals, thereby reducing emotional pressure on personnel. It was suggested that some boards of pharmacy would need to adjust their position on disciplinary issues to adopt a just culture approach.

Summit participants identified the need to create more awareness on the importance of supporting mental health in the workplace. Actions were outlined for employers to more proactively support employees' access to mental health services through programs, benefits, and schedules. Implementing a well-being index as a tool for assessing the risk of staff burnout was put forth as another solution, as employers could collect and assess the results in aggregate to provide benchmarking and insight to take action, if necessary, on stress levels. Providing pharmacy personnel with training in emotional well-being—including topics such as mental health issues; diversity, equity, and inclusion; and conflict resolution—was also advised.

Some suggested providing suicide awareness resources as well. Others advised creating an electronic hub of related resources to encourage well-being.

The subject of improving communication came up in several contexts. One solution that was presented as no-cost and high-impact was for supervisors and team members to verbally check in on one another, have one-on-one conversations, and ask how individuals are doing and what obstacles they are facing. To further this solution, some advised developing tools to educate employers on appropriate means of two-way communication between employer management and staff regarding issues impacting workplace conditions. Also suggested was encouraging

engagement with other pharmacists, whether it be personally or through professional associations.

Participants also suggested training leaders to establish organizational vision while, at the same time, decentralizing decision-making power and providing more autonomy for personnel as a way to support mental health.

Also suggested was training student pharmacists about these issues to establish early on a culture that supports mental health. Training should include best practices that support mental health and reduce its stigma. It was also emphasized that stigmatizing questions on past mental health or substance use issues should be removed from employment, licensing, and credentialing forms and applications.

Participants also proposed introducing a hybrid work model enabling personnel to complete some of their work from home. This solution would build upon lessons learned during the COVID-19 pandemic. It would also involve advocating for boards of pharmacy in some states to allow a hybrid model.

Theme 3: Workforce

During the breakout discussions on the workforce theme, participants again raised the subject of a just culture approach to medication errors. Some noted that it is important to create an environment in which individuals are willing to report errors and near-misses without fear of retribution, thus creating opportunities for individuals to learn from others' errors. As opposed to a punitive culture, a just culture would look to improve a policy or system in which an error occurred to prevent future incidents rather than stopping at reporting the incident and punishing an individual.

Participants also noted that management should ensure that pharmacies and pharmacy departments are appropriately staffed and should set work hours that are not excessive and allow for redundancy in order to absorb last-minute changes. They also said employers and regulators should reconsider staffing models to eliminate ratios. Others advised assessing state laws on central fill and central processing to identify barriers and use cases, stating that this practice would help to free pharmacists to counsel patients without feeling hurried and thereby relieve stress and improve patient care.

A solution that was presented to increase pharmacy school recruits involves partnering with primary and secondary educators (i.e., for grades K–12) to encourage science, technology, engineering, and mathematics training and promote pharmacy practice as a profession. Along the same lines, it was said that the profession should encourage high schools to offer pharmacy technician training programs (e.g., partner with a health care professional association focused on high schoolers) and begin recruiting those interested into a pharmacy technician career. Some suggested convening a task force to develop a strategy for high schools to offer pharmacy technician training.

Many participants supported establishing closer relationships between academia and practice settings to determine coursework that should be taught so that graduates are ready to practice. Some noted that what is happening in the pharmacy should drive what is taught in the curriculum. As it stands, some noted, many pharmacy graduates feel unprepared for the realities they face in practice. Academia, they said, should teach both opportunities and challenges and establish clearer, more realistic expectations.

Participants again discussed balancing the workload between pharmacists and pharmacy technicians. It was mentioned that some pharmacists are assigned a range of administrative responsibilities and suggested that technicians could take on some of those duties. Several participants again supported creating a professional level between PharmD and pharmacy technician (e.g., a mid-level pharmacist associate or advanced technician role). Some also cautioned that assigning technicians too many new tasks without taking any away or hiring additional technicians could be overwhelming.

Another solution that was presented was to provide pharmacies with autonomy at the local level, especially within large corporations, for pharmacists to quickly make changes in the moment and to grant the autonomy to decide what they need to do and how to do it without being required to seek permission for every decision or having to follow strict procedures that impede creative solutions and ultimately may have a negative impact on pharmacists' well-being and patient outcomes.

Improving communication was again raised as an important change that needs to occur among decision-makers at multiple levels. It was noted that personnel are not always aware of why changes are made and how they affect or protect patients and that leaders need to do a better job of making sure the "why" is understood. In addition, it was mentioned that metrics of success should measure not only productivity, but also the health and wellness of the individuals who work in the pharmacy.

Theme 4: Regulations and requirements

Regarding the theme of regulations and requirements, participants discussed the need to identify rules that superfluously add to administrative burdens, take time away from more important tasks, and increase stress levels. It was recommended that tasks that involve processes not regulated by the boards of pharmacy, such as prescription insurance claims and prior authorization requests, could be delegated to pharmacy technicians. It was suggested that designated staff, such as pharmacy technicians, could become experts in these areas and help to facilitate a more streamlined workflow.

Some participants called for the National Alliance of State Pharmacy Associations and ASHP to encourage their state affiliate members to review the Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy and work with boards of pharmacy to amend regulations to create more uniformity among states.

Participants recommended that regulatory resources be compiled and provided in an easy-to-find manner to ensure that pharmacy personnel can comply with all regulations and requirements and to ensure that they can efficiently complete administrative tasks. Some mentioned that resources are currently kept in a variety of different formats and places, making them challenging to locate and thereby adding stress to the work environment. It was noted that a central repository website would help to alleviate that challenge.

It was also recommended that state pharmacy associations invite state board of pharmacy members to their annual meetings to provide updates on board issues and efforts and connect with members.

Theme 5: Technology and workflow efficiencies

Regarding technology and workflow efficiencies, participants advised developing incentives to encourage the creation of innovative models that leverage technology and support workplace model redesign. It was suggested that state and national associations could offer grants or awards to support such innovations for engineering students to apply for to then study and optimize pharmacy processes and throughput.

Participants discussed ways of using technology to reduce the administrative burden related to required documentation, such as including data fields to document patients' weight and race/ethnicity, which are lacking in some systems. Some suggested that templates might save time spent on documentation; however, it was noted that they may also lead to documentation that is less useful or double documentation. Some requested working with technology vendors to develop solutions that simplify the prior authorization process across the care continuum (e.g., inpatient, primary care, outpatient). Others noted that artificial intelligence could be used to help manage order verification and prescription review, allowing time for pharmacists to provide patients with other value-added services, such as education and therapy optimization.

It was mentioned that the goal of achieving interoperability between technology systems, while beneficial in theory, was problematic because many systems are proprietary. For instance, participants cited a lack of interoperability as preventing pharmacists from being able to view lab results to monitor patients' progress and provide comprehensive pharmacist care services. Participants expressed that they did not feel that the needs of pharmacists and other end users were considered in the development of technology as they should be. Participants called for national pharmacy associations to facilitate more consistency and uniformity in the technology used in pharmacies.

As for workflow efficiencies, the subject of creating a new professional level for technicians re-emerged. Some suggested creating a mid-level pharmacy technician education program and standardizing pharmacy technician training. Others advised that direct-supervision requirements be re-evaluated and that best practices could be developed and adopted to improve workflow and productivity in pharmacy practice.

Many participants again supported creating a website to house all of the resources discussed, including tool kits and best practice recommendations, to provide one place for pharmacists and pharmacy technicians to go to enhance workplace and personal well-being. Representatives of APhA, ASHP, and NABP indicated that their organizations would work together to create such a hub.

Next steps

The intent of the summit organizers is that individuals, employers, and pharmacy associations will implement the solutions identified during the summit according to their respective capabilities. The organizers are committed to take the steps necessary to implement the changes identified for their respective actor categories. Additionally, the organizers intend to follow up with summit participants in the coming months and years to offer support and assess the extent to which the solutions have been implemented and the current state of well-being in their workplaces.

Summit participants	
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Appendix A
Pre-summit survey results

Summit attendees completed a workplace strategy survey prior to the summit. Respondents were asked to rank each strategy according to its level of importance and the extent of its existence or implementation in their workplace. The scale was 0–5, with 5 being the highest importance and the highest implementation. The last column shows the difference between importance and existence. A large gap, or delta, between importance and existence suggests that these are areas that need to be addressed now. These are the themes and strategies that the summit participants discussed and for which they devised solutions.

Theme 1: Practice advancement			
Strategy	**Importance**	**Existence/ implementation**	**Difference**
A. Organizations invest in and prioritize pharmacist-provided patient care services.	4.7	3.4	1.3
B. Pharmacists, pharmacy technicians, and learners are not subject to behavior or work conditions that impede their independent professional judgment or to actions that compromise the best interests of the health and well-being of their patients or their status as a health care professional.	4.7	3.5	1.2
C. Payment models are aligned to recognize the value of medication management services.	4.6	2.6	2
D. Employers and managers advocate for expanded roles for pharmacy technicians and support pharmacy technician career advancement to enhance the pharmacist's ability to provide patient care.	4.6	3.3	1.3
E. Pharmacists, pharmacy technicians, and learners leverage and expand their scope of practice to optimize patient care.	4.6	3.5	1.1
F. The pharmacy profession actively engages and partners with other health professional organizations, patient advocacy groups, regulators, and pharmacy benefit managers/payers that represent the top market share to drive transparency and expose PBM/health plan payment models that create patient safety issues.	4.4	2.9	1.5

Theme 2: Mental health

	Strategy	Importance	Existence/ implementation	Difference
A.	There is a zero-tolerance policy for violence, and the organization has instituted a workplace violence prevention program to address violence and abuse in the workplace (this includes physical, verbal, and/or cyber-based).	4.8	4.4	0.4
B.	There is built-in time for and encouragement for all pharmacy personnel to take paid leave, sick leave, family leave, rest breaks, and sufficient time between work and personal time.	4.7	3.8	0.9
C.	Adequate mental health services are available, easily accessible, confidential, and paid for, and pharmacy personnel and learners are encouraged to use them. This includes a proactive and evidence-based approach to suicide prevention.	4.6	3.8	0.8
D.	Pharmacy personnel assume professional responsibility to proactively identify personal stressors, learn self-care techniques, and consistently apply strategies that address well-being and help prevent burnout.	4.2	3.1	1.1
E.	The organization regularly assesses, measures, responds to, and intervenes to prevent occupational distress and burnout using validated tools.	4.2	3.2	1.0

Theme 3: Workforce

	Strategy	Importance	Existence/ implementation	Difference
A.	Organizations prioritize patient safety, quality of care, and pharmacy workforce well-being when setting workload expectations with an adequately staffed pharmacy workplace and workforce that is trained and utilized to complete the expected work volume.	4.8	3.4	1.4
B.	The organization has inter- and intraprofessional cultures of inclusion, connection, and belonging that operationalize diversity, equity, inclusion, and accessibility norms,	4.5	3.9	0.6

	Importance	Existence/implementation	Difference
policies, and programs.			
C. Organizations offer quality training, education, and mentoring.	4.5	4	0.5
D. Employers support staffing and scheduling models that give all pharmacists flexibility to establish and maintain relationships with their pharmacy team, their patients, and their local communities.	4.4	3.2	1.2
E. Organizations foster clear, equitable pathways for career advancement.	4.2	3.3	0.9

Theme 4: Regulations and requirements

Strategy	Importance	Existence/implementation	Difference
A. Regulations and policies do not interfere with pharmacy personnel in providing patient care services.	4.6	3.2	1.4
B. Employers adopt a just culture approach to management of medication errors that focuses on system improvement within a learning culture.	4.6	3.9	0.7
C. Boards of pharmacy adopt a just culture approach to management of medication errors that focuses on system improvement within a learning culture.	4.4	3.1	1.3
D. Organizational policies address hybrid, virtual, and in-person workflows to facilitate work-life integration and responsive patient care.	4.2	2.9	1.3
E. Time spent on documentation is minimized to provide more time for meaningful professional activities and personal well-being.	4.1	2.9	1.2
F. There are standardized processes and timelines and prepopulated necessary documents for licensure and credentialing and privileging.	4	3.5	0.5

Theme 5: Technology and workflow efficiencies

Strategy	Importance	Existence/ implementation	Difference
A. The organization implements workflow and technology solutions that facilitate effective and efficient provision of patient-centered care, decrease pharmacy workforce burden, and alleviate moral distress.	4.5	3.2	1.3
B. Technology innovations are designed and implemented to improve patient care while improving workload and workflows of pharmacy personnel.	4.4	3.2	1.2
C. The organization minimizes administrative and documentation burdens, in particular tasks that require completion outside of work hours.	4.3	3.2	1.1
D. Health information systems are interoperable across disciplines and platforms are codesigned by users to enhance team-based care and continuity of care.	4.2	3.1	1.1
E. The organization's prior authorization process is standardized with a single workflow so that payers can respond within fixed and defined timelines.	3.6	2.9	0.7

Appendix B
Reflections and observations

Attendees offered many reflections and observations during the summit. Not all were actionable, but many do provide important context and background for the solutions presented in the Actionable Solutions section of this report.

Practice advancement
• Meet the patients where they are ("the Amazon generation") by blending the experiences of the past (having strong patient relationships) with technology and tools.
• Develop a shared resource center of evidence/studies justifying the value of pharmacist services to assist with advocacy efforts at state/federal levels.
• Develop consumer scorecards—quality indicators for patients to see.
• Encourage national organizations to create a standardized patient satisfaction survey.
• Share patient lifesaving and/or life-changing stories to change perception.
• Demonstrate projects at the state and national level with measures and data for defining and highlighting the value of the pharmacy workforce.
o The pharmacy workforce should address the intraprofessional divide between training, roles, and practice settings (e.g., physicians in hospitals request pharmacist on team/consult; physicians in community make complaints that pharmacists are overreaching when asking for a diagnosis code).
o Pharmacists should have an independent identity. Currently, they are dependent on other health care providers.
o Pharmacists should celebrate the diversity and breadth of the profession, including and beyond traditional roles.
• Show evidence of pharmacist value on total cost of care to justify payment. The niche is comprehensive medication management—show value, cost savings, and improved outcomes.
• Promote and advocate for team-based care.
• Allow tech check tech without cutting pharmacy hours—prohibit cuts to labor when there are expanded roles and efficiencies.
• Expand the scope of pharmacy technician training so that they are prepared to assume additional roles beyond the traditional duties.
• Implement pharmacist/manager protected time for administrative/regulatory duties.
o Pharmacists should not just give pharmacy technicians low-valued tasks—give medium-valued tasks and remove low-value tasks altogether.
o Pharmacists should challenge the norm about what is important and distribute high-value and load balance and still deliver it in a safe way (e.g., shared services). This requires a culture shift.
• Create buy-in within the organization and clarify role delineation.
• Decrease the culture of fear from pharmacists that they will lose their job (not have a role) if a technician has an advanced role.
• Conduct a pharmacy technician workforce survey to identify roles and duties.
• Support pharmacy technicians joining professional organizations (e.g., state, national).
• Retitle the pharmacy technician role to recognize the complexity of their work (e.g., associate pharmacist).
• Build in advancement opportunities in all pharmacy work settings.

- Advocate for a public health declaration for substance use disorder like the Public Readiness and Emergency Preparedness Act for pharmacists to provide medications for opioid use disorder.
- Develop a shared resource center of evidence/studies justifying the value of pharmacist services to assist with advocacy efforts at state/federal levels.
- Collaborate with state payer system to get clinical services covered.
- Develop a checklist to start billing for clinical services.
- Partner with relevant groups to advocate for allowance and payment of services (e.g., HIV patent groups advocating for pharmacist provision of PrEP).
- Consider CLIA-waived test and treat for payment.
- Expand payment models by working with payers directly (provider status has been priority, but there are other ways that we can expand practice).
- Partner with non-pharmacy organizations (e.g., other health care professionals and physician groups) to promote payment models that include pharmacist-provided services.
- Advocate for reimbursement of pharmacy services, leveraging outcomes-based research/model legislation/case studies/implementation science around best pharmacy practices.
- Foster intentional and formal conversations and infrastructure between payer and practice community (e.g., numerous pharmacists are working in managed care).
    - Pharmacists should invite payers to these convenings and meetings to be a part of the solutions.
    - Pharmacists should be transparent when it comes to reimbursement. Business models should change.
- Fix payment systems: establish a mapping project, billing infrastructure, health claim implementation project, and a roadmap for how pharmacists get credentialed.
    - Credentialing/privileging should take place in pharmacy along with education. (i.e., payer looks for credentialed NPI provider).
- Utilize metrics (i.e., key metrics to showcase value). Ratings put pressure on companies to do this.
- Utilize pharmacy level data for performance.
    - Star ratings should not be used against clinicians.

Mental health

- Promote counseling services consistently, including employee assistance program (which is needed to remind employees that they are available and part of an overall well-being program).
    - Organizations and corporations should continually make resources and tools accessible while also making staff comfortable to use them.
- Ask our team members how they are managing stress, burnout, and taking care of themselves at least every 2–3 months. Ensure leaders are being asked these questions too, ensuring well-being and resiliency is a shared responsibility.
    - Assessing overall well-being of leadership in the pharmacy should be as important as recognizing and inquiring burnout, stress, and well-being of staff.
    - Organizations should leverage campus counseling services already available to build pharmacy-specific programs for student pharmacists and faculty.
    - Tools that help workplaces to measure and assess well-being in their setting should be promoted.
- Identify or develop mechanisms for pharmacists to connect to address the feeling of practice isolation.

- Address the desire of pharmacists to network with peers and combat practice isolation. Employers should offer time and, if possible, financial aid to attend at least one professional meeting per year.
- Encourage opportunities for internal networking with those with common interests.
- Offer a resource hotline/mentoring program separate from as needed programs.
- Share examples of governance structures and resources that empower staff to augment operations and improve staffing and workplace conditions.
- Develop a series of articles that discuss the importance of protected and intentional time off as it relates to vacations, breaks, self-scheduling, etc., that help employers understand the importance as it relates to well-being of the workforce.
- Address well-being and trust between employers and employees (honor vacation/paid time off scheduled according to the organizations' policies).

Workforce

- Reflect best practices and benchmarks while balancing workload and patient safety considerations.
- Establish a vision, while at the same time decentralizing decision-making and power to the front lines of service to boost engagement and ownership among all team members (e.g., hybrid work-models, decentralized models, innovation).
- Have frontline pharmacists complete a task or special project to increase diversity of thought.
- Discover ways to shift work to other workers and temporary staff, especially when there are extended staff absences.
- Establish a closer partnership between academia and employers/practice settings to determine what it takes for student pharmacists to be practice-ready upon graduation (e.g., chain community practice versus postgraduate training/residency) and implement necessary curriculum standards and licensure examination changes (e.g., managerial/leadership development).
  - Academia should ensure that experiential education adequately reflects the true nature of pharmacy work (e.g., different shifts, weekends, challenges).
- Promote diverse career opportunities within pharmacy using multimedia storytelling and social media campaigns.
- Develop and promote resources on how to establish volunteer programs to support pharmacy shadowing opportunities in order to stimulate the pharmacy career track.
- Promote American Association of Colleges of Pharmacy-led program titled Pharmacy Is Right for Me. Target high school counselor associations with this information.
- Raise awareness and recruit pharmacy technicians into training programs and the career of pharmacy in people in secondary education.
  - There should be a strong push to build the pharmacy workforce pipeline and capacity.
  - Awareness should reach the disengaged and discouraged, because their voice tends to be loudest.
  - Look to radiology or surgical technicians as the competition for the pharmacy technician role.
  - Organizations should streamline the amount of time to hire a pharmacy technician by creating standard processes for background checks, drug tests, and registration.

Technology and workflow efficiencies

- Develop incentives toward creating new innovation models that leverage technology and support workforce model redesign (e.g., state/national association grants/awards).
- Create a playbook for flow of patient information between care settings and virtual care delivery.
  - Interoperability issues that impact pharmacists' ability to view labs in order to monitor patients' progress and provide comprehensive pharmacist care services need to be removed.
- Research improved efficiencies that result in better workplace flows and processes.
- Highlight case studies in which efficiencies are optimized (e.g., vaccination is appointment-based).
- Identify opportunities that enable more predictable and consistent daily workloads.
- Create/update systems to capture pharmacy needs in collaboration with and guidance from frontline pharmacy personnel.
- Standardize and synchronize electronic reporting requirements.
- Develop a best-practices guide on workflow.
- Develop best-practice resources to make the practice site more efficient and keep employees.
- Showcase pharmacy technicians and technology solutions that take on tasks that do not require clinical decision-making (e.g., prescription transfers).
- Allow autonomy and empower individuals to have flexibility to reallocate staff.

Rules and requirements

- Demonstrate that expanding the role of pharmacy technicians will improve care with pilot projects/waivers.
  - Policymakers and boards of pharmacy should base expansion of scope on evidence (e.g., vaccine error rates, "tech check tech").
  - Policymakers and boards of pharmacy should engage frontline clinicians who are closest to the patient to identify the opportunities for growth and eliminate low-value tasks (i.e., middle management dilutes messaging to senior leadership).
  - Policymakers and boards of pharmacy should protect pharmacist autonomy. Encourage government to tap into resources that pharmacists provide and public health care workers.
  - Pharmacists should have an independent identity dependent on other health care providers.
- Inform and create a path for the pharmacy profession in the care team.
- Decrease culture of fear from pharmacists that they will lose their job (i.e., not have a role) if a technician has an advanced role.
- Develop better a definition of the competencies required for advanced pharmacy technician certification.
  - National associations should stop overinterpreting rules and regulations.
  - Policymakers should change regulations so that pharmacies can continue to function even if the pharmacist takes a lunch break.
- Support organizational initiatives that strive to reduce administrative burden related to documentation.
- Educate employers on how to identify site-specific thresholds where safety and quality of pharmacist-provided services could be compromised and implement necessary changes.

o NABP should work with boards of pharmacy to ensure pharmacists have the regulatory authority to ensure working environments are operating in a manner that supports patient safety and pharmacy staff well-being.
o Assess documentation requirements across different accreditation bodies for alignment and duplication of effort. Consider accepting that agency's documentation if it was previously granted.

About APhA

The American Pharmacists Association (APhA) is the only organization advancing the entire pharmacy profession. APhA leads the pharmacy profession by supporting pharmacists, student pharmacists, and pharmacy technicians in their role optimizing medication use and patient health outcomes and ensuring patients have access to pharmacists' care. We do this through our strong and effective advocacy, top notch education, practice tools, and resources, dissemination of evidence, and opportunities for members to engage and learn from each other. APhA is the pharmacy voice at the table in developing national guidelines, policies, and best practices that advance the profession and patient care. Visit pharmacist.com for more information.

About ASHP

ASHP is the largest association of pharmacy professionals in the United States, representing 60,000 pharmacists, student pharmacists, and pharmacy technicians in all patient care settings, including hospitals, ambulatory clinics, and health-system community pharmacies. For over 80 years, ASHP has championed innovation in pharmacy practice, advanced education and professional development, and served as a steadfast advocate for members and patients. In addition, ASHP is the accrediting body for pharmacy residency and technician training programs and provides comprehensive resources to support pharmacy professionals through every stage of their careers. For more information, visit ashp.org and ASHP's consumer website, SafeMedication.com.

About NABP

NABP is the independent, international, and impartial 501(c)(3) nonprofit Association that assists its member state boards and jurisdictions for the purpose of protecting the public health. NABP was established in 1904 to assist the boards of pharmacy in creating uniform education and licensure standards. Today, we help support patient and prescription drug safety through examinations that assess pharmacist competency, pharmacist licensure transfer and verification services, and various pharmacy accreditation and inspection programs. Visit http://nabp.pharmacy for more information.