The Philosophy of Practice for Comprehensive Medication Management: Evaluating Its Meaning and Application by Practitioners

Deborah L. Pestka,[1,*] Lindsay A. Sorge,[1,2] Mary Roth McClurg,[3] and Todd D. Sorensen[1,2]

[1]Department of Pharmaceutical Care and Health Systems, College of Pharmacy, University of Minnesota, Minneapolis, Minnesota; [2]Alliance for Integrated Medication Management, Minneapolis, Minnesota; [3]Division of Practice Advancement and Clinical Education, UNC Eshelman School of Pharmacy, University of North Carolina, Chapel Hill, North Carolina

OBJECTIVE Philosophy of practice is the foundation of any patient care practice because it provides a set of professional values and beliefs that guide actions and decisions in practice. Study objectives were to understand how pharmacists providing comprehensive medication management (CMM) describe their philosophy of practice and compare how participants' philosophies align with predefined tenets of a CMM philosophy of practice.

METHODS An instrument with closed and open-ended items was developed and administered online to the lead pharmacist at 36 clinics participating in a large CMM study. Participants were asked to describe their philosophy of practice, rate how well their current practice activities align with five predefined CMM philosophy of practice tenets, and provide examples of how they carry out each tenet and how they could improve. Responses were coded, and descriptive analysis was used to calculate participants' practice alignment with the five philosophy of practice tenets.

RESULTS Thirty pharmacists completed the instrument. Twelve codes emerged that participants used to describe their philosophy of practice. These codes were mapped to five predefined tenets of a philosophy of practice. Only 3 (10%) participants included all five tenets in their philosophy of practice, 8 (26.7%) included four, 8 (26.7%) included three, 6 (20%) included two, and 5 (16.7%) included one tenet. Overall, participants rated their alignment with the five tenets highly. "Embracing a patient-centered approach" received the highest mean score of 9.17/10; "Meeting a societal need" had the lowest mean score of 8.37/10.

CONCLUSION Participants described their philosophy of practice with significant variability. CMM requires a single and consistently applied philosophy of practice to guide practice and the role of the practitioner. We propose five core tenets that resulted from this assessment to be embraced by pharmacists providing CMM and included in their philosophy of practice.

KEY WORDS comprehensive medication management, philosophy of practice, clinical pharmacy services.

A philosophy of practice serves as the foundation for any patient care practice. It is the set of professional values and beliefs of all practitioners that guides their actions and decisions in practice.[1–3] For pharmacy, this philosophy of practice articulates the role of pharmacists, in addition to why and how they deliver care. A philosophy of practice is not tangible, which is why some may not realize they have one, but all pharmacists have a philosophy of practice that guides their behaviors, attitudes, and work as practitioners.

Philosophy of practice can sometimes be mistaken for organizational mission, vision, and values statements. Although these statements and a philosophy of practice have many similarities (e.g., both describe purpose and include values that guide practice), organizational mission, vision, and values statements generally serve to guide the institution's administrative strategic planning and performance activities.[4] A philosophy of practice, in contrast, is something that all practitioners have that guides their day-to-day practice.

This work considers the concept of a philosophy of practice in the context of delivering comprehensive medication management (CMM) services. According to the Patient-Centered Primary Care Collaborative,[5] CMM is defined as "The standard of care that ensures each patient's medications (whether they are prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended. CMM includes an individualized care plan developed in collaboration with the health care team and the patient that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes. This all occurs because the patient understands, agrees with, and actively participates in the treatment regimen, thus optimizing each patient's medication experience and clinical outcomes."

When pharmacists dedicate themselves to CMM, it is the philosophy of practice they are committing to uphold. Therefore, all practitioners engaged in CMM should share the same philosophy of practice.[2] This uniformity of philosophy is needed to ensure consistency in the delivery of high-quality care to all patients. In addition, a clear understanding of what guides one's behaviors and actions in practice helps the pharmacist to both model and communicate the meaning and rationale for pharmacists providing CMM more articulately and effectively with patients and the care team.

A significant body of literature has focused on ethics and professionalism within health care.[6–11] These documents generally outline standards of conduct and moral principles to guide decision making so practitioners can recognize what is "right" or "wrong" in clinical practice.[12] Codes of ethics are essential to ensure fair and just delivery of care. However, these ideologies are often not discipline specific. For example, the American Pharmacists Association Code of Ethics for Pharmacists,[13] the American Medical Association Code of Ethics,[14] and the American Nurses Association Code of Ethics for Nurses[15] all include statements about respecting patient privacy and health information, maintaining professional competence, and upholding themselves and colleagues to the highest ethical standard. In fact, it is argued that a single ethical code could suffice for all health care workers.[16] A philosophy of practice, however, is practice specific because it establishes the purpose for the practice.

Philosophy of practice is a topic that has garnered attention in other disciplines but has received little emphasis within pharmacy. For example, in medicine, The Healer's Art is an elective course offered at several medical schools that was developed because it was recognized that medicine "consists of more than expertise, technical competencies and ethics. It includes other meaningful but non-cognitive dimensions, such as values, service commitment, mission and the ability to establish a healing relationship."[17] In addition, philosophy of practice has been the subject of professional dialogue within nursing for decades.[18–20] As the profession of pharmacy continues to move toward providing direct patient care through CMM, it is essential to ensure a shared philosophy of practice guides the pharmacist's care of patients.

The objectives of this assessment were to understand how pharmacists providing CMM perceive the values and beliefs that guide their practice by having them construct their own philosophy of practice; evaluate how the existing values and beliefs assumed by pharmacists who are currently providing CMM compare with defined tenets of a CMM philosophy of practice; and use the philosophies developed by current practitioners to determine what language, if any,

should be modified, added, or deleted from defined philosophy of practice tenets for CMM.

Methods

This assessment was part of a larger CMM implementation and effectiveness project enrolling 36 primary care clinics across five states. To be included in the study, all sites had to have established CMM services delivered by pharmacists embedded in the primary care clinic and acknowledge they were offering CMM, as defined in the American College of Clinical Pharmacy Standards of Practice for Clinical Pharmacists[21] and the Patient-Centered Primary Care Collaborative CMM resource guide.[5] This project was approved by the University of North Carolina institutional review board, and the University of Minnesota institutional review board determined that this assessment was not human subjects research and therefore did not require formal review.

Instrument Design

A philosophy of practice self-assessment instrument was developed (Appendix 1) and built into Qualtrics (Qualtrics, Provo, UT) to assess CMM practitioners' philosophy of practice as well as how they believe their current practice aligns with predetermined tenets of a philosophy of practice.

Four commitments to the philosophy of practice of pharmaceutical care were previously described.[2] Building off this work, and considering the context of today's health care system, the research team modified the work to define five core tenets that were believed to be essential and foundational to the philosophy of practice of CMM: meeting a societal need, assuming responsibility for optimizing medication use, embracing a patient-centered approach, caring through an ongoing patient-pharmacist relationship, and working as a collaborative member of the health care team.

When taking the assessment, participants were first presented with a definition of a philosophy of practice and then asked to articulate their own philosophy of practice. This question was presented first, and response logic was built into the interface so participants could not see subsequent pages or go back to change their answer, thus preventing biasing their responses. After stating their philosophy of practice, participants were then presented with the five tenets and their definitions. They were then asked to assess, on a scale from 0–10, how well their current practice aligns with each tenet. They were also asked to list examples of how they carry out each tenet and, if they marked anything less than 10, how they could enhance alignment with that tenet. Finally, they were asked if they would change anything to refine or improve the tenets and if they had any overall comments or feedback.

The instrument was piloted to ensure clarity and accuracy of the questions by three practitioners engaged in the delivery of CMM who were not part of the study sample and did not work in clinics with other study participants. The final Qualtrics instrument was then e-mailed to the lead pharmacist at each of the 36 study sites.

Analysis

Written responses were analyzed qualitatively by the first author using an inductive approach in which codes were derived from the data to allow insights to emerge from the responses. This was an iterative process where the responses were read several times using initial coding. This process breaks down responses into segments and closely compares them for similarities and differences.[22] The second author reviewed all responses, as well as the initial code book, to ensure validity of the codes. The first and second authors met several times to discuss coding definitions and alignment of data to each code until a final coding schema was developed. The emergent codes from participants' philosophy of practice statements were then linked to one of the tenets the research team felt it most closely aligned.

Descriptive analysis was used to calculate participants' practice alignment to the five philosophy of practice tenets.

Results

Philosophy of Practice

A total of 32 pharmacists delivering CMM completed the assessment (Table 1), but two were excluded due to incomplete data, yielding an 83% response rate. When asked to articulate their philosophy of practice, 12 unique codes were identified in participants' responses that were then linked with the tenet the research team felt it most closely aligned (Table 2). For example, the codes "Patient centered" and "Advocate for the patient" were considered part of the tenet of "Embracing a patient-centered

Table 1. Demographic Characteristics of Assessment Participants (n=30)

Characteristic	Frequency, n (%)
Sex	
Male	4 (13.3)
Female	26 (86.7)
Pharmacy school graduation year	
1990–1995	1 (3.3)
1996–2000	1 (3.3)
2001–2005	8 (26.7)
2006–2010	12 (40)
2011–2015	8 (26.7)
Residency completion	
PGY1	27 (90)
PGY2	4 (13.3)
Board certified	21 (70)
Clinic location	
Minnesota	21 (70)
New Mexico	1 (3.3)
New York	1 (3.3)
North Carolina	7 (23.3)
Year CMM was established at clinic (n=29)	
1995–2000	2 (6.9)
2001–2005	5 (17.2)
2006–2010	7 (24.1)
2011–2016	15 (51.7)
Average weekly CMM encounters	
1–5	7 (23.3)
6–10	9 (30)
11–15	5 (16.7)
16–20	1 (3.3)
21–25	4 (13.3)
26–30	1 (3.3)
31–35	2 (6.7)
36–40	0 (0)
41–45	1 (3.3)

CMM = comprehensive medication management; PGY1 = postgraduate year 1; PGY2 = postgraduate year 2.

Table 2. Identified Codes in Philosophy of Practice Statements and Frequency Among Participants (n=30)

Code	Frequency, n (%)
Meeting a societal need	20 (66.7)
Improving patient care	15 (50)
Medication expert	9 (30)
Assuming responsibility for optimizing medication use	26 (86.7)
Empower patients	10 (33.3)
Medication education	12 (40)
Pharmacist process of providing care	15 (50)
Responsibility for optimizing medications	16 (53.3)
Embracing a patient-centered approach	16 (53.3)
Patient centered	14 (46.7)
Advocate for the patient	3 (10)
Caring through an ongoing patient-pharmacist relationship	
Building patient relationships	5 (16.7)
Working as a collaborative member of the health care team	21 (70)
Interprofessional collaboration	21 (70)
Other	5 (16.7)
Advocate for the profession	5 (16.7)
Training pharmacy students and residents	2 (6.7)

approach." Therefore, any participant that included either or both of these codes was considered to have addressed the tenet of "Embracing a patient-centered approach." The following are the tenets with associated codes presented in italics.

Meeting a Societal Need

Although overall responses varied considerably, many participants spoke about their role as being a *medication expert* by including statements such as "I consider my role to the patient, care team, and community to be a trusted source of timely, evidence-based drug information knowledge." Participants also spoke of a desire to *improve patient care*. For example, one participant stated, "I feel that it is important in working with individual patients as well as regarding projects that involve a large group of patients or

other care team members that the work I do helps make a difference in patients [*sic*] lives and improves care."

Assuming Responsibility for Optimizing Medication Use

Most participants wrote about some aspect of optimizing medication use. Some wrote of working to *empower patients* to manage their care or their *process of providing care* (e.g., identifying and resolving drug therapy problems). Others wrote about their role in providing *medication education*, such as "I educate learners and other health professionals about safe and appropriate medication use." Some wrote specifically about taking accountability for *optimizing medications*, as one participant stated, "My role as a CMM practitioner is to take responsibility for patients [*sic*] drug related needs."

Embracing a Patient-Centered Approach

A few participants spoke of being an *advocate for the patient,* describing part of their role as "serving as a patient advocate." Others wrote more specifically of their *patient-centered* approach by writing, for example, "I will always put patients first." Another participant gave a more elaborate response stating, "As a CMM practitioner, I strive to deliver customized

patient-centered medication care. The patient's unique characteristics and preferences are as important as effectiveness and safety when determining the more appropriate medication regimen."

Caring Through an Ongoing Patient-Pharmacist Relationship

Few people wrote of the pharmacist-patient relationship, but of those that did, responses focused on *building patient relationships* by creating an environment that fosters trust with the patient. For example, one participant wrote, "My approach with patients is openness and understanding."

Working as a Collaborative Member of the Health Care Team

Several participants included *interprofessional collaboration* in their philosophies of practice. Some spoke vaguely of the topic by simply stating, "I work within my health care team." Others elaborated by writing, "We have integrated ourselves into the team so doctors, nurses, care team members feel comfortable reaching out to us when they have medication questions and entrusting their patients care in us."

Finally, a few participants included concepts that fell outside of the tenets such as being an *advocate for the profession*, which a participant described by writing, "We are stewards of our profession and advocates for our practice model." Additionally, a responsibility to *train pharmacy students and residents* was also noted with statements such as "we are committed to the training of future pharmacists." Although advocating for the profession and training pharmacy students and residents are certainly important to the profession, they do not necessarily establish purpose or guide the practice of delivering CMM. In addition, in the final question of the assessment, participants were asked if they would change anything to refine or improve the five tenets, and none of the participants suggested adding advocating for the profession or training pharmacy learners. For these reasons, the research team decided to label these codes as "Other" rather than defining them as unique tenets.

Frequency of Tenets in Philosophies of Practice

Table 3 illustrates the number of tenets addressed in participants' philosophy of practice

Table 3. Number of Tenets Addressed in Individual Philosophy of Practice Statements (n=30)

No. of tenets included	Frequency, n (%)
1	5 (16.7)
2	6 (20)
3	8 (26.7)
4	8 (26.7)
5	3 (10)

responses. For example, this participant, who only addressed one tenet (assuming responsibility for optimizing medication use) wrote, "I am here to help the patient have the most impactful medication experience that he/she can have. I help to optimize medication regimens to a patients [*sic*] particular goals of therapy and plans for care (i.e., comfort, longevity, function, avoidance of disease, etc.)."

Although most participants did not address all five tenets, this philosophy of practice written by one of the participants did: "I strive to put the patient first and have a patient-centered practice. I am sensitive and responsive to the needs, opinions and desires of my patients, even if they differ from my own. I am responsible for the medication-related outcomes for my patients and strive to help them meet their health-related goals and improve the quality of their lives. I have empathy for patients and develop trusting relationships with them. I am a critical component of my interprofessional health care team and am the team member responsible to ensure patients' mediations [*sic*] are appropriate, safe, effective and convenient. I promote a healthy community through applying public health principles, promoting immunizations and national guidelines, and encouraging healthy behaviors, even when not drug related. I educate learners and other health professionals about safe and appropriate medication use. I have a passion to advance the profession of clinical pharmacy on a national level. I strive to document the benefits of my clinical pharmacy practice to demonstrate the value of pharmacists."

Alignment with Philosophy of Practice Tenets

Table 4 presents participants' perceived alignment of their current CMM practices to the five philosophy of practice tenets. Overall, participants scored their alignment with the five tenets highly, with "Embracing a patient-centered approach" receiving the highest mean score of 9.17/10; "Meeting a societal need" had the lowest mean score of 8.37/10.

Table 4. Alignment of Core Tenets with Current Practice (n=30)

Tenet	Mean (min, max)	SD
On a scale from 0–10,[a] how well does your work as a CMM practitioner align with the tenet of:		
Meeting a societal need	8.37 (5, 10)	1.40
Assuming responsibility for optimizing medication use	8.97 (5, 10)	1.30
Embracing a patient-centered approach	9.17 (7, 10)	0.97
Caring through an ongoing patient-pharmacist relationship	8.38 (4, 10)	1.78
Working as a collaborative member of the health care team	8.93 (7, 10)	1.11

CMM = comprehensive medication management; SD = standard deviation.
[a]0 = not very well; 10 = very well.

Table 5 presents the codes that occurred when participants described how their practice aligns with each tenet. Not all codes are necessarily consistent with the tenet they fall under. For example, when providing examples of how they carry out working as a collaborative member of the health care team through their work as a CMM practitioner, a few participants included examples such as "utilizing collaborative practice agreements." These statements were collectively coded "Collaborative practice agreements." Although collaborative practice agreements improve efficiency of CMM services, the presence of a collaborative practice agreement (which typically grants prescribing privileges) is not necessarily evidence of a pharmacist engaged in collaborative care relationships with team members.

Creating a Final Set of Philosophy of Practice Tenets

The research team defined five tenets that encompass the philosophy of practice of CMM in the assessment instrument (Appendix 1). However, after reviewing participant responses and feedback, the tenets were slightly modified. For example, in "Meeting a societal need" the wording was edited to include "community" because, as one participant pointed out, "Encouraging involvement and familiarization with community resources is integral to helping our patients." Another participant suggested adding being respectful of cultural beliefs to "Embracing a patient-centered approach." Table 6 includes the final revised CMM philosophy of practice tenets.

Table 5. Coded Responses of the Examples Participants Cited of How They Perceive That They Carry Out Each Tenet

Code
Meeting a societal need
Addressing social determinants of health
Being an accessible care provider
Focusing on specific patient populations
Improving accessibility of medications and care
Improving quality measures
Passing along CMM principles to other care team members
Preventing medication-related hospitalizations
Providing education
Reducing health care costs
Serving as a drug expert
Assuming responsibility for optimizing medications
Collaborating with the care team
Collaborative practice agreements
De-prescribing
Ensuring continuity of care
Evaluating medications comprehensively
Evidence-based decision making
Following up
Helping patients achieve clinical goals
Identifying and resolving medication-related problems
Improving access to medications
Taking ownership of patient care
Using a consistent practice model
Embracing a patient-centered approach
Being available to patients
Being open and honest
Comprehensively evaluating the patient
Demonstrating empathy
Following up
Meeting face to face
Motivational interviewing
Providing individualized care
Understanding patient concerns, goals, and needs
Using principles of health literacy
Using shared decision making
Caring through an ongoing patient-pharmacist relationship
Active listening
Addressing patient concerns
Building trust
Continuous visits through follow-up
Creating a warm, safe environment
Developing a relationship
Following through
Providing one-on-one care
Understanding their medication experience
Working as a collaborative member of the health care team
Being integrated into the clinic and care team
Being seen as a valuable, integral member of the care team
Collaborative practice agreements
Communicating visits and recommendations
Conducting joint visits
Discussing patient cases
Providing medication education to the care team
Referring patients
Working together to improve quality measures
Working with nonpharmacists

CMM = comprehensive medication management.

Table 6. CMM Philosophy of Practice Tenets and Descriptions

Tenet

Meeting a societal need

Professions exist for the purpose of serving society, and thus it is important to consider how pharmacists are meeting the needs of society and our communities. As health care professionals highly trained in the science and application of medications, pharmacists serve a unique role of improving patient care by optimizing medication use for patients and populations.

Assuming responsibility for optimizing medication use

If pharmacists are to meet the needs of patients and society, they must assume responsibility for all of a patient's medication-related needs. This means delivering CMM consistently and holistically to assure that patients are taking appropriate, effective, and safe medications and that they are taking them as intended. This is achieved through identification, prevention, and resolution of medication therapy problems and empowering patients to improve their health. Applying a consistent approach to the CMM patient care process includes collecting and analyzing relevant patient information, formulating an assessment and plan for optimizing medication use, implementing the patient care plan, and providing ongoing follow-up and monitoring.

Embracing a patient-centered approach

Patient-centered care is defined as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."[35] This also includes being mindful and respectful of cultural beliefs as well as advocating for the patient to ensure their needs are met. Pharmacists should keep individual patient preferences at the center of their decisions and the care they provide.

Caring through an ongoing patient-pharmacist relationship

The pharmacist-patient relationship is a partnership between the patient and the pharmacist that is built on trust and formed for the purpose of optimizing the patient's medication experience. This involves relating to individuals through active listening and with understanding, respect, and warmth. It is an ongoing relationship of trust between the patient and the pharmacist.

Working as a collaborative member of the health care team

Providing high-quality team-based care to individuals involves collaborating with members of the health care team on shared goals in and across care settings. Consistently meeting the medication-related needs of patients cannot occur without collaboration among the health care professionals engaged in a patient's care. Therefore, it is essential that the pharmacist demonstrate a spirit of collaboration and embrace a team-based approach to care.

Discussion

Comprehensive medication management has been the subject of professional dialogue for a long time. Although significant attention has been directed toward developing a consistent process of care for delivering CMM[5, 23, 24] and demonstrating outcomes,[25–31] what is less understood is the extent to which the ideals and values of CMM have been adopted by pharmacists. This study was not a test to judge the accuracy of one's philosophy of practice, but rather to explicate how pharmacists, committed to providing CMM, describe their professional roles and responsibilities, and, importantly, to arrive at a set of core tenets that represent a CMM philosophy of practice.

Participants provided a wide range of responses to describe their philosophy of practice, which suggests there may be confusion or differing points of view among pharmacists regarding the values and beliefs that guide CMM. It is also likely that the range of responses reflects a lack of experience by pharmacists with the terminology and language of a philosophy of practice. CMM requires a single and consistently applied philosophy of practice to guide practice and the role of the practitioner. We propose that the five core tenets that resulted from this assessment be adopted by pharmacists providing CMM and included in their CMM philosophy of practice.

Most participants indicated that their practices align relatively well with the five core tenets of CMM; however, the examples provided for how they carry out each tenet varied considerably and were not always consistent with the tenet. For example, on average, participants rated the alignment of their practice with embracing a patient-centered approach the highest. Most respondents included examples consistent with being patient centered, such as providing individualized care and working to understand patients concerns, goals, and needs. Others provided examples such as following up, having thorough discussions, and meeting face-to-face. Examples such as these are part of the process of delivering CMM but are not patient specific. Because participants' examples were not always consistent with each tenet, yet they indicated that their practice highly aligns with these tenets, one may question whether pharmacists' actions in practice are consistent with their beliefs.

Previous research has demonstrated that providers' actions in practice do not always align with prescribed values.[32] Therefore, pharmacists must go beyond simply stating these tenets in their philosophies of practice, but also practice what they preach, so to speak, by ensuring that their activities in practice match their professional values and beliefs. Documents such as the Oath of a Pharmacist[33] and the Code of Ethics for Pharmacists[13] exist to outline ethical standards for pharmacists, but the profession has not adopted a philosophy of practice for pharmacy. Kikuchi and Simmons state that a philosophy of practice cannot be tested to determine if it is true or false because "a philosophy is not empirically testable but, rather, it is defended … a philosophy can be (and probably should be) reconsidered, rejected, or modified, through a process of considered reflection spurred on by debate and discussion with one's peers."[34] We propose these five tenets as the standard for philosophy of practice for all pharmacists committed to providing CMM to the patients they serve. These tenets may evolve over time as health care and patients' needs change. We also hope that providing these core tenets will spark overdue reflection and discussion within the profession until a unified and consistently adopted philosophy of practice is achieved.

Limitations

To our knowledge, this was the first study to evaluate pharmacists' philosophy of practice. It included responses from pharmacists working in several different health systems and clinics across different states. However, certain limitations may restrict the transferability of the findings. All the participants who completed this assessment work in primary care. Therefore, their responses may not reflect pharmacists practicing CMM in other areas, such as a community or a hospital pharmacy. Furthermore, this was a convenience sample of CMM practitioners participating in a large study and, therefore, may not be reflective of all pharmacists working in primary care. Finally, these tenets have not been externally vetted and therefore may undergo revision as the pharmacy profession reflects, discusses, and affirms its professional role.

Conclusion

The objective of this evaluation was to understand how a sample of pharmacists providing CMM in primary care articulates their philosophy of practice and how well their philosophies align with the tenets of CMM. The results indicate inconsistency in how pharmacists perceive their philosophies of practice. This inconsistency likely stems from the fact that establishing a shared philosophy of practice has received little attention within the profession. However, we propose five core tenets that include meeting a societal need, assuming responsibility for optimizing medication use, embracing a patient-centered approach, caring through an ongoing patient-pharmacist relationship, and working as a collaborative member of the health care team to serve as the basis of CMM to facilitate professional adoption of a shared philosophy of practice.

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APPENDIX 1

Philosophy of Practice Self-Assessment Instrument for Pharmacists Performing CMM

Why have a philosophy of practice?

All professional patient care practices (e.g., medicine, nursing, dentistry) have a philosophy of practice that serves as the basis for all that occurs in practice. This philosophy of practice is a set of professional values that guide the patient care process and the practice management components of the professional practice.

What is a philosophy of practice?

- Philosophy of practice lays the foundation for comprehensive medication management (CMM).
- For example, every parent adopts a parenting philosophy (e.g., "tough love") that guides their decisions, actions, and behaviors as a parent. Similarly, every pharmacist adopts a CMM philosophy of practice that guides their practice.
- This philosophy of practice is not tangible, which is why some may not realize they have one, but every pharmacist has a philosophy of practice that determines their behaviors, attitudes, and work as a practitioner.
- The philosophy of practice of CMM is a description of the underlying values that guide the practitioner.
- It articulates the role of the pharmacist and how they deliver care.
- It serves as a compass that guides the behavior of the practitioner, the decisions that he/she makes, and responsibilities.

What is your philosophy of practice that describes you as a CMM practitioner? If you do not currently have one, please attempt to articulate it in the space below.

Some questions to consider when forming your response may be:

- What is my role to the patient?
- What is my role to my care team?
- What is my role to my community?
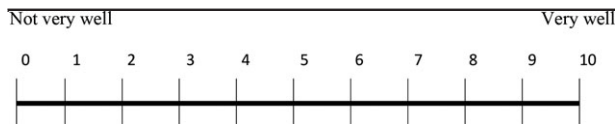- What are my professional values?

Experts have suggested that the following tenets are foundational for the philosophy of practice for CMM:

1. Meeting a societal need: Professions exist for the purpose of serving society, and thus it is important to consider how we, as pharmacists, are meeting the needs of society. We know that the quality of health care in the United States is suboptimal, and that a significant contributor to poor quality care is the underuse, misuse, and overuse of medications. It is well documented that to improve national health care and lower health care costs, we must optimize medication use for patients and populations.

2. Assuming responsibility for optimizing medication use: If we are to meet the needs of patients and society, we must assume responsibility for all of a patient's medication-related needs. This means delivering CMM consistently and holistically to ensure that patients are taking appropriate, effective, and safe medications and that they are taking them as intended. This is achieved through identification, prevention, and resolution of drug therapy problems to improve patient health. Applying a consistent approach to the CMM patient care process includes collecting and analyzing relevant patient information, formulating an assessment and plan for improving drug therapy, implementing the patient care plan, and providing ongoing follow-up and monitoring.

3. Embracing a patient-centered approach: The Institute of Medicine defines patient-centered care as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and ensuring that patient values guide all clinical decisions."[35] No aspect of the care that is delivered is done without including the patient.

4. Caring through an ongoing patient-pharmacist relationship: This is a partnership between the patient and the practitioner formed for the purpose of optimizing the patient's medication experience. This involves relating to individuals through active listening and with understanding, respect, and warmth. It is an ongoing relationship of trust between the patient and the pharmacist.

5. Working as a collaborative member of the health care team: Providing high-quality team-based care to individuals involves collaborating with members of the health care team on shared goals in and across care settings. Consistently meeting the medication-related needs of patients cannot occur without collaboration among the health care professions engaged in a patient's care. Therefore, it is essential that the pharmacist demonstrate a spirit of collaboration and embrace a team-based approach to care.
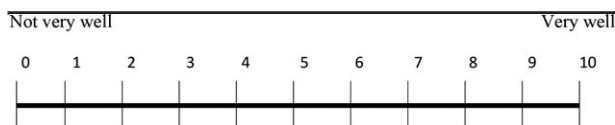
On a scale from 0–10, how well does your work as a CMM practitioner align with the tenet of meeting a societal need?

Not very well										Very well
0	1	2	3	4	5	6	7	8	9	10

Please list 1–2 examples of how you carry out *meeting a societal need* through your work as a CMM practitioner.

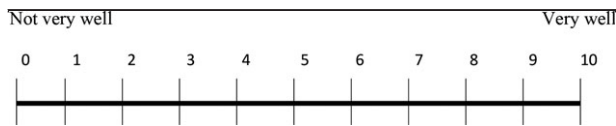What could be done to enhance the alignment of your CMM practice with meeting a societal need?

On a scale from 0 to 10, how well does your work as a CMM practitioner align with the tenet of assuming responsibility for optimizing medication use?

Not very well										Very well
0	1	2	3	4	5	6	7	8	9	10

Please list 1–2 examples of how you carry out assuming responsibility for optimizing medication use through your work as a CMM practitioner.

[ ]

What could be done to enhance the alignment of your CMM practice with assuming responsibility for optimizing medication use?
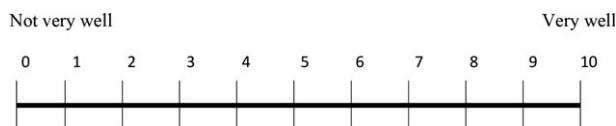
[ ]

On a scale from 0 to 10, how well does your work as a CMM practitioner align with the tenet of embracing a patient-centered approach?

Not very well   Very well

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Please list 1–2 examples of how you carry out embracing a patient-centered approach through your work as a CMM practitioner.

[ ]

What could be done to enhance the alignment of your CMM practice with embracing a patient-centered approach?

[ ]

On a scale from 0 to 10, how well does your work as a CMM practitioner align with the tenet of caring through an ongoing patient-pharmacist relationship?

Not very well   Very well

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Please list 1–2 examples of how you carry out caring through an ongoing patient-pharmacist relationship through your work as a CMM practitioner.

[ ]

What could be done to enhance the alignment of your CMM practice with caring through an ongoing patient-pharmacist relationship?

[ ]

On a scale from 0 to 10, how well does your work as a CMM practitioner align with the tenet of working as a collaborative member of the health care team?

Not very well   Very well

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Please list 1–2 examples of how you carry out working as a collaborative member of the health care team through your work as a CMM practitioner.

[ ]

What could be done to enhance the alignment of your CMM practice with working as a collaborative member of the health care team?

[ ]

What would you change to refine or improve these core tenets?

[ ]

Demographics:
Name:
Clinic:
What additional comments do you have surrounding philosophy of practice? (optional)

[ ]