



Developed by

APhA

APhA Practice Perspectives Report

Credentialing in the Pharmacy Profession

An Overview of the Current Environment

MAY 2020

2020

Dear Colleague:

As the leading advocate for the pharmacy profession, the American Pharmacists Association (APhA) is spearheading a wide range of activities that will help develop the infrastructure needed to support expanding pharmacy practice activities and access to pharmacists' patient care services. As pharmacists' roles and services advance, pharmacists are increasingly encountering processes, such as credentialing and privileging, that are widely used by other health care professionals and are critical to the delivery of patient care services by pharmacists.

Among our efforts to help prepare pharmacists for these processes, APhA is involved in several initiatives and collaborations. For example, APhA has made a substantial investment on behalf of the profession to create a state-of-the-art, secure, national database of pharmacist credentials called Pharmacy Profiles™, which is available at www.pharmacyprofiles.com. Pharmacy Profiles provides pharmacists, technicians, and student pharmacists with a centralized location to securely compile, maintain, and store credentialing information.

This *APhA Practice Perspectives Report* describes findings from another project that involved collaboration with Western University of Health Sciences to develop, conduct, and analyze a survey to assess pharmacists' familiarity with credentialing. This report provides an overview of the development of credentialing and privileging processes for the pharmacy profession, presents the survey results, and provides analysis from an expert advisory panel of APhA members. I wish to extend my thanks to both the researchers who were involved in the development of the survey and to the experts who served on the advisory panel for their insight and guidance to advance pharmacists' patient care services and promote provider status.

Through this report and other initiatives, APhA is helping pharmacists transform their roles to better meet patients' needs. For more information on how you can collaborate with APhA to advocate for the profession, visit www.pharmacist.com/advocacy.

Sincerely,

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What Is Credentialing?

As pharmacists' patient care roles continually expand, the pharmacy profession is increasingly adopting practices and systems that are components of the infrastructures governing other health care providers. Credentialing processes and requirements for pharmacists have grown more complex over the past few years to more closely resemble those used by other health care professionals, such as physicians.

Credentialing is a process performed by organizations (e.g., employers, payers, networks) to assess and confirm the qualifications of health care providers (e.g., physicians, nurse practitioners, pharmacists) (see sidebar). Credentialing requires providers to present documentation of their professional credentials, including education (e.g., academic degrees), licensure, training (e.g., advanced training), expertise (e.g., certifications), malpractice coverage, and any infractions, sanctions, or reports of malpractice for review and evaluation.

The organization conducting the credentialing process will determine which submitted credentials will require primary source verification from an authoritative organization. For example, state boards of pharmacy and accredited schools or colleges of pharmacy are authoritative sources to verify pharmacist licensure and academic pharmacy degrees, respectively. Credentialing processes may be required by payers for the purpose of enrolling providers in their networks to receive payment for services.

Credentialing processes ensure proper vetting for stakeholders, including both employers and payers. The Council on Credentialing in Pharmacy (CCP) offers helpful guidance in "Credentialing and privileging of pharmacists: a resource paper from the Council on Credentialing in Pharmacy" to further explain the use of these processes in the health care system.¹

Privileging is a similar but separate process that grants permission to a pharmacist (or other health care professional) to provide specific services within an organization. Privileging processes are often conducted by a committee of health care providers based on assessments of health care practitioner competencies, capabilities, and credentials. Providers, including pharmacists seeking privileges, submit an application for privileges that includes their completed credentialing file, a statement that no health problems exist, and any additional information required by the organization. Privileging requests undergo a formal peer-review process that results in a decision on whether privileging for specific services is granted.

Definitions of Credentialing and Privileging in the Health Care Setting

Credential: A credential is documented evidence of professional qualification, competence, or authority issued to an individual by an entity with authority to grant the credential.

Examples: Academic degrees, state licensure, residency certificates, training certificates, statements of continuing education credit, and board certifications.

Credentialing: The process by which an organization or institution obtains, verifies, and assesses an individual's qualifications to provide patient care services.

Privilege: A privilege in the context of health care is the permission or authority granted by a hospital, network, or other health care institution or facility to a health care professional (e.g., physician, nurse practitioner, pharmacist) to render specific diagnostic, procedural, or therapeutic services.

Examples: General privileges—admitting a patient to a hospital or specific clinical services. Pharmacist-focused privileges—recommending pharmacokinetic dosages, ordering lab values, or monitoring anticoagulation therapy.

Privileging: The process by which permission or authorization is granted by a hospital or other health care institution or facility to a health professional (e.g., physician, nurse practitioner, pharmacist) to render specific diagnostic, procedural, or therapeutic services.

As pharmacists' patient care roles continually expand, the pharmacy profession is increasingly adopting practices and systems that are components of the infrastructures governing other health care providers.

Categories of Credentials Earned by Pharmacists

A credential provides a tangible recognition of knowledge and experience. Some credentials available to pharmacists are pharmacy-specific while others can be earned by practitioners of multiple disciplines (Table 1).

Table 1. Examples of Credentials Available to Pharmacists and Their Granting Entities

<i>Pharmacist-Specific Credentials</i>	<i>Credentials Available to Multiple Disciplines</i>
<ul style="list-style-type: none"> • Doctor of pharmacy (PharmD) degree: schools and colleges of pharmacy • Pharmacy license: state boards of pharmacy • Statements of credit or certificates of completion: accredited pharmacy continuing education providers • Board certifications: Board of Pharmacy Specialties 	<ul style="list-style-type: none"> • Certified Asthma Educator (AE-C): National Asthma Educator Certification Board • Certified Diabetes Care and Education Specialist (CDCES): Certification Board for Diabetes Care and Education • Certified Anticoagulation Care Provider (CACP): National Certification Board for Anticoagulation Providers

Credentials that pharmacists must earn to be eligible to practice include either a bachelor of pharmacy (BSP Pharm) or doctor of pharmacy (PharmD) degree and state licensure.

“Certificates” and “statements of credit” that health care providers receive for continuing education (CE) also may serve as credentials. Of note, a certificate is a document issued to an individual after the successful completion of an education and/or training program. A statement of credit for CE is a document issued to an individual who has completed an accredited organization’s CE activity. (For continuing pharmacy education [CPE], the Accreditation Council for Pharmacy Education [ACPE] accredits organizations.) Some, but not all, certificates and statements of credit earned through CE activities may be used for credentialing.

All states have requirements for pharmacists to earn CE credits to maintain licensure.² Some states require specific credentials for pharmacists interested in expanding their patient care roles. For example, many states require pharmacists to complete a certificate training program in immunization delivery before they are authorized to administer vaccines.

Certain additional credentials that acknowledge pharmacists who meet the requirements for an expanded scope of practice also have been developed by some states. See the sidebar for a description of two types of state-specific credentials: California’s Advanced Practice Pharmacist and Missouri’s Medication Therapy certificate.^{3,4}

Pharmacist roles and responsibilities continue to increase, and the National Alliance for State Pharmacy Association Executives keeps track of advancements in [state-level provider status](#) and [pharmacist scope of practice](#). These practice advancements underscore the importance of maintaining individual credentials and utilizing a standardized platform to store and manage these credentials.

Examples of State-Specific Credentialing Requirements

California's Provider Requirements for Pharmacists

In 2013, California passed SB 493, which established pharmacists in California to be health care providers and expanded their scope of practice. Many of the regulations required for implementing the law were finalized in 2015. These provisions allow all pharmacists to:

- Furnish self-administered hormonal contraceptives pursuant to a statewide protocol.
- Provide prescription nicotine replacement products for tobacco cessation pursuant to a statewide protocol.
- Provide prescription travel medications recommended by the Centers for Disease Control and Prevention.

In addition, pharmacists practicing outside of hospital settings may earn recognition as an Advanced Practice Pharmacist (APP). To do so, they must have fulfilled two of the following three criteria:³

- Earned certification in a relevant area of practice, such as ambulatory care, critical care, oncology pharmacy, or pharmacotherapy.
- Completed a postgraduate residency program.
- Provided 1,500 hours of clinical experience under a collaborative practice agreement or protocol to patients within 10 years of application, where clinical experience includes initiating, adjusting, modifying, or discontinuing drug therapy of patients.

Pharmacists who earn the APP recognition are authorized to enter into collaborative practice agreements for the following functions per the terms of the agreement:

- Perform patient assessments.
- Order and interpret drug therapy-related tests.
- Refer patients to other health care providers.
- Initiate, adjust, and discontinue drug therapy pursuant to an order by a patient's treating prescriber in accordance with established protocols.
- Participate in the evaluation and management of diseases and health conditions in collaboration with other health care providers.

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Examples of State-Specific Credentialing Requirements

continued

Missouri's Medication Therapy Services

Missouri's Medication Therapy (MT) services law was passed in 2007 and implemented in 2012. This law allows pharmacists to provide MT services defined as “the designing, initiating, implementing, or monitoring of a plan to monitor the medication therapy or device usage of a specific patient, or to enhance medication therapeutic outcomes of a specific patient, by a pharmacist who has **authority to initiate or implement a modification of the patient's medication therapy or device usage pursuant to a medication therapy protocol.**”⁴

To initiate, alter, or modify medication therapy, pharmacists must obtain a certificate of medication therapeutic authority (referred to as an MT certificate) from the state board of pharmacy. To obtain an MT certificate, pharmacists must have an active Missouri pharmacist license and at least one of the following:

- A doctor of pharmacy (PharmD) degree from a school accredited by the Accreditation Council for Pharmacy Education.
- A postgraduate medication therapy certificate course or program accredited or granted by the Accreditation Council for Pharmacy Education, American Society of Health-System Pharmacists, American Society of Consultant Pharmacists, or American Pharmacists Association.
- A current certification from the Board of Pharmacy Specialties (BPS), Commission for Certification in Geriatric Pharmacy (now part of BPS), or National Certification Board for Diabetes Educators (now known as Certification Board for Diabetes Care and Education).
- A qualifying postgraduate medication therapy certificate course.

Pharmacists can apply to the Missouri State Medicaid Program to be providers of diabetes self-management training services and disease state management training services, however they must also submit specific documentation of appropriate credentials for approval.⁴

Pharmacists may also obtain voluntary credentials such as board certifications or the achievement of certifications that focus on specific disease states. A helpful resource for identifying credentials for pharmacists is CCP's “Certification Programs for Pharmacists.” The list is not exhaustive and new certifications have been created since this resource was published in 2012. However, it does provide an initial overview of available credentials. An updated list is currently under development by CCP; visit www.pharmacycredentialing.org for more information.⁵

Processes for Verifying Credentials

Credentialing may occur as an internal process (e.g., by the employer's human resources department) or an external process (e.g., through a state agency or payer). There are many different examples of credentialing processes that are in place across the health care system, and existing procedures are highly variable among entities. As the pharmacy profession advances, existing credentialing processes are increasingly being applied to pharmacists.

Credentialing is commonly conducted by a health care organization as part of the standard hiring process, and credentials are reappraised at specific time intervals. Private and public payers also require credentialing of health care providers as well as revalidation of credentials to monitor ongoing eligibility to provide patient care services and payment for those services. For example, physicians and other health care providers are generally required to regularly re-attest to the accuracy of their credentials.

Examples of questions that arise when developing these processes include:

- Within an organization, what credentials are required for pharmacists to provide various services?
- What processes are used to credential pharmacists, and is the process the same as that used for other health care providers?
- How are credentials managed?
- Are additional credentials required for certain privileges?
- Are certain credentials needed to meet payer requirements for payment for services?

CCP has published eight guiding principles for postlicensure credentialing of pharmacists to help balance the need to provide assurances with the need to avoid unnecessary burdens (Table 2).

Importance of Credential Verification in an Emergency

An emergency, such as a global pandemic, focuses the need for centralized storage of and retrieval for credentialing documents. Even in the case of a more localized disaster such as a flood, tornado, or hurricane, the ability of a board of pharmacy or an emergency response organization to quickly access and verify the status of credentials could be valuable.

As we have seen within the COVID-19 pandemic, the Center for Medicaid and Medicare Services, U.S. Department of Health and Human Services, and state-level guidance and authority waivers have provided new urgency to credential pharmacists with payers. As pharmacists apply for credentialing with government and private payers under these expanded scopes of practice, centralized access to credentialing documents can accelerate approval processes when time is of the essence.

Table 2. Guiding Principles From the Council on Credentialing in Pharmacy for Postlicensure Credentialing of Pharmacists

1. Licensure of pharmacists should ensure entry-level knowledge, skills, attitudes, and values for the provision of services and information regarding medications and their proper use to a wide variety of patients. Postlicensure credentials for pharmacists should build on this foundation.
2. Credentialing programs should be established through a professionwide, consensus-building process. Credentials should be based on demonstrated patient/societal need.
3. Within the pharmacy profession, there should be active coordination of and alignment between professional education, postgraduate education and training, and credentialing programs.
4. All credentialing (i.e., credential-granting) programs should be accredited. Certification programs must be psychometrically sound, must be legally defensible, and should be accredited.
5. All postgraduate education, training, and credentialing programs should include assessments that measure the attainment of the required level of competence.
6. Through stakeholder education, credentials should enable pharmacists to obtain specific patient care privileges. Credentials should not create barriers to the provision of any services pharmacists provide to their patients.
7. Pharmacists should be expected to participate in credentialing and privileging processes to ensure they have attained and maintain needed competency.
8. Employers and payers should be encouraged to adopt and implement their own credentialing and privileging processes for pharmacists to determine and authorize the patient care responsibilities.

Source: Reference 1.

Processes for Tracking and Maintaining Credentialing Information

Information about credentials is most useful to payers, provider organizations, and employers when multiple sources of information are integrated in a centralized profile that contains complete and verified data. Centralized databases streamline the credential maintenance process for health care providers, who regularly review and update their profiles. These databases also allow payer and employer organizations to obtain information from a single source.

The maintenance and verification of credentials is a complex process involving many types of systems and databases. For example, in the medical profession, physicians can maintain profiles of their required information in databases such as the [American Medical Association's Profiles Hub](#) and the [Council for Affordable Quality Healthcare](#).

Some information contained in these databases is based on physician self-attestation, while other information is verified by authoritative sources. Historically, individual self-attestation to the accuracy of the credential was considered sufficient; however, as the health care system evolves, stakeholders have increasingly required that credentials be verified. Thus, a centralized database of verified information is increasingly becoming essential for health care providers.

In addition to employers and payers, other groups that may maintain their own credentialing databases include provider networks that rely on credentials to ensure the quality of their network. The National Council for Prescription Drug Programs maintains a prescriber database called HCidea (managed by Medversant Technologies) that includes information on approximately 2.5 million providers, including pharmacists. Payers and processors use this database to help pay claims accurately.

Of note, payers routinely perform credentialing for other health care professionals, including physicians. Managed care organizations often outsource physician credentialing to companies that register the credentials and ensure that the credentials align with requirements from other organizations (e.g., The Joint Commission, National Committee for Quality Assurance, Utilization Review Assessment Commission). As processes evolve, these third-party entities could potentially also communicate with technology vendors (e.g., Surescripts, WebMD, Prescribers Connection) that require credentialing information to transmit prescriptions electronically to pharmacies.

In the pharmacy profession, the National Association of Boards of Pharmacy (NABP) partnered with ACPE to launch CPE Monitor[®]. This database provides a central repository of ACPE-accredited CPE for use by boards of pharmacy, pharmacists, and technicians for tracking continuing education credentials. Additional processes may include individual provider databases, employer tracking, and continuing professional development portfolios.

In 2018, the American Pharmacists Association (APhA) piloted a centralized database of credentials designed to meet the emerging needs of the pharmacy profession. In a strategic collaboration with NABP and ACPE, APhA developed this advanced system—called Pharmacy Profiles™—to interface with and build on the credentialing information contained in the NABP e-Profile and NABP/ACPE CPE Monitor systems. Pharmacy Profiles integrates verified secure information such as pharmacy school education, state licensure, and completion of ACPE-accredited CPE programs from these other databases; additional information will be verified and linked to reliable sources as the program matures. Pharmacy Profiles is designed to provide a comprehensive database of credentialing information for pharmacists, technicians, and student pharmacists.

Credentialing Survey

To further support credentialing efforts for pharmacists, APhA convened an expert panel to prepare this report. In preparation for the work of the panel, APhA collaborated with researchers from Western University of Health Sciences to develop and conduct a national survey, which was fielded in late 2017 and designed to assess the perceptions and experiences of pharmacists regarding credentialing. A link to the online survey was emailed to 6,144 pharmacists; 446 pharmacists responded and were included in the analysis. The results of this survey are presented here and have also been published in *Innovations in Pharmacy*.⁶

Survey Respondents

Pharmacists responding to the survey were well-distributed geographically throughout the United States. The majority (62%) had earned their pharmacy degree after 2000. More than a dozen types of practice settings were represented; the most common were:

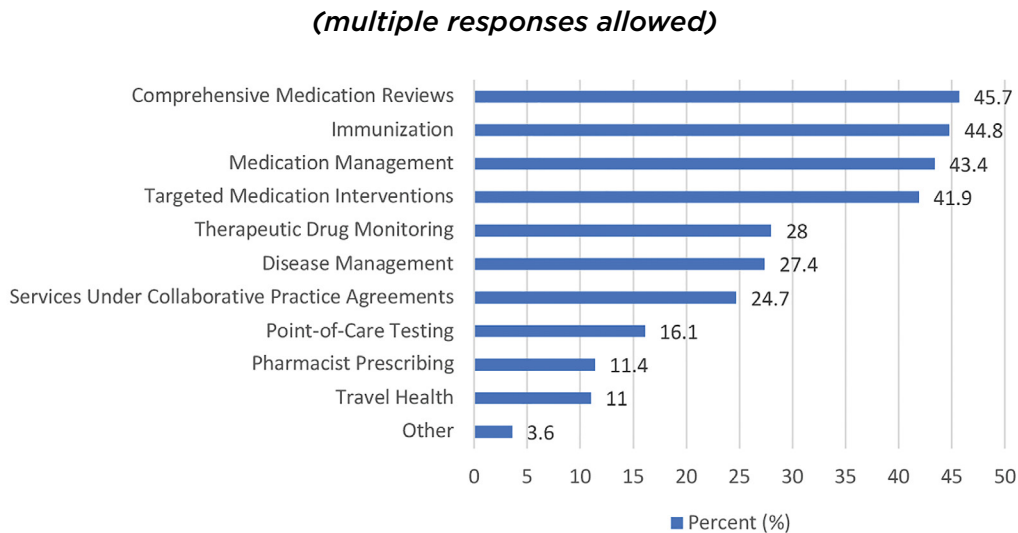
- Chain pharmacy (21%)
- Academia (15%)
- Independent pharmacy (12%)
- Clinic/outpatient pharmacy (9%)
- Hospital/inpatient pharmacy (7%)

More than a dozen job titles were represented among the respondents; the most common were:

- Staff pharmacist (34%)
- Clinical pharmacist (21%)
- Pharmacy manager (12%)
- Pharmacy owner (10%)
- Faculty (8%)

Among 307 of survey respondents, 76% reported that they provide direct patient care services beyond traditional medication dispensing. The types of services provided by respondents are shown in Figure 1.

Figure 1. Survey Respondent Representation of Direct Patient Care Services Provided



Perceptions of Credentialing

Overall, pharmacists felt that credentialing was important for pharmacy, and they expressed some familiarity with credentialing requirements. In general, pharmacists were willing to provide information needed for credentialing in order to be reimbursed for their services.

Q. How important do you think credentialing is to the profession of pharmacy? (n=364)

- 53% — Very important
- 38% — Somewhat important
- 9% — Not too important
- 1% — Not at all important

Q. How familiar are you with the credentialing requirements of health care providers? (n=365)

- 24% — Very familiar
- 43% — Somewhat familiar
- 23% — Not too familiar
- 9% — Not at all familiar

Q. If payers require pharmacists to be credentialed to provide and be reimbursed for patient care services as they do for other health care providers, how willing would you be to provide the information needed for credentialing? (n=359)

80% — Very willing

17% — Somewhat willing

2% — Not too willing

2% — Not at all willing

To learn more about the reasons for satisfaction or dissatisfaction with current credentialing platforms, free responses were elicited and then categorized based on common themes. The most common reasons for satisfaction with current systems were:

- Comprehensive: having all credentialing information in one place
- Ease of use: user-friendly platforms
- Accuracy: correct credentialing information tracked

The most common reason for dissatisfaction was the lack of integration of credentialing information among multiple platforms.

Current Credentialing Activities

Many survey respondents already participate in several types of systems for tracking credentials (Table 3).

Employer Tracking of Credentials

Q. Does your employer (or do you if you are self-employed) track each of the following types of information for their pharmacists?

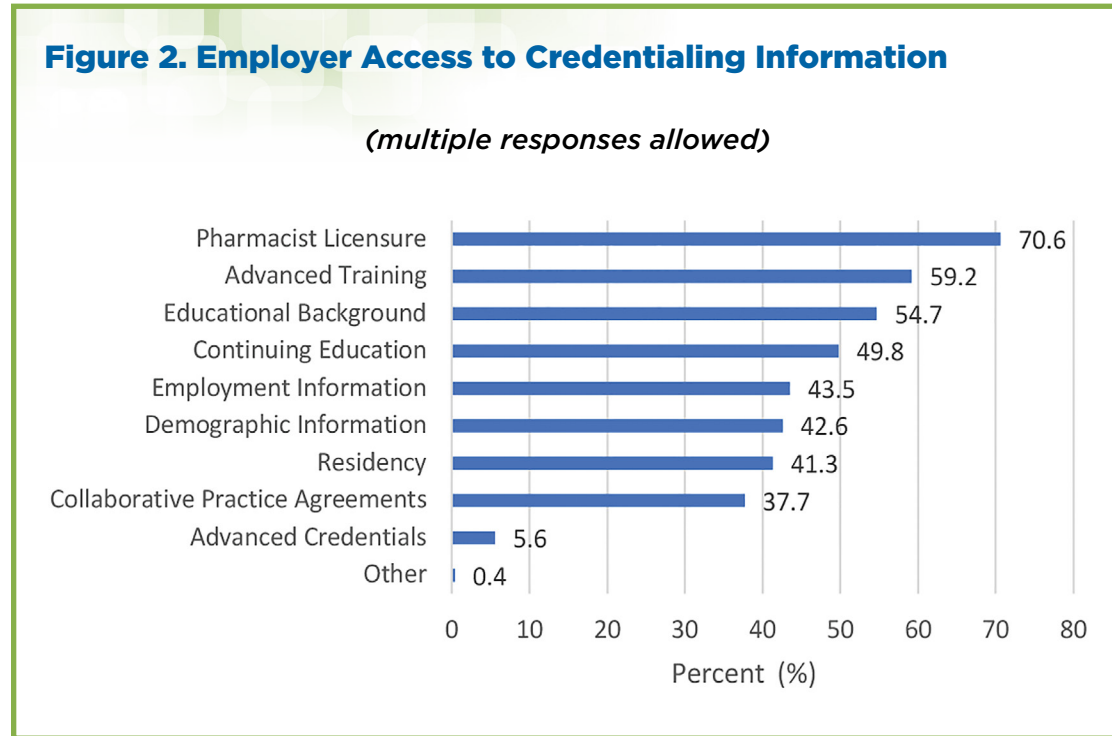
Table 3. Information Tracked by Employers for Pharmacists*

Type of Information	Percent Responding “Yes”	n
Licensure	94.7%	357
Sanctions	61.2%	353
Advanced Training	59.9%	352
Continuing Education	50.7%	355
Other†	22%	82

* Multiple responses were allowed.

† Information specified by survey respondents included board certifications, certification in cardiopulmonary resuscitation, drug testing results, and liability insurance.

The credentialing information that respondents believed employers should have access to is summarized in Figure 2. The majority of respondents strongly supported employer access to credentialing information (66.7%) and state board access to information (67.4%). This level of support could be due to necessity of access for these entities to ensure reimbursement for services or employment.



Tracking of Credentials

A variety of systems are used to track CE credentials as well as other types of credentials, such as licenses (Table 4).

Table 4. Systems Used by Individual Practitioners to Track Continuing Education, Trainings, Certifications, or Licenses*

<i>System</i>	<i>Percent of Respondents (n=355)</i>
National Association of Boards of Pharmacy CPE Monitor	55%
Pharmacist’s Letter CE Organizer	21%
Employer-based tracking system (any forms, including paper, fax, email, or webpage)	8%
Self-tracking system on employer-based platform	6%
State-specific third-party platform	5%
I don’t track this information	1%
Other	4%

**Certifications include Board of Pharmacy Specialties, Certified Diabetes Educator, etc.*

From a satisfaction perspective, 96% of respondents were somewhat or very satisfied with existing systems for tracking CE, trainings, certifications (i.e., Board of Pharmacy Specialties, Certified Diabetes Care and Education Specialist, etc.), or licenses.

Credentialing by Payers

Q. Are you currently or have you ever been credentialed by a payer? (n=359)

- 14% — Yes, currently credentialed
- 5% — Yes, credentialed in the past
- 59% — No
- 22% — Don’t know/Not sure

Among individuals who had been credentialed by a payer, several types of information were required. Various types of information listed by survey respondents included:

- Demographic information (name, location, unique identification numbers)
- Pharmacist licensure
- Educational background
- Continuing education
- Advanced training programs and certifications
- Employment information
- Advanced credentials
- Collaborative practice agreements
- Residency

Access to Credentialing Information

In general, respondents were very supportive of allowing several entities to have access to their credentialing information (Table 5). However, they did have concerns about the security of their information.

Table 5. Support for Tracking of Credentialing Information by Various Entities

Rate your level of support for each of the following organizations to be able to access your credentialing information.

	<i>n</i>	Strongly Support	Somewhat Support	Somewhat Oppose	Strongly Oppose
Your employer	330	67%	28%	4%	2%
Private payers (health plans, insurers, etc.)	329	41%	43%	10%	5%
Government payers (Medicaid, Medicare)	328	44%	42%	9%	5%
State boards of pharmacy	331	67%	27%	3%	2%
Academic institutions	325	46%	38%	12%	4%
Researchers	326	30%	43%	21%	6%
Professional organizations	329	42%	41%	12%	5%

The primary reason for not supporting access to credentialing information was concern about security. Respondents had varying levels of concern about security.

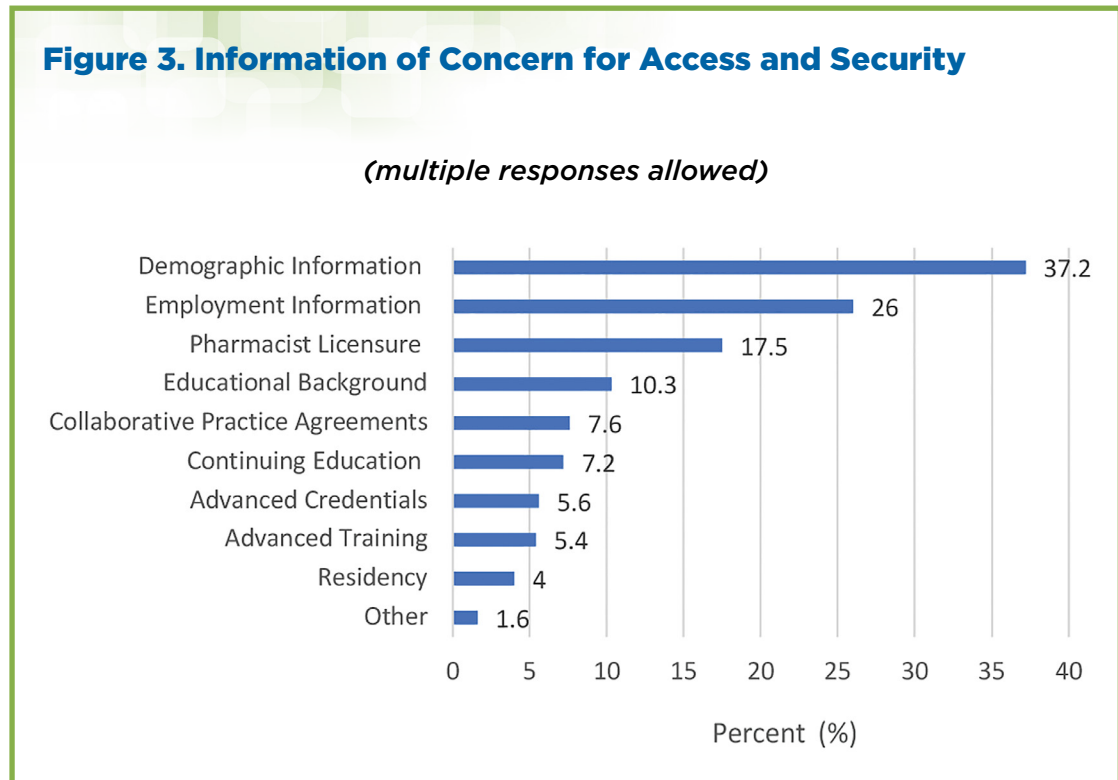
Q. How concerned are you about the access and security of your professional credentialing information? (n=330)

- 23% — Very concerned
- 38% — Somewhat concerned
- 29% — Not too concerned
- 10% — Not at all concerned

The most common reasons for security concerns were:

- Breach of privacy of personal information (29%)
- Identity theft (18%)
- Control over personal information (18%)

Respondents were questioned about which types of information were most important to keep secure. Respondents were most concerned about the security of their demographic information. The types of information for which survey respondents had security and access concerns are shown in Figure 3.



Support for a Central Database

Many respondents expressed that having a central location for storing credentialing information was important.

Q. How important is it for you to have a central location to house your credentialing information (i.e., certifications, CE, trainings, or licenses)? (n=352)

- 69% — Very important
- 26% — Somewhat important
- 5% — Not too important
- 1% — Not at all important

Pharmacists reported that they would be interested in using a nationwide, centralized, secure pharmacist credentialing data storage and verification service to house credentialing and other professional information (i.e., keep track of CE, verify license and certification status, etc.).

Q. *If such a credentialing platform (described above) were provided as a free service to pharmacists, how likely are you to use the service? (n=320)*

65% — Very likely

28% — Somewhat likely

4% — Not too likely

3% — Not at all likely

Participants reported that if a nationwide, centralized, secure pharmacist credentialing data storage and verification service were created to house credentialing and other professional information, they would want it to contain various pieces of information. Types of information that participants would want the service to track included:

- Demographic information (name, location, unique identification numbers)
- Pharmacist licensure
- Educational background
- Pharmacy degree
- Other degrees (non-pharmacy)
- Continuing education
- Advanced training programs and certifications
- Current employment
- Past employment
- Advanced credentials
- Collaborative practice agreements
- Residency

These findings indicate that a central database may be of value to pharmacists for tracking credentials. Such a service may be especially helpful for pharmacists who are licensed in multiple states with different state-specific requirements for license and/or certification renewals.

Analysis of Findings

The findings from the survey to assess the perceptions and experiences of pharmacists regarding credentialing indicate that credentialing is common in current pharmacy practice, however there needs to be more education with respect to some aspects of credentialing. Many pharmacists are already aware of the process; those in management roles have the highest levels of awareness whereas staff pharmacists may be less aware of all the activities involved in credentialing processes. Several statistical analyses were performed to evaluate relationships among survey responses. Key findings are listed in Table 6.

Table 6. Key Findings From the Perceptions and Experiences of Pharmacists Credentialing Survey Analysis

1. Respondents who indicated more familiarity with credentialing were more willing to provide credentialing information.
2. Respondents with higher perceived importance of credentialing were more willing to provide credentialing information.
3. Respondents who were unwilling to provide credentialing information had higher levels of concern about access and security of credentialing information.
4. Importance of getting reimbursed for services and satisfaction with current credential tracking system did not affect respondents' willingness to provide credentialing information.
5. Providing patient care services did not affect respondents' familiarity with credentialing; concern for access to credentialing information; or perceived importance of credentialing, need of central credentialing platform, or reimbursement.
6. Respondents who provided patient care services were more likely to agree that pharmacists need to document credentials for payment.
7. Providing direct patient care services did not affect respondents' level of concern for access and security of information or likelihood of using a credentialing system.
8. Respondents who had higher level of agreement on requiring credentialing information for payment and likelihood of using a credentialing system similar to Pharmacy Profiles™ were more willing to provide credentialing information.
9. Respondents with at least one board certification had higher perceived importance, familiarity, and willingness to provide credentialing information.
10. Respondents with at least one board certification were more likely to agree that pharmacists need to document credentials for payment than respondents without board certification.
11. There was a lack of statistically significant differences in response patterns based on region and job title.

Expert Panel Perspective on the Survey Findings

Expert panel discussion of these survey findings on pharmacist perceptions of and experiences with credentialing highlighted that there are many gaps in pharmacist awareness of the importance of credentialing processes for the future of the profession. Panel members noted data from the survey indicate that the more pharmacists know about credentialing, the more supportive pharmacists are regarding the process; these data also indicate that educational efforts are likely to help more pharmacists embrace the process. The survey findings combined with the expert panel discussions suggest that health care organizations, payers, and other stakeholders may need to be prompted to broaden their credentialing processes to incorporate pharmacists. These entities may require education with respect to the roles of pharmacists to feel comfortable integrating them into existing systems.

Important limitations to the survey include its relatively small sample size and it collected data only from the perspectives of pharmacists; the perspectives of other stakeholders (e.g., payers) remain unknown. Additionally, the survey respondents had a high level of engagement with patient care services, and therefore may not be representative of all pharmacists.

Expert panel discussion of these survey findings on pharmacist perceptions of and experiences with credentialing highlighted that there are many gaps in pharmacist awareness of the importance of credentialing processes for the future of the profession.

Expert Panel Recommendations

The expert panel provided several recommendations to support the development of credentialing systems and processes:

- 1. Credentialing processes for pharmacists should align closely with those used by other health care providers.** The experts noted that credentialing processes that are implemented for pharmacists should closely align with those used by other health care providers. Treating pharmacists similarly to other providers supports the integration of pharmacists as providers of patient care services throughout the health care system.
- 2. A trusted, centralized source of verified data for pharmacists is optimal.** The expert panel observed that a trusted, centralized source of verified data regarding pharmacist credentials that is accessible for appropriate stakeholders is an important step in creating the infrastructure to support recognition of pharmacists as patient care providers by payers.
- 3. Security of a trusted source of data is essential.** The security of databases and personal information must be addressed to support confidence in such a system. Ensuring that any data warehouses employ robust encryption and data security measures will be critical to prevent identity theft and related issues that could occur if personal data were accessed inappropriately. To feel comfortable with the use of data warehouses, pharmacists (as well as other providers) will need strong assurances that their personal data are safe.

APhA is committed to preparing pharmacists to participate in credentialing and privileging processes that support the delivery of patient care services. APhA supports the development of infrastructure, resources, and education to assist pharmacists with these processes.

Perspectives for the Future

As pharmacists move toward provider status on a state level, and potentially at a federal level, the role of credentialing is expected to increase. Future pharmacy credentialing systems are likely to closely align with those used for other health care providers. Ensuring that systems are designed to verify pharmacists have the valid credentials to perform a service will be important for quality assurance. However, this need must be balanced with the need to avoid overly burdensome requirements. Alignment with state practice acts and degree requirements also should be considered. The pharmacist's professional degree should provide a high level of assurance of competency for a range of services; however, additional credentials beyond degree and licensure may be required depending on the complexity and type of conditions being managed.

A secure repository for credentialing information should be comprehensive and easy to use and it should allow interoperability among systems. Data from the survey suggest that pharmacists who are familiar with credentialing are more likely to be interested in participating in a national data repository. The primary concerns regarding the use of a national credentialing platform are the security and privacy of the information (e.g., identity theft). Efforts to encourage pharmacists to use such a system will need to address these concerns through robust database security and communication about security methods in order to establish trust and increase pharmacist comfort levels.

APhA views the development of a robust credentialing infrastructure as integral to pharmacists advancing as health care providers. As these initiatives begin to take shape, APhA is taking a leading role in planning the infrastructure for credentialing.

APhA is committed to preparing pharmacists to participate in credentialing and privileging processes that support the delivery of patient care services. APhA supports the development of infrastructure, resources, and education to assist pharmacists with these processes. Additionally, APhA collaborates with the CCP initiatives related to advancing credentialing and its use in the profession.

Summary

Credentialing and privileging processes will continue to grow in importance for pharmacists as they increasingly assume more advanced roles in patient care. Pharmacists who familiarize themselves with these evolving processes will be better positioned to assume positions as part of team-based practice models and other emerging care delivery and payment models. Initiatives that support pharmacists in these activities are needed to help solidify the status of pharmacists alongside other health care providers.

Increasing pharmacists' understanding of and participation in credentialing and privileging processes are essential to advancing pharmacists' patient care services. Modeling credentialing processes for pharmacists after processes used for other health care providers is a logical approach for organizations that employ or contract with pharmacists and payers that recognize and enroll pharmacists in their provider networks. Integrating pharmacists into existing credentialing and privileging processes provides an efficient mechanism to validate pharmacists' competencies for the delivery of various patient care services and supports the advancement of pharmacy practice.

Integrating pharmacists into existing credentialing and privileging processes provides an efficient mechanism to validate pharmacists' competencies for the delivery of various patient care services and supports the advancement of pharmacy practice.

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Notes





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