Consultant pharmacy practice is a discipline within the profession of pharmacy that has its roots in the provision of pharmacy services to nursing homes — now referred to as nursing facilities (NFs) — and other long-term care (LTC) environments. While the concept of consultant pharmacy originated less than three decades ago, today more than 10,000 consultant pharmacists provide a broad spectrum of administrative, distributive and clinical services to more than 1.7 million NF residents and hundreds of thousands of others in a wide variety of care environments such as community-based care, adult day care, correctional facilities and individuals living in their own homes. These people account for billions of dollars of medication expenses. (Table 1-1) (Table 1-2)

<table>
<thead>
<tr>
<th>Primary Patient Care Services</th>
<th>Information and Education Services</th>
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</thead>
<tbody>
<tr>
<td>Drug regimen review</td>
<td>Quality assurance programs</td>
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<tr>
<td>Nutrition assessment and support services</td>
<td>Drug information</td>
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<tr>
<td>Durable medical equipment (DME)</td>
<td>Inservice education programs</td>
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<tr>
<td>Surgical appliance fitting</td>
<td>Enteral feeding products</td>
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<td>Drug research programs</td>
<td>Outpatient compliance packaging</td>
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<td>Pharmacokinetic dosing services</td>
<td>Home diagnostic services</td>
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<td>Pain management counseling</td>
<td>Laboratory testing services</td>
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<td>Patient counseling</td>
<td>Medication delivery systems</td>
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<tr>
<td>Intravenous therapy services</td>
<td>Medical/surgical supplies</td>
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<tr>
<td>Therapeutic drug monitoring</td>
<td>Quality assurance programs</td>
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<td>Computer generated forms and reports</td>
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Pharmacy consulting in these settings continues to attract the interest of health care professionals and the general public. The activities of consultant pharmacists have broadened the range of traditional pharmacy services. Federal regulations mandate pharmacist-performed drug regimen review (DRR) in nursing facilities and Intermediate Care Facilities for the Mentally Retarded (ICFMR). Pharmacists practicing in these and other areas are gaining greater professional recognition and satisfaction than ever before.
Today, the practice environments and potential roles for consultant pharmacists have progressed far beyond what the most optimistic consultant pharmacist would have predicted 20 years ago. The most innovative consultants are employing other health professionals, including nurses, physicians, dietitians and laboratory personnel, in their practices. Advanced services offered by some consultant pharmacists include innovations such as software development, laboratory services, nutrition services, clinical research and the development of disease-based management protocols.3,4

Elderly patients are an especially important focus of consultant pharmacy practice, not only because of their rapidly growing numbers, but because they are more likely to suffer from drug-related problems such as adverse drug reactions, drug interactions, excessive use of medications, and inappropriate and duplicative drug therapy. Consultant pharmacy practice is not synonymous with geriatric pharmacy practice; however, since the overwhelming majority of residents cared for in nursing facilities and other long-term care environments are elderly, consultant pharmacists must fully understand the proper use of drugs in this patient population.

Consultant pharmacy is not an exclusive practice area that is limited to a few elite individuals. Consultant practice does not require a particular academic degree. Any licensed pharmacist with the necessary qualities and motivation can become a consultant pharmacist.

Common traits exhibited by successful consultant pharmacists are an ability to adapt to a situation and solve other people’s problems related to drug therapy and patient care, and a belief that they can make a difference.5 (Table 1-3)
What is a Consultant Pharmacist?

A provider of pharmacy systems
The consultant pharmacist follows a medication order from its point of origin until it is administered to the patient, providing drug distribution and monitoring systems to ensure this process is efficient, rational, safe and cost-effective.

A management expert
The consultant pharmacist manages people, policies and procedures, drug distribution systems and a variety of other areas that require effective management skills.

A communicator
Excellent communication skills are crucial to effective consultant pharmacy practice. Committee participation, recommendations to physicians, administrative reports, interactions with facility staff and patients and educational programs all require strong verbal and written communication skills.

An educator
The consultant pharmacist provides formal inservice educational programs and routine drug information to facility staff and routinely discusses new drug products and the appropriate use of medications with the nursing and medical staffs.

A drug information resource
Consultant pharmacists are skilled at searching the medical and pharmacy literature, answering specific drug information requests, providing individual patient drug therapy assessment, and advising the facility staff of the proper methods of storage and administration of drug products.

An innovator
An effective consultant pharmacist is not limited by convention and is effective at developing new ideas for systems and programs.

A problem solver
Consultant pharmacists participate in solving the many problems that commonly arise in modern health care environments.

A clinical practitioner
The consultant pharmacist uses clinical skills to ensure that patients receive quality, rational, cost-effective pharmaceutical care. Patient care outcomes are enhanced by the consultant pharmacist's drug regimen review, drug therapy assessment and quality assurance activities.

An entrepreneur
The consultant works in a competitive health care environment and provides services with an emphasis on quality of care.

A patient care advocate
The consultant pharmacist strives to maximize the quality of patient care outcomes.

A member of the health care team
Physicians, nurses and administrators recognize consultant pharmacists for their clinical and administrative skills and the contributions they make to appropriate drug use and positive patient care outcomes.
**Table 1-3**
Common Traits of Consultant Pharmacists

- Motivation
- Imagination
- Positive attitude
- Willingness to work hard
- Willingness to learn
- Understanding of the elderly
- Experience in long-term care
- Ability to solve problems
- The belief that you can make a difference

**Consultant Pharmacy: An Approach to Practice**

Consultant pharmacists, once relegated to reviewing nursing facility resident’s charts in back rooms or offices, are today working on the floors of nursing facilities, interacting directly with residents and primary care providers. Those consultants who have been involved in practice long enough to see the evolution of their role can easily recognize the positive effects that hands-on pharmacy services are having on patient care.\(^8\)

Pharmacists have grown to realize that people are different in real life from the way they appear in a medical record. They are aware that diseases and patient response to pharmacotherapy are frequently individual and not entirely "textbook," especially in the elderly. Because of this, consultant pharmacists must evaluate each resident as a whole. Residents must be considered holistically, rather than as several unrelated organ systems. \(^8\)

**The Evolution of Consultant Pharmacy Practice**

Pioneering pharmacists provided comprehensive pharmacy services to nursing facilities as early as the 1950s. The term "consultant pharmacist" was coined by George F. Archambault, who sometimes is referred to as the "founding father" of consultant pharmacy. An official of the US Public Health Service, Archambault promoted the concept of consultant pharmacists in nursing homes. Later, in his position as pharmacy administrator at the US Department of Health, Education and Welfare, Archambault helped advocate the consultant pharmacist's role in Medicare programs.

While the initial interest in consultant pharmacy originated from within the profession, continued evolution of consultant pharmacy practice in the early years was strongly influenced by federal regulation of the nursing home industry in response to an increasing awareness of unacceptable conditions in some facilities.
Consultant Pharmacists May Work in a Variety of Practice Formats.

**Community–Pharmacy Based**
One or more pharmacists working from a community pharmacy contract with one or more nursing facilities to provide comprehensive pharmacy services.

**Small Long–Term Care Provider**
A few pharmacists specialize in providing comprehensive pharmacy services to a number of local nursing facilities and/or other care environments.

**Large Long–Term Care Provider**
A group of pharmacists and support staff specialize in providing comprehensive pharmacy services to a large number of regional nursing facilities and other care environments.

In this environment some pharmacists may work as administrators, some may work with the distribution system and some may specialize as consultants to perform drug regimen reviews or drug–use evaluation studies.

**Long–Term Care Corporation**
A national corporation may offer a wide variety of health care services, including pharmacy services. Considerable opportunity often exists for pharmacists to concentrate work activities in a specialized practice area.

**Hospital–Based Consultant Pharmacist**
A pharmacist employed by a hospital may serve as a consultant to one or more nursing facilities owned or operated by the hospital. These facilities may or may not be physically connected to the hospital.

**Independent Consultant**
A sole pharmacist or a group of pharmacists with no responsibility for the distribution of drugs or supplies may provide a variety of cognitive services, usually on a contractual basis, either to a provider pharmacy or directly to a long-term care facility or other care environment such as a home health care agency, insurance company or hospital.

**Specialty Consultant**
A sole pharmacist with a distinct specialty such as psycho-pharmacology may provide a variety of services relating to the specialty of practice on a contractual or occasional basis.
When consultant pharmacists were first required to perform drug regimen review in skilled nursing facilities (SNF), the concept was ill-defined and poorly understood. However, they accepted the professional challenges and fulfilled necessary responsibilities, but did not stop there. They became involved in a wide variety of additional cognitive services, solved problems for the nursing facility and its residents and quickly became an indispensable part of the interdisciplinary team.

The federally mandated pharmacy services requirements include the acquisition, proper storage, dispensing and labeling of drugs, and consultation on all aspects of the provision of pharmacy services in the facility, including the drug regimen review of each resident’s therapy at least monthly. These are considered the minimum acceptable standards; many consultant pharmacists provide a comprehensive array of pharmaceutical services consisting of a variety of technical and professional responsibilities that greatly exceed the federal requirements.

Provider v. Consultant Services

Provider services generally refer to the operation and maintenance of the drug distribution system. Consultant services are generally considered to include cognitive or clinical activities.

Both provider and consultant services may be offered by the same company or they may be furnished separately, with pharmacists providing either “consultant-only” or “provider-only” services.

Separation of Provider and Consultant Services

The topic of separation of provider and consultant services is controversial, and opinions are strong on either side. Some feel that separation results in communication problems between the consultant and provider while others feel that complete separation is the way to eliminate the perceived conflict of interest present in situations where the consultant is linked to the company that provides the drug product.

Consultant and provider services are distinctly different and should be separated from an organizational standpoint even if both components are provided by the same business entity. Organizational separation — with separate and distinct contracts and fees for consultant and provider services — is important for a number of reasons. For example, cognitive consultant services are a unique component of pharmacy practice that require separate recognition and reimbursement. Separation facilitates the use of a distinct fee structure for consultant services; the unbundling of consultant fees from product-based reimbursement is crucial to the survival and continued growth of consultant pharmacy practice as a distinct discipline of pharmacy practice; and separation reduces the appearance of conflict of interest when the provider and consultant services are furnished by the same organization.
The American Society of Consultant Pharmacists (ASCP) has established guidelines for the separation of consultant and provider services in long-term care facilities. ASCP opposes mandatory separation but advocates separate contracts, evaluations, and quality assurance programs for the two components.7 (Appendix A)

Practice Environments for Consultant Pharmacists

The practice environment of consultant pharmacists varies greatly. (Figure 1-1) Most consultant pharmacists — approximately 35% — have a practice based in a community pharmacy that provides consultant and/or provider services to NFs and other LTC environments, as well as pharmacy services to the general public.

Figure 1-1
Practice Environments of ASCP Members8

Percent of Membership/Work Environment

- Institutional (closed door) Pharmacy: 25%
- Hospital Pharmacy: 15%
- In-House Pharmacy: 8%
- College or University Pharmacy: 3%
- Home Pharmacy: 3%
- Government Agency/Facility Pharmacy: 3%
- Other Pharmacy: 8%

Almost 25% of consultant pharmacists work in pharmacies that serve only LTC facilities. Usually licensed as "retail" pharmacies, these businesses are not open to, and do not serve, the general public. These "closed door" or "closed shop" pharmacies generally provide both consultant and provider services. Some serve only a few NFs in a small geographic area, while others serve many thousands of residents in facilities throughout a large region.

The majority of consultant pharmacists serve three or fewer nursing facilities; 11% serve 7 to 10 facilities and 17% serve more than 10 facilities.11 (Figure 1-2)

A number of recent acquisitions of pharmacy providers by nursing home chains and joint ventures have created a few pharmacy providers that control many thousands of beds each. This will undoubtedly change the demographics relating to for whom consultant pharmacists work12 and the number of facilities they serve.
Figure 1-2
Number of Nursing Facilities Served by ASCP Members

Figure 1-3
Professional Practice Responsibilities of ASCP Members
A small percentage of consultant pharmacists work in “in-house” pharmacies located in the nursing facility, and are usually responsible for both provider and consultant services. In-house pharmacies are found primarily in larger NFs; the average NF with an in-house pharmacy has more than 400 beds. Approximately 15% of consultant pharmacists work for acute care hospitals that provide both consultant and provider services to a nursing facility or to LTC patients within the hospital. Responsibilities could include staff development, assisting a small hospital pharmacy in establishing clinical programs, providing relief staffing, drug use evaluation (DUE), offering clinical continuing education programs, writing proposals for selection of pharmacy computer systems, clinical consulting, establishment of IV services, or conducting special projects.

Twenty percent of consultant pharmacists provide consultant services only, with no provider responsibilities. (Figure 1–3) This figure has been growing slowly but steadily in recent years. These consultant pharmacists may work independently or in consultant-only groups, or they may be employed by a provider pharmacy. They may subcontract with a provider pharmacy or directly with a facility as a consultant specialist.

Many independent consultants like having control of their own business and like the individual fulfillment and satisfaction that self-employment brings: flexibility, job satisfaction, and the feeling that their efforts make a difference. Others may prefer independent consulting because they feel that their career development would be thwarted by the complexities of working for a big company.

Like any small business, independent consultants must serve in many capacities: accountant, administrator, public relations person, marketing manager, and any other capacity that the business needs.

Independent consultants tend to be “risk-takers” who have recognized and seized opportunities for establishing nontraditional consulting practices. They may provide such services as drug therapy evaluation for litigation and workmen compensation cases, freelance pharmacy writing, research and research training. They may provide consulting services to the pharmaceutical industry and may develop educational programs for a variety of health professionals. There are many additional opportunities to be seized upon by like-minded pharmacists.

The evolution of pharmacy practice has gained momentum and turned into a revolution where terms such as outcomes, quality of care, and quality of life are used to describe a new type of pharmacy practice in which pharmacists are directly responsible to the patient.

Consultant pharmacy practice is maturing from a service or process-oriented focus to one in which consultant pharmacists take full responsibility for the outcomes of their therapeutic decisions for the patients they serve. This approach is referred to as pharmaceutical care.
The Consultant Pharmacist’s Imperative

How consultant pharmacists improve the quality of life of residents of nursing facilities and other long-term care environments must be a top priority. To achieve that goal, available resources and tools must be used to their fullest potential.

The greatest barrier to pharmaceutical care in consultant pharmacy practice is the pharmacists themselves. Taking responsibility for therapeutic outcomes requires: a substantial commitment to a new philosophy of practice; personal effort and energy to become and remain competent to provide pharmaceutical care through lifelong self-education; a willingness to accept responsibility and the attendant liability for the outcomes of therapeutic decisions; and the acknowledgement of pharmacy’s primary commitment to the patient above all else.

As consultant pharmacists accept the challenges of pharmaceutical care they will become a reality for the profession rather than merely a goal.

The Future of Consultant Pharmacy

In the past, consultant pharmacy has been process-focused. To survive in the future, consultants must be patient-focused. The primary value of consultant pharmacy services is derived from the ability to analyze, collect, sort, and retrieve information about medication use, and to intervene, resulting in improved outcomes of therapy.19

Today, the American Society of Consultant Pharmacists (ASCP) represents more than 6,000 pharmacists who provide consultant and pharmacy services to long-term care facilities and related institutions. The future of consultant pharmacy practice and LTC pharmacy services looks bright, and will continue to offer many new opportunities to those who are willing to accept the challenge.
References


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