The American Society of Consultant Pharmacists (ASCP) is a membership association that was founded in 1969 to represent pharmacists and other health care professionals who work with older adults. ASCP’s mission is “to promote healthy aging by empowering pharmacists with education, resources, and innovative opportunities” (ASCP: Empowering Pharmacists; Transforming Aging, https://www.ascp.com/page/about/).

The Pharmacy Quality Alliance (PQA) is a nonprofit and consensus-based “national quality organization dedicated to improving medication safety, adherence, appropriate use” (“About PQA,” https://www.pqaalliance.org/our-story).


The relationships between PQA and ASCP and between ASCP and AMDA – the Society for Post-Acute and Long-Term Care Medicine highlight the benefits of collaboration to optimize patient care. By aligning the clinical and financial goals among these organizations to improve outcomes, this model of collaboration has demonstrated its value for successful results.

How PQA and ASCP Partner

As a PQA member organization, ASCP works with PQA in multiple ways. ASCP contributes subject matter expertise during measure development and maintenance. ASCP also serves in an advisory role as measures are vetted and finalized for adoption to support measure implementation strategies via its professional relationships. ASCP’s interest in promoting adoption of measures is inclusive of the regulatory level by government agencies and at the grassroots level with allied pharmacy organizations and their membership.

ASCP’s consultant pharmacists partner with other ASCP members and any aligned health care team members, including facility data collection providers (e.g., Minimum Data Set [MDS] coordinators) to ensure education about measures and accuracy in the data coding process. Additionally, they provide traditional medication regimen review services, comprehensive medication reviews for Medicare D beneficiaries in post-acute and long-term care, additional residential care settings, and novel emerging community and telehealth practices.

One example of how ASCP has collaborated with PQA to provide subject matter expertise on a specific PALTc concern is the “Antipsychotic Use in Persons with Dementia (APD)” measure, which “evaluates the percentage of individuals with dementia with a prescription claim for an antipsychotic medication without evidence of a psychotic disorder or related condition.” It was also “adapted for the long-term care setting using MDS data” (“PQA Measures Overview,” Sept. 23, 2021, https://bit.ly/3oUK6sw).

ASCP also collaborated with PQA to understand the intent of the current APD quality measure and identify opportunities for continued quality improvement, which informed ASCP’s policy and position statement on the “Use of Antipsychotic Medications in Nursing Facility Residents” (Apr. 1, 2018, https://bit.ly/3HZLH8a). The position statement aligns the partnership and mission of ASCP with that of AMDA.

How ASCP and AMDA Partner

ASCP members work closely with their facility clients at the corporate ownership level, medical leadership, and administrative executive levels to complement the entity’s focus on quality measures. ASCP consultant pharmacists, ASCP member provider pharmacies, and pharmacy managed care organizations ensure alignment with these mutual goals. They work side by side with the Society’s members to ensure that quality measures are shared, strategized, and implemented to ensure individual providers are held accountable for meeting the goals.

Finally, the partnership between ASCP and the Society uses publicly collected data on outcomes statistics related to the measures and compares performance with benchmark state and national averages. Data indicators of poor performance become a focus for attention, including the use of vehicles such as facility Quality Assurance Performance Improvement (QAPI) activities.

“The information presented is a selective summary of publicly available information and is accurate as of the date of writing. Please consult the sources for complete reference information.”

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Vitamin D

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5. Guidelines are available that show the indications for and the needed frequency of testing, which is reimbursed by CMS.

6. There is little empiric evidence that vitamin D supplements improve health and care outcomes in vitamin D sufficient adults.

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