Continuity of care: A basis for professional unity in pharmacy

Continuity of care in medication management (CCMM) is one of those mercurial goals in pharmacy: we support it, we agree that we have a major responsibility for providing it, but we cannot seem to organize ourselves and our resources to consistently make it happen.

Encouragement for addressing the lack of CCMM has been provided by the ASHP Continuity of Care Task Force. This task force developed a report, which appears in this issue of AJHP, providing insight into the conditions required for effective CCMM and into the practice gaps and other barriers that interfere with CCMM. The report includes an ambitious set of recommendations (a "call to action") for achieving CCMM and will be instrumental in helping health care professionals who have been struggling to resolve the problem of fragmented patient care.

CCMM requires collaboration and cooperation among everyone involved in the medication-use process. Since patients regularly move between the community and health-system settings, pharmacists in these settings need to work together to ensure CCMM. Regrettably, health-system pharmacists and community pharmacists have never found a way to effectively communicate with each other. This is understandable, given the different professional needs, priorities, and perspectives that each has; however, they must rise above those differences to find ways to better serve the patients who depend on us.

The task force’s report is clearly intended to engage the entire profession, as well as professions outside of pharmacy, in finding solutions to consistently provide CCMM. Understandably, it reflects some of the thinking embodied in current Joint Commission standards (e.g., the responsibility that discharge planners have for developing continuity-of-care plans). Although the paper takes a health-systems approach to resolve the problem of CCMM, we should keep in mind that much of medication therapy is initiated in individual physicians’ offices, and the prescriptions generated therein are filled in community pharmacies. Unless a patient whose treatment is provided in the community is admitted to a hospital or long-term-care facility, his or her medication management falls outside the purview of health systems, discharge planners, and the Joint Commission.

Achieving the goal of CCMM requires pharmacists in all settings to find new ways of communicating and collaborating. Community pharmacy, including independently- and corporately-owned pharmacies and pharmacists employed in those settings, has a major role to play in reaching this goal and must participate in discussions regarding the consistent provision of CCMM. Consider the following: It is often not known whether a prescription written by a physician is filled. In most instances, when prescriptions are presented to be filled, the pharmacist has no information about the patient’s medical history, overall treatment plan, or the goals of therapy for specific medications. Also, there is no consistent way of assessing patient adherence or compliance with prescribed treatment plans. And in those cases where prescriptions are filled and patients do comply with the regimen, we generally have no way of monitoring the patient’s response to treatment. These problems are major barriers to CCMM and areas where community pharmacy could make important contributions to ensuring continuity of care.

Perhaps there is a need for another CCMM task force report, developed by organizations that specifically represent community-based pharmacists. Such a report would be of great interest to the profession, as it would provide another perspective on the challenges surrounding and potential solutions for improving CCMM. In addition, it may make transparent how communication and collaboration could be strengthened between these two major segments of the profession to improve the provision of CCMM.

The entire American pharmacy work force—all 207,000 of us—must rally in support of improved CCMM. There has never been a more compelling reason for professional unity in pharmacy.


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DOI 10.2146/ajhp050348