APC STRATEGIC ENDS 2023

LEGEND:
• Black: Board approved END
• Green: CEO interpretation to ensure clarity
• Red: Performance measures. END will be considered by the board to have been achieved when measures are met.
• Blue: Current year tactics, as determined by staff based on instruction and funding allocated by board

NOTE: Certain measure refer to responses to a survey of APC members. That survey is conducted every other odd-numbered year.

1.0 APC exists so that members enjoy an environment necessary for success as pharmacy compounding professionals. (with results optimizing return on available resources)

MEASURES:
A. Year-over-year increase in Net Promoter Score
B. Net annual growth in active membership that achieves at least 5,000 by year-end 2023.
C. Maintain annual member retention of at least 85%.

PRIORITY RESULTS (not reflecting any order of priority)

1.1 (ACCESS) Timely, affordable, valued, quality-assured customized medication is available to and accessible by patients.

MEASURES:
A. Based on a benchmark annual survey of P3 subscribers, year-to-year growth in # of consumers who take compounded medications indicating their compounded medications are reasonably accessible, valued, and affordable.
B. Year-to-year increase in formal APC input on policy proposals (federal and state legislation or regulation) that affect patient access to compounded medications.

1.1.1 Federal and state legislation and regulation and industry standards are promulgated with patient safety and access in mind.

TACTICS:
A. Maintain robust federal and state advocacy for APC priorities, focused on assuring compounded medication access and affordability.
B. Proactively embrace issues that elevate the practice, reputation, and perceived safety of pharmacy compounding.
C. Assure that advocacy opposing FDA’s threat to restrict compounded hormones is coordinated, aggressive, and properly funded.
D. Orchestrate inclusion in FDA appropriation letters from House and Senate committees of language instructing FDA that patient access to compounded medications is a priority and that its regulatory actions must preserve access and affordability of compounded medications.
E. Aggressively monitor and participate in USP’s standards-setting activities, including nominating members for CEC and other expert groups.
F. Release an APC-supported report on barriers to compounded medication access, which will serve as baseline for building an access coalition.
1.1.2 The supply chain and regulatory framework for compounded medications is configured so that the immediate and ongoing needs of physicians and patients for compounded medications are met.

**TACTICS:**

A. Lead in advocating for elimination of the MOU in federal law and replacing it with FDA-supported reporting requirements on interstate shipments of compounded medication, plus an APC-proposed mandatory adverse events reporting framework for all 503As.
B. Advocate for legislation to allow 503A compounders to source urgent-use compounded medications to hospitals and clinics when those medications cannot be acquired from manufacturer, wholesaler, or a 503B.
C. Support initiatives to strengthen 503B business model.
D. Proactively engage and inform prescribers about threats to their ability to treat patients with prescription compounded medications.

1.1.3 Increasingly, prescription insurance programs support fair reimbursement for affordable and accessible customized medication.

**TACTICS:**

A. Launch pilot program in one or two states to increase number of states Medicaid programs that adopt an adequate compounding dispensing fee and reimburse for compounded medications.

1.2 (ADVOCACY) Public policy, legislation and regulation (state and federal) support the interests of pharmacy compounding professionals and patients who use compounded medications.

- Public policy = decisions made by legislators and regulatory agencies.
- Support the interests of = the sector is regulated in a manner that protects our members’ ability to do business safely and ethically.
- Regulation is appropriate and necessary for both public interest and the brand/reputation of pharmacy compounders.
- Complying with regulation is not so high a hurdle that small business owners are unable to meet the requirements.

**MEASURES:**

A. Year-to-year growth in the % of membership rating APC’s advocacy work as the most valuable benefit of APC membership.
B. Year-to-year growth in examples of sister associations and other interested parties seeking APC’s input and collaboration on pharmacy compounding policy issues.
C. Year-to-year growth in the number of members who respond to APC calls to action.
D. Year-to-year growth in the number of consumers/patients who respond to APC calls to action.
E. Year-to-year growth in the number of members attending APC’s Compounders on Capitol Hill.
F. Year-to-year growth in number of members investing in OneFund and COMP-PAC.

1.2.1 APC is seen as the leading organization representing the advocacy interests of pharmacy compounders and is viewed as an essential organization to engage on compounding issues.

**TACTICS:**

A. Advocate on a range of issues that affect all 503A and 503B compounding practice niches and stakeholders on balance.
B. Grow state advocacy effectiveness by cultivating credibility with state boards of pharmacy and partnering with state pharmacy associations on state legislative initiatives that increase patient access to compounded medications.
C. Build relationships with FDA CDER, positioning APC as a credible resource to the agency.
D. Build state-level advocacy effectiveness, providing talking points, letters, testimony, etc related to state-level regulation and legislation.
E. Build advocacy support documentation, maintaining timely briefs, talking points, CTAs, etc on the range of APC advocacy priorities.
F. Launch a program of media outreach and relationship building to aid fair coverage of compounding issues, and work for media placement of articles and op-eds authored by APC on compounding issues.
G. Lead and leverage DQSA Coalition, engaging like-minded groups in efforts to assure continued access to compounded medications.
H. Maintain high profile at industry meetings and shows, to extent budget allows, with messaging focused on APC’s advocacy role.
I. Assure that APC is represented at USP and other industry events and those of other groups’ whose work affects pharmacy compounding.
J. Engage and partner with the Outsourcing Facilities Association on issues of shared impact and priority for 503B compounders.

1.2.2 Policymakers, legislators and regulators seek out APC’s and its members’ perspective prior to enacting pharmacy compounding related public policies, legislation or regulations.
TACTICS:
A. Encourage and support APC members in hosting in-pharmacy congressional visits/tours.
B. Host a vibrant, well attended, affordable and effective Compounders on Capitol Hill event.
C. Support PCCA’s and NCPA’s Washington, DC, fly-ins.
D. Maintain comprehensive information resources for members and policymakers on compounding advocacy priority issues.
E. Attend NABP events as budget allows to cultivate credibility with and goodwill of state board of pharmacy leaders.

1.2.3 Members and stakeholders are aware of relevant pending and enacted legislation and regulations and of APC’s legislative and regulatory positions and how those impact their compounding practice.
TACTICS:
A. Provide timely member communications – newsletter, special emails, advocacy town hall briefing calls, etc – on advocacy efforts to assure members are briefed and supportive.
B. Engage corporate patrons to share APC advocacy communication with their compounding customers.
C. APC Board of Directors hosts stakeholder interviews with key strategic players in compounding to strengthen relationships in the industry.
D. Provide members with information resources to educate and inform prescribers about compounding regulatory framework and threats.

1.2.4 The public is aware of the positive value pharmacy compounding professionals provide to the health-care system.
TACTICS:
A. Execute patient-focused external communications campaign aimed at elevating pharmacy compounding.
B. Conduct annual survey of P3 consumers to guage consumer impressions of pharmacy compounding.
C. Continue to cultivate the Partnership for Personalized Prescriptions (P3) grassroots database, website, social media, and communications to engage patients and prescribers and support APC’s advocacy efforts.

1.2.5 APC generates, collects, distills and leverages data and research related to the work of its members to advance its advocacy agenda.
TACTICS:
A. Conduct biennial survey of pharmacy compounders to collect demographic data and create a snapshot of pharmacy compounding.
B. Conduct and support data projects – either solo or collaborating with partner(s) – in support APC advocacy priorities.
   a. Media campaign
   b. Patient Outcomes project
   c. State Medicaid pilot project
C. Seek and engage partners/collaborators in collecting and leveraging pharmacy compounding data in support of our advocacy and public relations efforts.

1.3 **(KNOWLEDGE)** Members have the knowledge and resources to excel in the pharmacy compounding profession.

MEASURES:
A. Survey indicates that at least 75% of members “agree” or “strongly agree” that “APC is a significant source of information and resources that help my compounding practice excel.”
B. Tracking, as available, indicates year-to-year growth in members accessing information from APC.
C. In survey, at least 50% of members indicate that they have, in the past year, utilized APC-provided information in or on behalf of their pharmacy practice.
D. Year-to-year growth in member attendance at EduCon.
E. Year-to-year growth in member registrations for APC webinars and Town Hall Meetings.
F. Year-to-year growth in the average open rate of the *Compounding Connections* newsletter.

1.3.1 Knowledge and resources provided by APC – including industry data, best practices, regulatory compliance, and state-of-the-art patient care – encourage compounding excellence.

TACTICS:
A. Assure that education programming is timely, high-quality and accessible via a range of channels.
B. Seek out opportunities to fill education and training niches and topics not covered by competitors – as with the 15-hour “compounding framework” certification program under development in partnership with VCU and the Pharmacy Compounding Foundation.
C. Conduct compounder survey to establish industry demographics and norms – a Pharmacy Compounder Profile 2023.
D. Grow members-only state-by-state regulatory compliance resources.

1.3.2 Members are recognized and valued for their knowledge and expertise.

TACTICS:
A. See 1.4, 1.2.4.A and 1.2.4.B.
B. Spotlight in APC communications exemplars of excellence in compounding leadership and practice.

1.3.3 Members (and non-members) see APC as a primary resource for sharing of knowledge and resources related to pharmacy compounding excellence.

TACTICS:
A. See 1.3.1.A through 1.3.1.D above.
B. Launch in-person regional town hall meeting pilot program – in areas where geography allows it – to take APC message directly to the members.

1.4 **(ETHICS)** Members adhere to the highest standards of ethical practice.

MEASURES:
A. Survey indicates year-to-year growth in number of consumers indicating that they have high confidence in compounders who subscribe to the APC Code of Ethics.
B. In survey, year-to-year increase in members who say APC’s Code of Ethics and focus on professionalism is a significant reason they belong.

1.4.1 Members subscribe to and honor the APC Code of Ethics and demonstrate compliance with it.
TACTICS:
A. Enforce requirement that APC members subscribe affirmatively to the APC Code of Ethics upon joining and annually at renewal.
B. Ongoing, encourage APC members to complete one hour of APC Code of Ethics continuing education every two years.
C. Assure EduCon sessions focus on ethical, best practices in compounding
D. Sustain focus on the APC Code of Ethics across all communications, activities and programs.
E. As needed, publish/print and distribute Pharmacy Compounding Leader newsletter focused on ethical leadership.

1.4.2 The public recognizes and values APC members for their professional ethics.
TACTICS:
A. See 1.2.4.A and 1.2.4.B above.

1.5 (PROFESSIONAL COMMUNITY) Members engage in a robust, multi-disciplinary community of compounding pharmacy professionals.

MEASURES:
A. In survey, year-to-year increase in members who say APC is a go-to source of ideas and information for compounding professionals.
B. Year-to-year increases in member engagement as measured by meeting attendance, email open rates, calls and inquiries, OneFund and PAC support and member retention.
C. In survey, at least 75% of members “agree” or “strongly agree” that APC offers sufficient opportunities for networking within their professional community.

1.5.1 Members actively engage in exchange of ideas among pharmacy compounding professionals.
TACTICS:
A. See 1.3.3.B. above
B. Structure EduCon, Owner Summit and CCH sessions to allow for quality idea exchange among pharmacy compounders.
C. Assure that APC committees are focused on productive work and are well run.
D. Focus board of directors on stakeholder engagement, and assure that findings of stakeholder interviews are shared with members.

1.5.2 APC engages the entire scope of 503A and 503B pharmacy compounding as members – including pharmacists, technicians, owners, educators, students, researchers, supply chain professionals, prescribers and patients.
TACTICS:
A. Promote continued growth of Pharmacy-Facility Membership, with emphasis on orienting and engaging new employee members in APC.
B. See 1.5.1.C above.
C. Support robust programming for technicians, who represent a large percentage of APC members.
D. Offer advocacy briefing presentations to student groups to promote student membership and early engagement in APC.