Disclosure

- I do not have a vested interest in or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity, or any affiliation with an organization whose philosophy could potentially bias my presentation.

Objectives

- Describe historical events that have defined pharmacy leadership
- Understand the impact on pharmacy practice in today’s healthcare environment
- Describe the role of pharmacy leadership needed to meet the demands of the future of pharmacy

Pharmacy History

1950’s

- APhA Code of Ethics
  "The pharmacist does not discuss the therapeutic effects of composition of a prescription with a patient. When such questions are asked, he suggests that the qualified practitioner is the person such matters should be discussed."
- Hospital Pharmacy
  - Developed pharmacy and therapeutics committees
  - Prior-consent agreements
  - Hospital Formularies
  - Mirror to Hospital Pharmacy (1964)

We need to broaden our past definitions, perceptions and expectations.

-Roger W. Anderson
1992 Harvey AK Whitney Award Address

Photo from www.harveywhitney.org
Mirror Findings

- 35% hospital beds had full-time pharmacist
  - 4,513 RPhs vs. 64,225 RPhs
  - Nationally < 0.5 RPh/100 beds
- Most medications handled by nurses or nearby retail pharmacy
- 50% of pharmacists surveyed did not want to teach
- 2/3 did not want to be involved with research
- 75% leave nurses to prepare sterile products
- 92% found drug reps helpful for education
- 77% relied heavily on drug reps for drug information

Mirror Recommendations

- 85 total recommendations including
  - Direct professional functions
  - Advisory and teaching functions
  - Facilities and manpower
  - Administrative services
  - Role of professional societies

Mirror 10 “Basic Truths”

1. Profession-possess and pass on knowledge.
2. Pharmacy is the science and art of procurement, preparation, control and distribution of drugs.
3. Pharmacists exist for the possession of knowledge and skill for the benefit of humanity.
4. Pharmacy will receive recognition from society only to the extent that it makes use of specialized knowledge.
5. Professional growth in hospital pharmacy only when hospital pharmacist expands areas of practice.

6. Hospital environment great for pharmacists to utilize unique skills and knowledge.
7. Education and training bedrock for hospital pharmacy.
8. Professional advancement fostered by professional organizations providing information and services.
9. Professional advancement when practitioners commit to professional ideals as the vital truth.
10. Purpose of health profession is to serve the health needs of the people.

Progress - 1957 vs 2012

- Drug Cost per Day
  - $13.35 vs $181
- Patient Monitoring
  - 0% vs 100%
- Pharmacokinetic Consults
  - 0% vs >90%
- Residency Programs
  - 0 vs >1000 PGY1 & >500 PGY2
- Pharmacy IV Admixture and Unit Dose Programs
  - 0% vs 100%

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The future development of American hospital pharmacy depends upon the clarity and enthusiasm with which its ideals of pharmaceutical service are stated and the degree to which they find common acceptance.

- Donald E. Francke
1964 ASHP Past President

Healthcare Today

ACO’s/Healthcare Reform

Pharmacist Oversupply

Expanded Roles

Antimicrobial Resistance

MTM

Increased Drug Cost

Value-Based Purchasing

Pandemics/Epidemics

Drug Shortages

Specialty Pharmacy

Transitions of Care

Pharmacist Workforce

US Pharmacy Schools in 2016

122 accredited schools + >40 satellite campuses

8 candidate status/4 pre-candidate status

15,000 pharmacist grads

Florida - 4 accredited/1 in candidate status

921 grads (189% 15-year growth)

Texas - 6 accredited/1 in candidate status

656 grads (93% 15-year growth)

California - 8 with 4 in candidate status

949 grads (63% 15-year growth)

Anticipated need for pharmacists in 2020 is 417,000

Pharmacy Today

Pharmacist roles

Collaborative practice agreements (48 states)

Inpatient healthcare teams

Ambulatory care clinics

MTM Clinics

Transition of care roles

Medication reconciliation

Medication discharge counseling

Health-System administration

Provider status

Minnesota Medicare Managed care plan 4:1 return

Technician roles

Supervisor positions

Tech-check-tech

Medication history

Faculty technician programs

Technology experts

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Understand the impact on pharmacy practice in today’s healthcare environment

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Every patient should receive a comprehensive, multidisciplinary, accessible and transferable pharmacotherapy plan encompassing all defined components of therapy with desired outcomes, therapeutic goals and monitoring methodology. Primary responsibility for this should be placed with the pharmacist.

-Paul W. Abramowitz, ASHP CEO
2009 Harvey AK Whitney Award Address

References

Thank You!!

Questions?