Session Objectives

Upon completion of this session, participants will be able to:
1. Describe the goals of the ASHP/ASHP Foundation Pharmacy Practice Model Initiative;
2. Discuss the beliefs, assumptions, and recommendations from the PPMI Summit;
3. Discuss state-level implications of the PPMI recommendations;
4. Describe PPMI implementation activities and measures coordinated by ASHP and the ASHP Foundation;
5. Identify steps practitioners, hospitals, and affiliates can take to support the PPMI;
6. Define next steps for action on the PPMI at local and state level.

PPMI Vision

The initiative and summit will create passion, commitment, and action among hospital and health-system pharmacy practice leaders to significantly advance the health and well being of patients by optimizing the role of pharmacists in providing direct patient care.
PPMI Objectives

1. **Create a Framework** - Create a framework for a pharmacy practice models that ensure provision of safe, effective, efficient, accountable, and evidence-based care for all hospital/health system patients;

2. **Determine Services** - Determine patient care-related services that should be consistently provided by departments of pharmacy in hospitals and health systems and increase demand for pharmacy services by patients/caregivers, healthcare professionals, healthcare executives, and payers;

PPMI Objectives (Continued)

3. **Identify Emerging Technologies** - Identify the available technologies to support implementation of practice models, and identify emerging technologies that could impact the practice model;

4. **Develop a Template** - Support the optimal utilization and deployment of hospital and health system pharmacy resources through development of a template for practice models that are operational, practical, and measurable; and

5. **Implement Change** - Identify specific actions pharmacy leaders and staff should take to implement practice model change including determination of the necessary staff (pharmacy leaders, pharmacists, and technicians) skills and competencies required to implement this model.

Imperatives for Practice Model Change

**Health System**
- Continuing medication safety crisis
- Stressors in hospital and ambulatory care
- Need to reinvent acute care
- Imperative for teamwork
- Healthcare reform
- Economics
- Need for clinical and strategic integration
- Technology
What is a “Practice Model”? 

- Describes how pharmacy department resources are deployed to provide care.
- One size does not fit all.
- Includes:
  - How pharmacists practice and provide care to patients;
  - How technicians are involved to support care; and
  - Use of automation/technology in the medication use system.

PPMI Summit and Recommendations

- Impervious for a better defined practice model identified by members.
- Planning commences for summit: assumptions developed, ASHP members, thought leaders, and participants queried, briefing papers developed.
- Consensus summit held resulting in 147 recommendations to better define characteristics of the optimal practice model for the future.
- National dashboard developed to measure progress.
- Summits Proceedings published in AJHP.
- Briefing document webinar series conducted.
- Presentations at MCM, SM, Residency Conferences.
- Hospital Self Assessment (HSA) developed, launched.
- Demonstrations and resident research grants issued.
- PPMI Website launched.
- Complexity tool developed.
- Policy issues from summit addressed.
- National dashboard developed to measure progress.
Translations of Recommendations Into Practice (TRIP)

- Dissemination
- Policy
- Tools
- Research

Translation of Recommendations Into Practice – The Challenge

“I go forward with much hope for the future of practice in hospitals and health systems. I truly believe that we can achieve better patient outcomes, reduce costs, and more efficiently deploy the pharmacy workforce if we carefully assess the current and future environment, locate and fix current gaps in care, and predict and plan for what practice should look like in the months and years to come in order to best protect and serve our patients.”

Henri R. Manasse, Jr., Ph.D., Sc.D., FFIP
Executive Vice President and Chief Executive Officer
American Society of Health-System Pharmacists
Pharmacy Practice Model Summit Plenary Address 2010
Translation of Recommendations Into Practice

- Practitioner Engagement & Awareness
- Education & Resources
- Research, Publications, & Recognition
- Measurement

Implementation Tools and Resources

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Pharmacy Practice Model Initiative

Overview

Impartive for a better defined practice model identified by members.

Planning commences for summit: assumptions developed, ASHP members, thought leaders, and participants queried, briefing papers developed.

Consensus summit held resulting in 147 recommendations to better define characteristics of the optimal practice model for the future.

Hospital Self-Assessment (HSA) developed, launched

Demonstration and resident research grants issued

PPMI Website with resources, links launched

Complexity tool developed

Policy issues from summit addressed

National dashboard developed to measure progress

PPMI Hospital Self-Assessment

• Web-Based Assessment Tool
  – Member Comments on Questions and Scale (June 2011) – Complete
  – Pilot Testing
    • PSW (July 2011)
    • Michigan & Utah (August 2011)
  – General Availability (October 2011)

• Reports and Comparisons
  – Basic Reports for all institutions
  – Expanded reports for members

PPMI National Dashboard

• A set of goals and measures designed to provide a national, consistent measure of adoption of PPMI recommendations and allow measurement of progress over time. A total of 5 goals with 26 individual measures make up the scorecard.

• The national scorecard will be used primarily by ASHP/ASHP REF to report progress with PPMI. In time, state affiliates or large health-systems may wish to develop their own scorecard using the same goals and individual measures.

PPMI Hospital Self Assessment

• Reports and Comparisons
  – Basic Reports for all institutions
  – Expanded reports for members
Hospital Self Assessment Tool Kit

- Developed a comprehensive list of Resources
  - Dissemination
  - Education
- Enable State Affiliates and Groups to conduct a state-wide or Health System wide Assessment
  - E-Mail Templates
  - Presentation Templates
GOAL 1: Pharmacist roles, practices, and activities will improve medication use and optimize medication related outcomes. (1.1 - 1.4)

1.1. Percentage of hospitals/health systems that have pharmacist review of all medication orders before the first dose is administered (either onsite or via telepharmacy except for procedural areas and emergency situations). [B23b] 70.6%

1.2. Percentage of hospitals/health systems that require that pharmacists document their recommendations* and follow-up notes in the patients’ permanent medical records. [B15, B16] 54.9%

1.3. Percentage of hospitals/health systems where pharmacists have privileges to write medication orders (modify or initiate therapy) in the health care setting. [B13] 88.1%

1.4. Percentage of hospitals/health systems where pharmacists have the authority to order serum medication concentrations and other clinically important laboratory tests. [B25h] 83.2%

Composite Score: 58.6%

GOAL 1: Pharmacist roles, practices, and activities will improve medication use and optimize medication related outcomes. (1.5 – 1.8)

1.5. Percentage of hospitals/health systems that have pharmacists routinely assigned to patient care units / specialty services to provide drug therapy management at least 8 hours per day, 5 days a week for a majority of patients? [E4d] 34.2%

1.6. Percentage of hospitals/health systems where pharmacists provide drug therapy management to all outpatients who exceed the threshold value on the patient medication complexity index. (*to be measured in 2012/13 after index is available) [B9, B11] N/S*

1.7. Percentage of hospitals/health systems where pharmacists provide drug therapy management to all inpatients who exceed the threshold value on the patient medication complexity index. (*to be measured in 2012/13 after index is available) [B8, B11] N/S*

1.8. Percentage of hospitals/health systems with pharmacists that routinely provide discharge counseling and/or conduct follow-up with at-risk patients or their pharmacies after discharge. [B20, B22, B23m] 20.3%

Composite Score: 58.6%
Reflect, Decide, and Act

Health System Pharmacy Practice has come a long way!!

- 2011 – 17.5 FTE pharmacists per 100 occupied beds
- 2002 – 10.4 FTE pharmacists per 100 occupied beds
- 2009 – 50.2% of hospitals bar coded med administration
- 2002 – 1.5% of hospitals bar coded med administration

(ASHP National Survey 2002 & 2011)

Health System Pharmacy needs to act now!!

- New era of health care economics.
- New generation of practitioners with over 1,500 residents graduating each year.
- If we don’t engage in determining our destiny, it will be handed to us.

Local and State Actions and Activities

Call for Action!

State Level Efforts
1) HPP – BCMA – Create resource tool (complete data sheet)
2) HPP – Tools to support tech certification (WSPA communication to hospital executives)
3) HPP – Indigent Care – Identify best practices in the state
4) PPMI – HSA /WSPA support and Promotion of PPMI Initiative

Institutional efforts
- Each Rx Director should assess their strategic plan against the PPMI recommendations.
- Identify one area you are strong that we could spotlight and one area you plan to develop in the next 12 months.

What can affiliates do to implement change?

- Diffusion of Innovation
- Play a critical role as champions
- Incorporate education and implementation in strategic planning
- Participate in grants; share outcomes
- Provide sustained interest and support in accomplishing the PPMI objectives
- Encourage coordinated use of PPMI HSA
- Identify what ASHP can do
Leadership and Innovation –

• “We can lead the change that we believe in or we can just position ourselves to be forced to accept the change being put on us by others. The choice is quite clear...We’re going to lead the change.”

  William A. Zellmer, M.P.H.
  November 9, 2010