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; and
4. Describe PPMI implementation activities being planned by ASHP and the ASHP Foundation.

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.

What is a “Practice Model”?

- Describes how pharmacy department resources are deployed to provide care.
- One size does not fit all.
- Does include:
  - 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.

---

**THE MEDICATION USE PROCESS**

The medicines you receive at a hospital go through a series of steps before they reach you. More hospitals today are taking measures to ensure that systems are in place to prevent possible medication errors at each step in this process. Shown here is a step-by-step process of the process by working in partnership with their health care teams and asking questions about their medicines.

**Pharmacists**
- Reviewing orders
- Compounding
- Parenteral therapy
- Anticoagulation

**Technicians & Technology**
- **Preparation**
  - Reviewing orders
  - Compounding
  - Parenteral therapy
  - Anticoagulation
- **Dispensing**
  - Classifying medications
  - Compounding
  - Parenteral therapy
  - Anticoagulation
- **Monitoring**
  - Reviewing orders
  - Compounding
  - Parenteral therapy
  - Anticoagulation
Imperative - Patients

- Patients are a “Sacred Vessel.”
- “We have a medication-use crisis” in this country right now...”
  Carolyn M. Clancy, M.D.
  Director, Agency for Healthcare Research and Quality
  March 27, 2011
- The $17.1 Billion Problem: The Annual Cost Of Measurable Medical Errors
  Health Aff April 2011 30:4596-603.

Imperative – Interdisciplinary Teams

- Provision of team-based care is not an option.
- An opportunity exists for pharmacists to be the team members who are accountable for patients’ medication outcomes.
- Team-based care needs to be patient-focused and enterprise oriented.
Imperatives - Enterprise

- Focus on organizational measurement of:
  - Quality
  - Safety
  - Patient Satisfaction
  - Financial Performance
- Hospitals are expected to provide cutting edge care at the lowest possible costs while not compromising quality, safety or satisfaction.

Imperative – Individual Pharmacists

- Professional, Moral and Ethical
  - Respect for the “Sacred Vessel”
  - “Franchise” – society sees us as unique & special.
  - Doctrine of “Being Your Brother’s Keeper”
  - Professional Covenant

First Professional Degrees Conferring 1980 - 2008 (projected)

Source: AACP Profile of Pharmacy Students
Charting a Course for Practice Model Change

“To bring about change within a diverse profession such as pharmacy, one needs a large number of people pulling in the same direction. Before one can get folks pulling in the same direction, one needs general agreement about the best direction in which to move.” ... William A. Zellmer

Consensus Building Process

- Survey, small group and large group consensus building modeled after Modified Delphi
- 147 beliefs, assumptions and recommendations These focused on:
  - Imperatives
  - Optimal Pharmacy Practice Models
  - Technology/Technicians
  - Successful Implementation
Goal: Segment and Disaggregate

Optimal Pharmacy Practice Models

Goal: Putting the Pieces Back Together

Optimal Pharmacy Practice Models
Imperatives for New Pharmacy Practice Models

- There is opportunity to significantly advance the health and well being of patients in hospitals/health systems by changing how pharmacists, pharmacy technicians, and technology resources are deployed.

Survey Vote 100%

Imperatives for New Pharmacy Practice Models

- Hospital and health system pharmacists must be responsible and accountable for patients’ medication-related outcomes.

Survey Vote 96%

Imperatives for New Pharmacy Practice Models

- In the next 5-10 years, hospital/health system executives and medical staff leaders will expect pharmacists to help ensure compliance with quality-of-care standards.

Large Group Vote 93%
Optimal Pharmacy Practice Models: Characteristics, Requirements, and Challenges

- A patient medication complexity index should be developed that includes the acuity of the patient, number of medications, co-morbidities, etc.

**Large Group Vote** 92%

Optimal Pharmacy Practice Models: Characteristics, Requirements, and Challenges

- Pharmacists who provide drug therapy management should be certified through the most appropriate Board of Pharmacy Specialties board certification process.

**Large Group Vote** 82%

Optimal Pharmacy Practice Models: Characteristics, Requirements, and Challenges

- In optimal practice models, specific pharmacists should not be engaged specifically in drug therapy management without an understanding and responsibility for the medication-use or delivery systems.

**Small Group Vote** 85%
Pharmacy Technicians

• All distributive functions that do not require clinical judgment should be assigned to technicians.

Large Group Vote 93%

Pharmacy Technicians

• To support optimal pharmacy practice models, technicians must be licensed by state boards of pharmacy.

Large Group Vote 93%

Institutional Culture

• Insufficient recognition by healthcare executives, medical staff, nursing staff, & others outside the pharmacy profession of the value of pharmacists’ provision of drug-therapy management services is a barrier to optimal pharmacy practice models.

Large Group Vote 100%
Legal and Regulatory

- State laws that limit pharmacists’ scopes of practice are barriers to optimal pharmacy practice models.

Large Group Vote 100%

Pharmacists’ Commitment

- Resistance to change from current pharmacy staff is a barrier to optimal pharmacy practice models.

Large Group Vote 100%

Recommendations with Regulatory and Institutional Implications

- Pharmacists Accountability Prescribing Documentation Resources allocation
- Technicians Licensure Scope of practice
- Reliance upon technology Dispensing Telepharmacy
Implications for Pharmacy Education

- Curricular changes are required in colleges of pharmacy to prepare students for a significantly larger role in drug-therapy management than is currently achieved in most hospitals and health systems.

- Colleges of pharmacy should be required to provide informatics training for all pharmacy students to ensure graduates’ success in optimal pharmacy practice models.

- Advanced training in pharmacy informatics with residencies and post-graduate education should be expanded.

Translations of Recommendations Into Practice (TRIP)

- Dissemination
- Policy
- Tools
- Research

Redefining, Reconstructing, Reinventing.

Translate the development of a practice model into a vision for healthcare delivery and pharmacy practice that results in patient outcomes, increased patient satisfaction, and optimization of healthcare resources. TRIP and the PPMI Foundation are sponsoring the PPMI Redefining Practice Initiative that includes a consensus summit, a series of white papers, and a national dissemination network. The goal of the initiative is to identify and disseminate practice models that improve patient care and operational efficiencies in healthcare delivery systems.
**Implementation Tools and Resources**

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Deliverable Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summit Recommendations</td>
<td>Complete</td>
</tr>
<tr>
<td>Residency Conferences</td>
<td>Complete</td>
</tr>
<tr>
<td>Summit Video</td>
<td>Complete</td>
</tr>
<tr>
<td>Publication of Proceedings</td>
<td>Complete</td>
</tr>
<tr>
<td>SM 11 Programming</td>
<td>Complete</td>
</tr>
<tr>
<td>Junior Investigator Grant</td>
<td>7/11</td>
</tr>
<tr>
<td>Residency Grants</td>
<td>7/11</td>
</tr>
<tr>
<td>Demonstration Grants</td>
<td>7/11</td>
</tr>
</tbody>
</table>

**Implementation Tools and Resources (Continued)**

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Deliverable Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefing Document Webinars</td>
<td>7/11 – 1/12</td>
</tr>
<tr>
<td>ASHP Vision Statement</td>
<td>9/11</td>
</tr>
<tr>
<td>ASHP 2015 Revisions</td>
<td>9/11</td>
</tr>
<tr>
<td>Assessment Tool</td>
<td>9/11</td>
</tr>
<tr>
<td>MCM 11 Programming</td>
<td>12/11</td>
</tr>
<tr>
<td>Complexity Score Tool</td>
<td>Early 2012</td>
</tr>
</tbody>
</table>

**What is your role in advancing pharmacy practice in hospitals and health systems?**

- “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

- You must lead the change!  
  Where will you start?