Transforming Pharmacy Practice: Working Together to Provide Optimal Care

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Today’s Conversation…

- Pharmacy’s Current State
- Vision for the future
- ASHP priorities and opportunities to achieve the vision
- PPMI as a framework

Pharmacy’s Current State

Practice:

- Comprehensive Pharmaceutical Care in Acute and Ambulatory Settings, Team based care
- Pharmacy Generalists and Specialists
- Extensive Automation and Clinical Information Systems
- Evidence based drug therapy
- Outcomes Assessment and Improvement

Training and Certification

- Postgraduate training:
  - PGY1 & PGY2 residency training
  - Research fellowships
  - ASHP policy:
    - All entry-level pharmacists who provide direct patient care must complete at least a PGY1 residency by 2020

Training and Certification (cont.)

- Board of Pharmacy Specialties:
  - Pharmacotherapy, oncology, nutrition support, nuclear, ambulatory care, psychiatric
  - New specialties under consideration:
    - Pain & palliative care
    - Cardiology
    - Infectious disease
    - Immunology/Transplantation
  - Pharmacists who practice in areas with BPS specialties should become board-certified:
    - ASHP policy (Approved by House of Delegates, June 2012)
Technician Training & Certification
- State laws evolving:
  - 42 states regulate technicians; 16 require certification
  - 65% of pharmacy techs in hospitals are PTCB-certified
- Techns responsible for most drug preparation & distribution
- Advanced technician roles on patient care units
- PTCB discussion of technician specialty certification:
  - Recommendations from CREST Summit (Feb. 2011):
    - Create regulatory & statutory requirements as well as a framework to establish an advanced certified pharmacy technician designation

Technician Training & Certification (cont.)
- Technician training programs growing:
  - 254 programs currently accredited
  - 600-700 unaccredited programs
  - Many chain pharmacies provide ASHP-accredited training:
    - Walgreens (nationwide)
    - CVS (only in S.C.)
    - Rite Aid (nationwide)
  - Need more programs serving health-system community
  - New PTCB policy: By 2020, all technicians taking initial PTCB Certification Exam must have graduated from an accredited training program.

Collaborative Practice
- 49 states have CDTM in which pharmacists:
  - Initiate, modify & discontinue therapy based on protocols (form of dependent prescribing)
  - Order lab tests, conduct physical assessments & perform therapeutic substitution
- Models in Canada & U.K.:
  - Canada:
    - Adaptation of a prescription
    - Prescribing in an emergency
    - Independent prescribing based on a collaborative relationship
  - U.K.:
    - Supplemental prescribing
    - Independent prescribing in area of pharmacist’s expertise

Community Pharmacy Practice
- Community Pharmacy provision of patient centered pharmaceutical care
- Advanced medication therapy management services
- Vaccinations
- Collaborative Practice
- Ashville Project, APhA’s Diabetes 10 City Challenge

Hospital & Clinic-Based Practice
- Extensive use of automation, robotics, smart infusion devices, CPOE, bar coding & clinical decision support
- Pharmacists provide hospital-wide clinical services:
  - Design drug therapy
  - Monitor for desired outcomes & adjust therapy
  - Ensure adherence
  - Medication permeates every aspect of Pharmacy Care

Hospital & Clinic-Based Practice (cont.)
- Medication-use evaluation:
  - Transformed into population-based care
    - Drug protocol design
    - Drug policy design
    - Rational drug use across populations
- Ambulatory clinics:
  - More pharmacists work in clinics
    - Focus on wellness, chronic disease management
    - Work across acute, ambulatory care
      - Enhance continuity of care
      - Manage transitions of care
### Ambulatory Care Practice Today

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<th>% of Hospitals</th>
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Source: ASHP National Survey 2012

### Vision for Pharmacy Practice

Future Practice Model Design Concepts*

- Health care will become increasingly interdisciplinary, team-based
- Medication preparation, distribution should become more centralized & automated
- Vast majority of pharmacists’ time should be spent providing direct patient care in all settings
- A trained, certified, & licensed technician workforce will handle more complex medication-use roles


### Future Practice Model Design Concepts (cont.)

- Increased definition & standardization of pharmacy direct care services offered for all patients
- Allocation of health care resources will be heavily driven by metrics
- Every patient should receive a comprehensive, multidisciplinary, accessible, transferable pharmacotherapy plan:
  - To encompass all defined components of therapy with desired outcomes, therapeutic goals, & monitoring methodology

### Practice Model Design Concepts (cont.)

- Expect public to insist on additional requirements for credentialing & privileging of pharmacists in general & specialist practice
- Community-based pharmacy care will be provided by pharmacists in interdisciplinary clinics
- Collaborative practice will evolve to include pharmacist prescribing as part of coordinated health care teams in hospitals, clinics

### Need to Define Necessary Services

- Generalists & specialists currently go beyond national quality measures & guidelines:
  - However, services have not been catalogued or universally offered to each patient
    - Define necessary medication therapy services:
      - Structured pharmacist-directed medication history & medication reconciliation
      - Medication assessment for appropriate use
      - Application of best practices & use of protocols
      - Target drugs & patients that require enhanced attention
    - Define services for very high-risk, therapeutically complex patient types
  - Result: More well-defined system that is woven into fabric of patient care in every organization
Metrics Drive Resource Allocation

- Allocation of health care resources will be driven by metrics
  - New, better benchmarking systems
  - Medication therapy outcomes
  - Medication safety
  - Total costs of care

Medication Therapy Plan

- Every patient should receive a pharmacist-initiated medication therapy plan that is:
  - Comprehensive
  - Interprofessional
  - Accessible
  - Transferable
- Plan should:
  - Contain all desired outcomes, therapeutic goals, endpoints, timelines, monitoring criteria
  - Be included in every clinical information system
  - Be accessible to all providers

Ambulatory Clinics

- More & more community pharmacy care will be delivered by pharmacists working in interprofessional ambulatory clinics:
  - Next big change in pharmacy practice
  - Pharmacists see designated patients
  - Electronic health records, prescribing, technicians, & automation will facilitate
  - Clinic care will be data driven
  - Patient flow will need to be studied

Interprofessional Ambulatory Clinics (cont.)

- Potential model:
  - After diagnosis, physician sends patient to pharmacist for drug therapy selection, prescribing, monitoring, dosage adjustment, modification or discontinuation of therapy:
    - Pharmacist-patient relationship is established
    - Hand-offs among physician, pharmacist, & other providers are understood, clearly communicated
    - Shared & individual accountability among team members
    - Pharmacist may also identify/diagnose other conditions or disease processes, & refer patient back to physician
  - Pharmacist may conduct initial assessment of patients for select types of patients & decide on next level of care

ASHP’s Priorities and Opportunities to Achieve the Vision

- How pharmacists can help:
  - Medication reconciliation
  - Resolving medication-related problems
  - Discharge counseling
  - Addressing medication access issues
  - Pharmacists talking to pharmacists in all settings, and across settings of care
  - The care we provide should always be team-based, no matter where pharmacist is physically located

Effective Transitions in Care
Effective Transitions in Care (cont.)

- Accountable Care Organizations & Medical Homes
  - Interprofessional teams accountable for outcomes
- Regional Health Information Exchanges (HIE)
  - Sharing medical records with all healthcare professionals in regional databases
  - ASHP members involved in “Beacon Communities”
- ASHP efforts with APhA
  - Improving Care Transitions: Optimizing Medication Reconciliation white paper (March 2012)
  - APhA-ASHP Medication Management in Care Transitions Project

Pharmacist Prescribing

- Interdependent prescribing:
  - Selection, initiation, monitoring, & adjustment of medication therapy pursuant to diagnosis of a medical disease or condition
- ASHP Policy:
  - Approved by House of Delegates, June 2012
  - “To advocate that health care organizations establish credentialing and privileging processes that delineate the scope of pharmacist prescribing within the hospital or health system and to ensure that pharmacists who prescribe are competent and qualified to do so.”

Training, Credentialing & Privileging

- Triad of competency:
  - All three elements are important
- ASHP policy:
  - Residency training
    - All entry-level pharmacists who provide direct patient care to complete at least a PGY1 residency by 2020
  - Specialty certification
    - Pharmacists who practice in areas with BPS specialties should become board certified
- Why is residency training important?
  - Demonstrated competence beyond pharmacy education
  - Recognition by other members of team & payers

ASHP has long been at forefront of pharmacy specialty movement

Creditialing

- Why is credentialing important?
  - Specialization
  - Competence
  - Recognition by other members of team & payers
  - Differentiation in the marketplace
  - Supports ASHP’s Pharmacy Practice Model Initiative

Training, Credentialing & Privileging (cont.)

- State of residency training
  - PGY1 positions more than doubled in 6 years
  - Demand remains higher than supply
- What ASHP is doing to grow residency training
  - Only 13% of hospitals have an ASHP-accredited program
  - Pharmacy Residency Capacity Stakeholder’s Conference, 2011
    - Identified strategies to increase programs, positions
    - 2012 added 313 positions over 2011

Residency Programs in ASHP Accreditation Process (1964-2012)
Privileging

Why is privileging important?
- System used by medicine & other disciplines
- Provides recognized authority within scope of practice

Models:
- Veterans Health Administration
  - Clinical pharmacy specialists authorized by VA to perform certain clinical functions, including prescribing, analyzing lab & diagnostic test data, physical exams
- Health systems

Technicians

Education, training, certification, & licensure
- Only 11% of techs in hospitals have completed an ASHP-accredited training program
- Education & training are an important pre-cursor to PTCB certification
- Licensing technicians:
  - ASHP policy (Approved by House of Delegates in June 2012)
    - Calls for licensure of techs & mandatory ASHP-accredited training & PTCB certification, including uniform state laws & regulations

Developing New Leaders

Center for Health-System Pharmacy Leadership
- ASHP Foundation

ASHP efforts
- Leadership Conference
- Education
  - Webinars, Midyear Meeting, Summer Meeting

Residency Training
- Leadership is a core component of training
- Growth in Master’s residencies

Provider Status:

Why provider status is important
- Need to improve patient care
- Professional recognition
- Payment for services that help patients

The path forward
- There must be agreement on who is eligible to be a provider
- A grassroots movement facilitated by ASHP & other national pharmacy organizations is necessary—Working toward introduction of legislation soon.
- Campaign must be about what is good for the patient
- Pharmacists in states & communities must be politically involved

Pharmacy Practice Model Initiative:

Create a framework
Determine services necessary
Identify emerging technologies
Develop a template
Implement change

Implementing PPMI

PPMI projects
- National Dashboard; Patient Complexity Index
- Hospital Self-Assessment Tool Kit
  - http://www.ashpmedia.org/ppmi/affiliate_toolkit.html
- A suggested plan for dissemination of PPMI to your affiliate/membership group
  - http://www.ashpmedia.org/ppmi/affiliate_toolkit.html
- Agendas for initial leadership meetings
- Outlines/agendas of meetings for educational programs
- Sample presentations
- Sample email communications
- Spotlights on hospitals implementing PPMI elements
Measuring Pharmacists’ Contributions

- Aligning pharmacy services with national quality measures
  - ASHP’s member-driven work group
    - Which NQF quality measures can pharmacy best influence?
- What’s on the mind of hospital executives?
  - Programs to improve outcomes & reduce costs
    - May not realize the level to which pharmacists can help
  - HCAHPS: Patient satisfaction
    - Most hospitals don’t fare well on medication-related questions – work needed

Final Thoughts...

- Our vision is for pharmacists to work as direct patient-care providers
- Pharmacists have always been innovators & agents of change.
- Staying focused on what’s right for the patient will always be our best strategy.
- ASHP stands ready to work hand-in-hand with our members & other pharmacy/healthcare organizations to help patients make the best use of medicines.

Let’s Talk!
Questions?