Transforming Pharmacy Practice: Working Together to Provide Optimal Care

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Disclosure

Nothing to disclose

Today’s Conversation…

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

Pharmacy’s Current State

Practice

- Team-based pharmaceutical care both in acute and ambulatory settings
- Provided by pharmacy generalists and specialists with varying education and training
- Supported by pharmacy technicians with dramatically different levels of education and training
- Supported by extensive automation and advanced clinical information systems
- Utilizing population-based evidence as the basis for drug therapy decisions
- To focus on cost effective improvements in outcomes

Pharmacist Education, Training, Certification

- Pharm.D. curriculum now includes IPPEs and APPEs
  - Therapeutics coursework dominates curriculum
  - Patient assessment, wellness, prevention & disease management emphasized
  - Integrated curriculum
- 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
- M.S., MHA, MBA, and Joint Degrees
Pharmacist Education, Training, Certification (cont.)

- **Board of Pharmacy Specialties:**
  - Pharmacotherapy, oncology, nutrition support, nuclear, ambulatory care, psychiatry
  - About 9% of pharmacists in hospitals are now board certified
  - New specialties under consideration:
    - Critical care
    - Pediatrics
    - Pain & palliative care
    - Cardiology
    - Infectious diseases
    - Immunology/Transplantation

  ASHP Policy (2012)

Pharmacists who practice in areas with BPS specialties should become board-certified

Growth of Board-Certified Specialists

Technician Training & Certification

- **State laws evolving**
  - 42 states regulate technicians; 16 require certification
  - 65% of pharmacy techs in hospitals are PTCB-certified

- **Technicians 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 are growing**
  - 206 programs in accreditation process
  - 600-700 unaccredited programs
  - Many chain pharmacies provide ASHP-accredited training
    - Walgreens (nationwide)
    - Rite Aid (nationwide)
    - CVS (in S.C.)
  - Need more programs serving health-system pharmacy
  - About 11% of technicians nationwide have completed an ASHP-accredited training program

Collaborative Practice

- **47 states have CDTM allowing pharmacists to**
  - 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 pharmacists are patient-centered, primary care providers**
- **Medication therapy management services**
- **Vaccinations**
- **Evidence: Asheville Project, APhA’s Diabetes 10 City Challenge**
Hospital & Clinic-Based Practice

- Pharmacists provide hospital-wide clinical services:
  - Design drug therapy
  - Monitor for desired outcomes & adjust therapy
  - Promote adherence
  - Medication safety permeates every aspect of pharmacy care
- Extensive use of automation, robotics, smart infusion devices, CPOE, bar coding & clinical decision support

Recommended Reading


Ambulatory Care Practice in Health Systems

- % of Hospitals

- Pharmacists who work in outpatient settings

Vision for Pharmacy Practice

- 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
      - Define basic pharmacist services for all patients
      - Structured pharmacist-directed medication history and medication reconciliation
      - Medication assessment for appropriateness
      - Application of best practices and use of protocols
      - Define services for high-risk or therapeutically complex patients
      - Target drugs and patients that require enhanced attention
    - Result: More well-defined system that is woven into fabric of patient care in every organization
Major Need #2: Enhanced Metrics
- Allocation of health care resources will be driven by metrics
- Need new and improved benchmarking systems to reflect current practices

Major Need #3: Medication Therapy Plan
- Every patient should receive a pharmacist-initiated medication therapy plan that is
  - Comprehensive
  - Interprofessional (Multidisciplinary)
  - 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

Major Need #4: Ambulatory Clinic Pharmacy Practice
- More & more pharmacy care will be delivered by pharmacists working in interprofessional primary care settings

Next big change in pharmacy practice
- Pharmacists see designated patients
- Electronic health records, well-trained technicians, and automation will support
- Primary care will be data driven

Major Need #4: Primary Care Pharmacy Practice (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, and other providers are understood, clearly communicated
    - Shared and individual accountability among team members
    - Pharmacist may also identify other needs and refer patient back to physician
  - Pharmacist may conduct initial assessment for select types of patients and determine appropriate level of care

Major Need #5: Effective Transitions in Care
- Health-system pharmacist roles
  - Medication reconciliation
  - Resolving medication-related problems
  - Preparation for discharge
  - Addressing medication access issues
  - Post-discharge Follow-up
  - Pharmacists talking to pharmacists in all settings, and across settings of care
Effective Transitions in Care (cont.)
- Accountable Care Organizations and Medical Homes
  - Multidisciplinary 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

ASHP Activities to Help Achieve the Vision

Training, Credentialing & Privileging
- Triad of competency
  - All three elements are important
- ASHP policy:
  - Residency training
  - Specialty certification
- Why is residency training important?
  - Demonstrated competence beyond pharmacy education
  - Recognition by other members of team and payers

State of residency training
- PGY1 positions more than doubled in 6 years
- 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
    - 311 additional positions in 2012 over 2011

Technicians
- Education, training, certification, and licensure
  - Only 11% of techs in hospitals have completed an ASHP-accredited training program
  - Education and training are an important pre-cursor to PTCB certification
- Licensing technicians
  - ASHP proposed policy
    - Calls for licensure of technicians and mandatory ASHP-accredited training and 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 residencies combined with masters degrees

Provider Status

- Why provider status is important
  - Need to improve patient care
  - Professional recognition
  - Payment for services
- The path forward
  - There must be agreement on who is eligible to be a provider
  - A grassroots movement facilitated by ASHP and other national pharmacy organizations is necessary
    - Campaign must be about what is good for the patient
    - Pharmacists in states and communities must be politically involved

Provider Status (cont.)

- In recent months, ASHP, APhA, and ACCP have each
  - Released position papers delineating the need for a profession-wide focus on obtaining recognition that pharmacists are healthcare providers
  - Committed substantial sums of money to promote pharmacists as healthcare providers

Pharmacy Practice Model Initiative

“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.”

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

Implementing PPMI

- PPMI projects
  - Hospital Self Assessment & Tool Kit, National Dashboard, Patient Complexity Index (in development)
- Hospital Self-Assessment Tool Kit
  - A suggested plan for dissemination of PPMI to your membership group
  - Agendas for initial leadership meetings
  - Outlines/agendas of meetings for educational programs
  - Sample presentations
  - Sample email communications

Implementing PPMI (cont.)

- National Dashboard
  - Pharmacists can use to help determine how their hospital or health system aligns with the PPMI recommendations.
  - Set of 5 goals and 26 measures designed to provide a broader national picture of successful adoption of PPMI recommendations.
  - Data will be collected annually via the ASHP National Survey and reported during each Midyear Clinical Meeting.
Goal 1
- Pharmacist roles, practices, and activities will improve medication use and optimize medication-related outcomes.

Goal 2
- Pharmacy technicians will prepare and distribute medications and perform other functions that do not require a pharmacist’s professional judgment.

Goal 3
- Pharmacists and pharmacy technicians will have appropriate training and credentials for the activities performed within their scope of practice.

Goal 4
- Pharmacists will demonstrate leadership in exercising their responsibility for medication use systems and will be accountable for medication-related patient outcomes.

Final Thoughts...
- We must educate the public as to the role of the pharmacist in their care.
- Pharmacists in different sites of care must work together in a coordinated fashion to provide the full spectrum of care.
- As pharmacists, we must have an increased emphasis on care basics, such as wellness, adherence, design of affordable drug therapies, elimination of unnecessary drug use, and primary care.
- 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.

Aligning Pharmacy Services with National Quality Measures & Initiatives
- CMS value-based purchasing program
  - Quality, patient satisfaction, avoiding hospital-acquired conditions and readmissions
  - Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - Pain management, understanding reason for medication and adverse effects
- National Quality Forum (NQF) Measures
- Patient Safety and Clinical Pharmacy Services Collaborative (PSPC)
  - Community teams
  - High-risk underserved patients

Let’s Talk!