

# Practice Model Change & Hospital Pharmacy

**Henri R. Manasse, Ph.D., Sc.D., FFIP**  
Executive Vice President & Chief Executive Officer  
American Society of Health-System Pharmacists

-----  
Spanish Society National Congress, Madrid  
Oct. 22, 2010



American Society of  
Health-System Pharmacists®

TOGETHER WE MAKE A GREAT TEAM



# COURAGE

Do one brave thing today... then run like hell.

*CoEdHumor.com*

*Together we make a great team*



**“Conviction without rigor is a  
strategy for disaster.”**

--Gordon Goldstein, *Lessons in Disaster* (2008)

*Together we make a great team*



# Objectives

- To discuss previous initiatives that have addressed hospital and health-system pharmacy practice model changes
- To address pharmacists' ethical and moral imperatives in developing and sustaining an effective and efficient practice model
- To identify hospital and health-system pharmacy's professional imperatives for collaboration with colleagues in medicine and nursing and address pharmacists' criticality in this collaboration
- To summarize the current and future a) economic, b) political and c) social imperatives influencing pharmacy's need for practice model changes
- To present the evidence supporting pharmacy's need for practice model changes
- To provide recommendations, moving actions and international perspectives which will help to lead efforts in developing a new effective, efficient and sustainable pharmacy practice model

*Together we make a great team*



# Strides in the Right Direction

## The 1985 Hilton Head Conference

- *“Directions for Clinical Practice in Pharmacy”*
- **CONSENSUS BUILDING**

## The 1989 Conference

- *“Pharmacy in the 21<sup>st</sup> Century Conference”*
- **CURRENT AND FUTURE ASSESSMENT**

## The 1993 San Antonio Conference

- *“ASHP Conference on Implementing Pharmaceutical Care”*
- **ACTUALIZING PHARMACEUTICAL CARE**

*Together we make a great team*



# Future Pharmacy Practice Models

- **In the best of all futures, pharmacists will:**
  - Be better accepted by patients
  - Have solid relationships with physicians
  - Be personally and institutionally accountable for medication therapy
  - Be enterprise-minded (committed to the success of our hospitals)
  - Become stewards of the profession

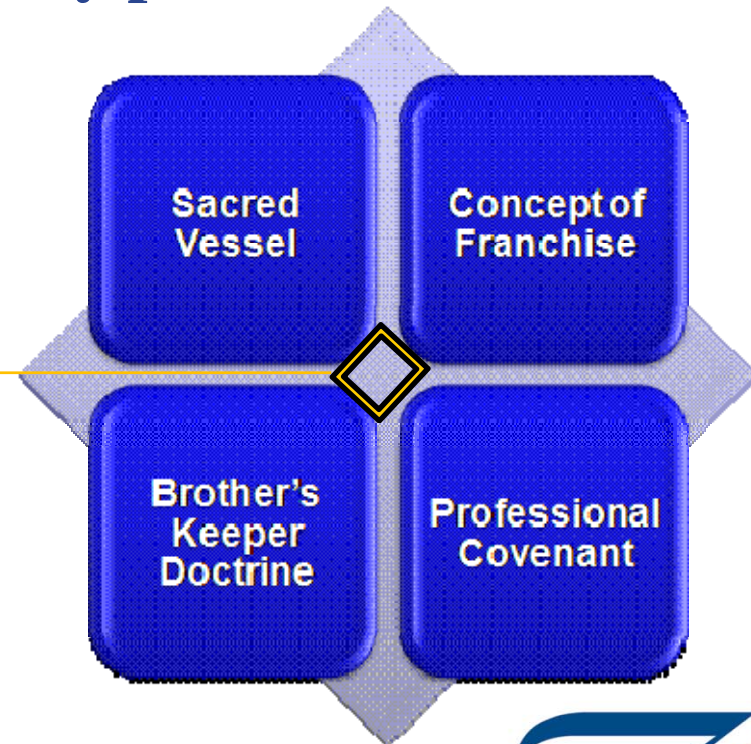


*Together we make a great team*



# Ethical & Moral Imperatives

- Much more needs to be done to fully realize the development of clinical pharmacy practice
- Ethical, moral and social imperatives are creating a new future
- Four underlying concepts support these imperatives



***MORAL CENTER***

*Together we make a great team*



*It all begins with **respect**, **trust**, **support**, and an appreciation of each discipline's unique contributions to health care.<sup>1</sup>*

1) Pew Health Professions Commission, *Recreating Health Professional Practice for a New Century (4<sup>th</sup> Report)*, (1998)

*Together we make a great team*



# The “Sacred Vessel”

- **In everything we do, we must respect the sacredness of the human body**
- **What we do to another’s body is a critical element of ethical & moral thinking**
- **We have an ethical obligation to act as compassionately, safely and effectively as possible**
- **Do no harm**



*Together we make a great team*



# Concept of Franchise



- **As pharmacists, we are unique**
- **Unparalleled, distinctive education and knowledge r.e. medications and their use**
- **Professionally, we are set apart through education and licensure and its inherent socially accorded privileges and responsibilities**
- **Legally and publically, we are accountable**

*Together we make a great team*



# Brother's Keeper Doctrine

- **Pharmacists are expected to help protect patients from potential and preventable adverse medication events: to be “their brother’s/sister’s keeper”**
- **“Learned intermediary” concept**
  - Regardless of the actions of others, pharmacists must intervene to keep the patient safe

*Together we make a great team*



# Professional Covenant

- **We must always uphold mutually understood and beneficial balance between ourselves and the needs and desires of our patients**
- **As professional caregivers, we are franchised “agents of society”**
- **We are subject to ethical imperative passed down by Hippocrates**
  - Not only to “Above else, do no harm,” but to continuously strive to do only good
- **We have an obligation to the profession to protect the franchise**

*Together we make a great team*



# Looking to Spain as an Example

- **Nation moved to a tax-based system of universal access for entire population**
- **Locally, primary care teams coordinate prevention, health promotion, treatment, and community care**
- **Gains seen in life expectancy and reductions in infant mortality, with outcomes superior to U.S.**
- **In 2007, Spain spent \$2,671 per person, or 8.5% of GDP on health care (*vs. 18% in U.S.*)**

“Renewing Primary Care: Lessons Learned From The Spanish Health Care System,”

<http://content.healthaffairs.org/cgi/content/full/29/8/1432?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=Spain&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

*Together we make a great team*



# What are the Elements of the Spanish System?

- **Stronger primary care**
- **Electronic health records**
- **Creation of network of community pharmacies**
- **Health care strategies set nationally, implemented locally**
- **Use of best practices**
- **System-wide approach (vertical integration of all components of health care system)**
- **Sustained commitment**

“Renewing Primary Care: Lessons Learned From The Spanish Health Care System,”

<http://content.healthaffairs.org/cgi/content/full/29/8/1432?maxtoshow=&hits=10&RESULTFORMAT=&fulltext=Spain&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT>

*Together we make a great team*



# Professional Imperative: *Collaborative Care*

## **A Moral Obligation:**

- Work together to keep patients safe
- Ensure patients are safe across care settings

## **Moving into Team-Based Care:**

- Significant opportunities for pharmacists to play larger role in patient education, counseling and therapy management
- Opportunities for pharmacists to act as decisionmakers in ensuring evidence-based drug information is readily available to caregivers

### **Continuum of Care**



*Together we make a great team*



# Professional Imperative: *Collaborative Care* (cont.)

## Moving into Team-Based Care:

- Best future is one in which pharmacists work collaboratively with physicians, nurses, and others
- Example: Health Care Collaborative<sup>2</sup>
  - *Collaborative care agreements between hospitals and physicians*
  - *Emerging hospitalist model*
- Example: World Health Professions' alliance with FIP

2) Manasse HR, Speedie M. Pharmacists, Pharmaceuticals and Policy Issues Shaping the Workforce in Pharmacy. Association of Academic Health Centers, Josiah Macy, Jr. Foundation, Project on the Future of the U.S. Health Care Workforce, February, 2006

*Together we make a great team*



# Professional Imperative: *Collaborative Care* (cont.)

- **Value of the work we do is easily tracked, and the studies are clear:**
  - Pharmacists who work in team-based practice improve patient outcomes
  - New meta analysis of nearly 300 articles:
    - *Found that patients were 47 percent less likely to experience an adverse drug event when a pharmacist was involved in their care*<sup>3</sup>

3) Chisholm-Burns MA, Graff Zivin JS, Lee JK , et al. Economic effects of pharmacists on health outcomes in the United States: A systematic review. *Am J Health-Syst Pharm.* 2010;67:1624-34.

*Together we make a great team*



# Professional Imperative: *Collaborative Care* (cont.)

- **Widespread support for team-based care and concept of criticality of pharmacists:**
  - Institute of Medicine Committee on the Future of Emergency Care in the U.S. Health System <sup>4</sup>
  - National Quality Forum:
    - *2008 National Framework for Palliative and Hospice Care Quality Measurement and Reporting* <sup>5</sup>
    - *2009 update of “Safe Practices for Better Healthcare” (Practice 18)* <sup>6</sup>
    - Specific policies of medical and nursing organizations

4) [www.iom.edu/Activities/Quality/emergencycare.aspx](http://www.iom.edu/Activities/Quality/emergencycare.aspx)

5) [www.qualityforum.org/Publications/2006/12/A\\_National\\_Framework\\_and\\_Preferred\\_Practices\\_for\\_Palliative\\_and\\_Hospice\\_Care\\_Quality.aspx](http://www.qualityforum.org/Publications/2006/12/A_National_Framework_and_Preferred_Practices_for_Palliative_and_Hospice_Care_Quality.aspx)

6) [www.qualityforum.org/Publications/2009/03/Safe\\_Practices\\_for\\_Better\\_Healthcare%e2%80%93Update.aspx](http://www.qualityforum.org/Publications/2009/03/Safe_Practices_for_Better_Healthcare%e2%80%93Update.aspx)

*Together we make a great team*



# Criticality of Pharmacists <sup>7-8</sup>

- Provide medication therapy consultation
- Provide drug information to physicians & nurses
- Manage medication protocols & assist in their development
- Monitor patient therapeutic outcomes
- Assess & manage adverse drug reactions
- Gather medication histories
- Reconcile patients' medications
- Provide patient & caretaker education
- Provide pharmacokinetic monitoring



7) Joint Statement of ASHP and the Society for Hospital Medicine (2007)

8) Position Paper, The Society of Critical Care Medicine (2000)

*Together we make a great team*



*Pharmacists have an **ethical obligation** to **advocate** for models of care that will provide the **best care to patients.***

*Together we make a great team*



# Economic Imperative in the U.S.

- **Growing health care costs:** <sup>9</sup>
  - In 2009, U.S. spent \$2.6 trillion for health care
  - By 2017, projected to increase to 20% of GDP
- **Health as human capital:** <sup>10</sup>
  - Health is not merely absence of disease; foundation for quality of life
  - Healthy people cost less than unhealthy people
- **Waste & fraud** <sup>11-12</sup>
  - Duplicate lab testing
  - Unnecessary procedures & add-on therapies
  - Defensive medicine



9) Wechsler J. Healthcare reform requires a hard look at drug costs and savings. *Formulary*, February 2009.

10) Health as a Human Capital Foundation, <http://www.hhcfoundation.org/hhcf/About.aspx>.

11) Financial Impacts of Waste, Fraud, and Abuse in Pharmaceutical Pricing, [http://oversight.house.gov/index.php?option=com\\_content&view=article&id=2628:financial-impacts-of-waste-fraud-and-abuse-in-pharmaceutical-pricing&catid=42:hearings&Itemid=2](http://oversight.house.gov/index.php?option=com_content&view=article&id=2628:financial-impacts-of-waste-fraud-and-abuse-in-pharmaceutical-pricing&catid=42:hearings&Itemid=2)

12) Hill, J.C. (2005, October). The learned intermediary doctrine and beyond: exploring direct-to-consumer drug advertising liability in the new millennium. *Defense Counsel Journal*, [http://goliath.ecnext.com/coms2/gi\\_0199-5119028/The-learned-intermediary-doctrine-and.html](http://goliath.ecnext.com/coms2/gi_0199-5119028/The-learned-intermediary-doctrine-and.html)

*Together we make a great team*



# Economic Imperative *(cont.)*

- **Efficiency & Effectiveness** <sup>13-15</sup>
  - Medication use continues to soar
  - Increased risk of adverse effects is correlated with:
    - *Total # of medications per patient*
    - *Introduction of new medications during hospital stay*
  - As technology advances & is used more broadly, executives will likely question whether investments in IT can decrease personnel costs
  - Imperative that all departments of pharmacy in hospitals and health systems adopt practice models that demonstrate value of pharmacists



13) [http://www.cdc.gov/nchs/data/infosheets/infosheet\\_prescription\\_drugs.htm](http://www.cdc.gov/nchs/data/infosheets/infosheet_prescription_drugs.htm).

14) <http://www.chpa-info.org>.

15) van der Bemt PM, Egberts AC, Lenderink AW, et al. Risk factors for the development of adverse events in hospitalized patients. *Pharm World Sci.* , Apr 2000;22(2):62-66.

*Together we make a great team*



*Political* and *regulatory* developments  
comprise the context in which  
*new practice models* must be  
*implemented* and *sustained*.

*Together we make a great team*



# Political Imperative

- **U.S. Health Care Reform** <sup>16-18</sup>
  - Patient Protection and Affordable Care Act (enacted March 23, 2010)
    - *Protracted political battle*
    - *Health care for all*
    - *Results driven*
    - *Reduction of waste & fraud*
  - Ways pharmacists are getting involved:
    - *Medication therapy management (MTM) studies*
    - *Pilot projects:*
      - “Medical Homes”
      - “Independence at Home”
      - “Accountable Care Organizations”
  - Risk Evaluation and Mitigation Strategies (REMS)
  - “Never Events” not to be paid for



16) Health Reform, <http://www.healthreform.gov/>

17) Federal Registrar. Identification of Drug and Biological Products Demand to Have Risk Evaluation and Mitigation Strategies for Purposes of the Food and Drug Administration Amendments Act of 2007;73(60):16313-16314

18) CMS expands list of hospital medical mistakes it will not cover. *American Journal of Health-System Pharmacy*, 65(18), 1686-1688

*Together we make a great team*



**There are trends in society that we cannot  
control, but for which we must be  
*prepared* and *flexible*.**

*Together we make a great team*



# Social Imperative



- **Changing demographics** <sup>19-21</sup>
  - Growing elderly population
  - Increase in chronic disease
  - Shortage of primary care providers
- **“Nothing about me without me”**
  - Partnership with patients
  - Promotion of health literacy & medication adherence
  - Understanding health disparities
  - Collaborative design of treatment plan
  - Accountability of all parties

19) US Census, 2010

20) Partnership to Fight Chronic Disease, Platform, 2007

21) Ross, J. (2007, June). Health literacy and its influence on patient safety. *Journal of PeriAnesthesia Nursing*, vol. 22, no. 3

*Together we make a great team*



*New models* of care should **ALWAYS**  
be based on *evidence*.

*Together we make a great team*



# The Evidence

- **Pharmacists' interventions** <sup>22</sup>
  - Positive impact on patient outcomes
  - Improved medication safety
  - Economic benefits to patients, providers & payers
- **The other story** <sup>23-24</sup>
  - Adverse drug events (ADEs) continue to rise
  - Most common ADEs are:
    - *Ordering / prescribing*
    - *Administration*
  - Higher ADEs in emergency departments
  - Elderly, children at higher risk
  - High-risk drugs and Risk Evaluation and Mitigation Strategies (REMS)

22) Outcomes: A Systematic Review and Meta-analysis. P.I.: Marie A. Chisholm-Burns, Pharm.D., M.P.H., FASHP, University of Arizona, Tucson, Ariz. Funded by a 2008 grant through the American Society of Health-System Pharmacists and the ASHP Research and Education Foundation.

23) Johnson JA, Bootman JL, Ernst FR, Grizzle AJ. Drug-related morbidity and mortality. A cost-of-illness model. Arch Intern Med. Mar-Apr 1995;155(18):1949-1956.

24) Lazarus HM, Fox J, Evans RS, et al. Adverse drug events in trauma patients. J Trauma. Feb 2003;54(2):337-343

*Together we make a great team*



We must be *accountable* for  
care outcomes on both a  
*personal* and *institutional* level.

*Together we make a great team*



# Recommendations

- **Moving forward**
  - Adopt new stance about our failures
    - *Do no harm!*
  - Work only in pharmacy's domain
    - *Accurate allocation of pharmacists' resources*
    - *Better deployment to patient bedside*
  - Be honest about credentialing & privileging
    - *Increase accredited residencies*
    - *Increase Board certifications*
    - *Raise hiring standards*
    - *Develop formal gatekeeping assessments*

*Together we make a great team*



# Recommendations *(cont.)*

- **Talent management**
  - Manage & develop human resources
  - Work to best meet needs of patients
  - Respond to continuously evolving health care system
  - Key actions:
    - *Assess current workforce*
    - *Acquire new staff, where needed*
    - *Develop & enhance pharmacy workforce*
    - *Align staff configurations to deliver clinical care*



*Together we make a great team*



# Recommendations *(cont.)*

- **Transformation: What will it require?**
  - Integration of direct patient care and infrastructure roles
  - Leadership and staff development role for pharmacy managers
  - Revamped state and national educational programming (ASHP as key player)
  - Integrated technology (point of care):
    - *“ATM” model dispensing*
    - *Patient/ order/ product verification*

*Together we make a great team*



# International Perspectives

- Responsibility to be good citizens of the world
- Synchronization w/ World Health Organization goals <sup>25</sup>
  - *Rational use of medicines, 12 key interventions*
- American Society of Health-System Pharmacists key partnerships:
  - *International Pharmaceutical Federation*
  - *North American Compact on Advancement of Hospital Pharmacy*
    - Canadian Society of Hospital Pharmacists
    - Mexican Association of Hospital Pharmacists
- Potential new relationships?
  - *Europe*
  - *Saudi Arabia*
  - *China*
  - *India*



25) WHO, *Rational Use of Medicines*, [http://www.who.int/medicines/areas/rational\\_use/en/](http://www.who.int/medicines/areas/rational_use/en/)

*Together we make a great team*



# Final Thoughts....

Pharmacists must touch patients...

*Obligation to change practice models...*

**SET A NEW DIRECTION...**

**Collective Responsibility!!**

*Together we make a great team*



# Questions?



***For more information, please visit: [www.ashp.org](http://www.ashp.org)***

*Together we make a great team*



*Together we make a great team*

