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

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

Together we make a great team
“Conviction without rigor is a strategy for disaster.”

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
Strides in the Right Direction

The 1985 Hilton Head Conference
- “Directions for Clinical Practice in Pharmacy”
- CONSENSUS BUILDING

The 1989 Conference
- “Pharmacy in the 21st Century Conference”
- CURRENT AND FUTURE ASSESSMENT

The 1993 San Antonio Conference
- “ASHP Conference on Implementing Pharmaceutical Care”
- ACTUALIZING PHARMACEUTICAL CARE

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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
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.

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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.¹

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
• 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
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
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
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
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=10&RESULTFORMAT=&fulltext=Spain&andorexactfulltext=and&searchid=1&FIRSTINDEX=0&resourcetype=HWCIT
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
Moving into Team-Based Care:

- Best future is one in which pharmacists work collaboratively with physicians, nurses, and others

- Example: Health Care Collaborative\(^2\)
  - **Collaborative care agreements between hospitals and physicians**
  - **Emerging hospitalist model**

- Example: World Health Professions’ alliance with FIP

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 care³

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 4
- National Quality Forum:
  - 2008 National Framework for Palliative and Hospice Care Quality Measurement and Reporting 5
  - 2009 update of “Safe Practices for Better Healthcare” (Practice 18) 6
  - Specific policies of medical and nursing organizations

4) www.iom.edu/Activities/Quality/emergencycare.aspx
• 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

Pharmacists have an **ethical obligation** to **advocate** for models of care that will provide the **best care to patients.**
Economic Imperative in the U.S.

- **Growing health care costs:**
  - In 2009, U.S. spent $2.6 trillion for health care
  - By 2017, projected to increase to 20% of GDP

- **Health as human capital:**
  - Health is not merely absence of disease; foundation for quality of life
  - Healthy people cost less than unhealthy people

- **Waste & fraud**
  - Duplicate lab testing
  - Unnecessary procedures & add-on therapies
  - Defensive medicine

• **Efficiency & Effectiveness**

  – 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

Political and regulatory developments comprise the context in which new practice models must be implemented and sustained.
• **U.S. Health Care Reform** 16-18
  
  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

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

• **Changing demographics** 19-21
  – 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

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

• **Pharmacists’ interventions** 22
  – Positive impact on patient outcomes
  – Improved medication safety
  – Economic benefits to patients, providers & payers

• **The other story** 23-24
  – 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)

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

• Responsibility to be good citizens of the world
• Synchronization w/ World Health Organization goals
  – 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

Final Thoughts....

Pharmacists must touch patients...

Obligation to change practice models...

SET A NEW DIRECTION...

Collective Responsibility!!

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Questions?

For more information, please visit: www.ashp.org

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