Writing Pharmacy’s Headlines
2013 Milap Nahata Distinguished Lecture

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The New York Times
August 14, 2010
Pharmacists Take Larger Role on Health Team
By REED ABELSON and NATASHA SINGER
Eloise Gelinas depends on a personal health coach. At Barney’s Pharmacy, her local drugstore in Augusta, Ga., the pharmacist outlines all her medications, teaching her what times of day to take the drugs that will help control her diabetes. Ms. Gelinas, a retired nurse, also attends classes at the store once a month on how to manage her disease with drugs, diet and exercise. Since she started working with the Barney’s pharmacists, she boasts that her blood sugar, bad cholesterol and blood pressure have all decreased. “It’s my home away from home,” she says.
When the Doctor Is Not Needed

There is already a shortage of doctors in many parts of the United States. The expansion of health care coverage to millions of uninsured Americans under the Affordable Care Act will make that shortage even worse. Expanding medical schools and residency programs could help in the long run.

But a sensible solution to this crisis — particularly to address the short supply of primary care doctors — is to rely much more on nurse practitioners, physician assistants, pharmacists, community members and even the patients themselves to do many of the routine tasks traditionally reserved for doctors.

Here are some initiatives that use non-doctors to provide medical care, with very promising results:

PHARMACISTS A report by the chief pharmacist of the United States Public Health Service a year ago argued persuasively that pharmacists are "remarkably underutilized" given their education, training and closeness to the community. The chief exceptions are pharmacists who work in federal agencies like the Department of Veterans Affairs, the Department of Defense and the Indian Health Service, where they deliver a lot of health care with minimal supervision. After an initial diagnosis is made by a doctor, federal pharmacists manage the care of patients when medications are the primary treatment, as is very often the case.

Why The Hospital Wants The Pharmacist To Be Your Coach

by ERIC WHITNEY
February 19, 2013 5:00 PM

About 1 in 5 Medicare patients who leave the hospital come back within 30 days. Those return trips cost U.S. taxpayers a lot of money — more than $17 billion a year.

In October, the federal government started cracking down on hospitals, penalizing them if too many of their patients bounce back. That has some hospitals going to the corner drugstore for help managing the care of patients like Dorothy Irene Tucker.

Dorothy Tucker returned home with three fewer medications to keep track of than when she was admitted. She says she looks forward to working with the pharmacy so she can learn her new regimen.
Multistate Outbreak of Fungal Infection Associated with Injection of Methylprednisolone Acetate Solution from a Single Compounding Pharmacy

MASS. SHUTS DOWN ANOTHER COMPOUNding PHARMACY

Pharmacy knew of mold contamination before meningitis outbreak

Sterility Found Lacking at Drug Site in Outbreak

Mass. halts operations at three compounding pharmacies

Transition in Health Care

Current Paradigm
Specialized care
Hospital based
Acute treatment
Individual patient focused
Cure or treat disease
Individual health care providers
Population based treatment

Emerging Paradigm
Primary care
Community based
Chronic treatment
Population focused
Prevent disease
Team of providers
Personalized medicine

Adapted from American Association of Colleges of Pharmacy Commission to Implement Change in Pharmacy Education
Need for Pharmaceuticals

• Increasing portion of health care budget spent on pharmaceuticals
• Increasing number of prescriptions per capita
• Expenditures on prescription drugs expected to increase 95% by 2019


Unsolved Problems Related to Medications

• High expense
• Medication errors
• Inappropriate drug use
• Preventable adverse drug effects
• Poor adherence to therapy
• Inadequate use of wellness measures
• Counterfeit medications
• Adulterated and impure medications
Change Drivers in Pharmacy

- Changing societal expectations
- Government laws and regulation
- Increased access to medicines through global trade
  - The commoditization of prescription drugs
- Policies of health care payors
  - Status of pharmacists as providers
- Prevalence of chronic diseases

Who is Driving Progress?

Practitioners

Colleges and Schools
Key Questions Now Facing the Profession

• How will we be a part of new health care models (ACO’s and PCMH’s)?
• Should we develop a unified or diversified practice model?
• Should we seek provider status for all pharmacists or a subset of pharmacists?

Possible Headlines in 2023

“Retired baby boomers demand medication therapy management by pharmacists”

“Pharmacists play major role in designing drug treatments using genomics”

“Importation and automation leads to demise of pharmacy profession”
The Education Perspective

What should we do to prepare pharmacy graduates to have the greatest influence to improve health in a dynamic and changing health care environment?

Pharmacy Education

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Progressive</th>
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<tr>
<td>Passive</td>
<td>Active</td>
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<td>Memorizing</td>
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<td>Reading</td>
<td>Doing and thinking</td>
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<tr>
<td>Focus on teaching</td>
<td>Focus on learning and behaviors</td>
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Assumptions

• Factual knowledge quickly loses its value and can easily be updated with new media
• Pharmacy and health care are rapidly changing, requiring new knowledge and skills
• Traditional lecture approach does not instill the desirable attributes

Qualities that will Hold Up in Challenging Times

• Being a critical thinker and problem solver
• Professional behaviors
• Leadership
• Being a good communicator
What is Most Important?

• Knowledge
• Skills
• Behavior and attitudes
Strategies to Promote Desirable Attributes of Graduates

• Active learning Methods
  – Problem-based learning, Case-based learning, simulation
• Develop professionalism
• Interprofessional education
• Service learning / community engagement / cultural competence

Beyond the PharmD

• Residencies and Fellowships
• Professional masters: MBA, MPH, MHA
• PhD
• Certification: BCPS, CDE, various disease states
Residency Training

American College of Clinical Pharmacy

*Recommends that all pharmacists in patient care areas complete a residency*

American Association of Colleges of Pharmacy

*Colleges of pharmacy should take a proactive leadership role in developing and enhancing residencies*

American Society of Health-System Pharmacists

*Establish as a goal that pharmacists who provide direct patient care should have completed an ASHP-accredited residency or have attained comparable skills.*
University of Kentucky Residents 1978

Additional degrees: MBA, MHA, MPH, JD, MS-CR, MS-HIT
Foundation for Pharmacists to Influence Health Outcomes

- Proper education and credentialing
- Laws and regulations
- Practice models
- Payment systems

The Pharmacy Practice Model

Single model
Vs
Multiple models depending on practice site
Pharmacy Practice Model Initiative (PPMI)

Drug-Distribution-Centered Model vs Clinical Pharmacist-Centered Model vs Patient-Centered Integrated Model

Developed by American Society of Health-System Pharmacists (ASHP)

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Major PPMI Themes

- Move pharmacists closer to the patient
- Pharmacists responsible for safe use of medications and ensuring quality
- Well-developed technician workforce
- Wide-spread use of technology
The “IT” Pharmacist

- Builds the clinical computer interface
- Supports transition of data to knowledge
- Manages patient clinical data bases
- Clinical decision support systems
- Manages drug and technology information

Antibiotic Stewardship Pharmacist

Roles
- Advisor
- Educator
- Team member with physicians and microbiology lab
- Create and enforce antibiotic policy
- Formulary management
- Pharmacokinetic dosing
Putting it all together

• Education
  – What and how we teach
  – Promoting desired qualities
• Post-graduate learning
• Practice models

Pharmacy Challenges of the Past

Statements that are (or mostly) reality:
• All graduates have a PharmD
• Patients are counseled about their medicines and diseases by pharmacists
• Pharmacists are paid for patient-focused services
• All hospitals have a clinical pharmacist
Pharmacy Challenges Not Yet Reality

Statements that could be reality:
• All pharmacists have residency training
• Pharmacists prescribe
• Pharmacists are recognized as providers by Medicare
• All patients have a genomic profile to guide medication use
• Drug errors are rare events

Future Success of Pharmacy

• Meet societal needs (access, cost, efficacy, safety)
• Improve pharmacy education and training for patient-oriented pharmacists
• Develop practice models that improve health and reduce cost
Future Headlines
(Fill in the Blanks)

Pharmacists at the Forefront of .......

Improvement in ..... Attributed to Pharmacists

Pharmacists Essential for ......