VIEWPOINTS

Leading Up: Moving Pharmacy Toward the 2015 Vision

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Discussions about leadership generally assume the model that leaders lead and followers follow. Many thoughtful analyses of leadership have provided varying assessments about leadership styles and motivational strategies. But what if the followers chose to lead? What would this model and its impact look like? Perhaps it would be the study of a revolution! But what if the leaders embraced, encouraged, and even expected leadership from the followers? What if they truly listened to the voices of the followers? And further, what if the followers were focused on the greater good of their cause rather than self-interest? What if their goal was to create positive change as the first result, rather than the outcome of a second or third effort? What if this happened in pharmacy?

Arguably, pharmacy is on the cusp of the greatest opportunity it will have for professional practice change in the 21st century. I draw this conclusion based on the following 2 facts. First, our collective national pharmacy leadership, both volunteers and staff members, are actively working to achieve the vision for pharmacy practice in the year 2015 articulated by the Joint Commission of Pharmacy Practice (JCPP). Closely aligned with the work by JCPP, the American Society of Health System Pharmacists (ASHP) is well into their fourth year of Health-system Pharmacy 2015. This is their contribution to improving the practice of pharmacy in health systems by the year 2015. A parallel effort specific to community pharmacy's advancement of health care, which is labeled Project Destiny, was initiated in July 2007 by the American Pharmacists Association (APhA), National Association of Chain Drug Stores (NACDS), and the National Community Pharmacists Association (NCPA). This level of energy, and the associated commitment of resources, is remarkable, but perhaps more exciting is the level of cooperation among our national organizations. I can only assume they realize the magnitude of the opportunity as well.

The second fact has to do with a force completely outside of pharmacy, which is the unprecedented and

pending impact of the baby boomer generation. A 2003 article in *USA Today* by Fred Bayles highlights that the wealth and size of the baby boomer generation alone makes then impossible to ignore.¹ Most are aware of the size, but consider that between 2003 and 2030, which is when all the boomers turn 65, the number of Americans 65 and older will double from 35.6 million to 71.5 million. This will represent nearly 20% of the US population, which is an increase from 12% in 2003. Specific to wealth, Bayles points out that this cohort will ultimately control 40% of the nation's disposable income and 77% of the private investments. As the boomer's health care needs increase, one can only imagine the time they will spend seeking counsel from a pharmacist and the opportunity for pharmacists to receive compensation for this effort. Remember, baby boomers have always played by their own rules. They have rejected everything from their parent's car, which they replaced with a painted van, to their parent's clothes and music! We clearly have a reason to suppose that boomers will reject their parent's health care expectations for pharmacy when they reach the years of increasing medication use. If one envisions this reality, then what will be the expected model of pharmacy service? And, for a generation that has redefined our expectations of consumers, what will they pay for? Again, the opportunity for pharmacy is significant and unprecedented.

If we view the professional practice model that supports the pharmacist in 2015 as a three-legged stool, then the efforts by our national leaders and the impact of baby boomers turning 65 serve as 2 sturdy legs of this stool. They represent our practice model and our patients, respectively. My suggestion is that the critical third leg is every pharmacist who we can respectfully characterize as a follower, and the individual and collective efforts of this group to lead toward the 2015 vision. I am in this group of followers within AACP. I am not an elected leader, committee volunteer, or paid staff member. But I am a pharmacy educator sincerely interested in transforming pharmacy into the 2015 vision for pharmacy.

The driver for this third leg of the stool, and more specifically how pharmacists should lead, stems from work done by Michael Useem, Professor of Management

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and Director of the Center for Leadership and Change at the Wharton School, University of Pennsylvania, which he has described as “leading up.”² It recognizes that an organization’s best efforts are accomplished when leaders move forward strategically, but also earnestly look back to the rank and file and listen and act upon the thoughts and insights shared by those who follow. Useem’s model also points out that those leading up are not accomplishing tasks for self-interested reasons, rather they are “serving the organization and the people it serves—whether customers, owners, or constituents.” I hope you can begin to see the connection to the profession of pharmacy that I do.

Useem offers wonderful examples of leading up in the various books and papers he has published. These range from stories about climbing Mt. Everest, to innovative corporate initiatives, to the US Marines, and even include examples from the Civil War. But pharmacy has its own examples of leading up. A powerful “leading up” example in pharmacy is the effort by the profession of pharmacy and many individual pharmacists to change the practice landscape so pharmacists could provide vaccines and immunizations and be compensated for their work. We can look to the work of Mike Grunske that ASHP documented in 2003 which involved an immunization administration program that he started in his residency program 5 years earlier.³ We can look to the tireless efforts of John Grabenstein, PhD, to promote through research and advocacy the pharmacist’s role in providing immunizations.

These individuals, in concert with national leadership that listened and acted, created positive changes at the highest levels of government to alter the practice and payment model for pharmacy specific to immunizations. This was an amazing accomplishment, but it should come as no surprise for at its core this was an effort to meet a defined need with a rational, cost-effective solution. This brings us back to our earlier discussion on the boomer generation and the question of what will be the rational, cost-effective solution for managing their medication use? If it is to involve pharmacy under a new practice model, then those who follow must lead up like Mike Grunske, John Grabenstein, and numerous other innovative pharmacists who have been willing to take risks for the advancement of the profession. Our national leaders have set the stage, and they show no signs of slowing down, but selfless efforts must be undertaken to transcend current paradigms and traditions, and leaders must show a willingness to listen and act upon what they hear and learn.

Attending to the leadership needs of our pharmacy students is of paramount concern as these individuals are the future agents of change for pharmacy. First, it is

critically important that we as pharmacy educators do our part to ignite students’ understanding of this role and help them to understand how to lead change processes. I recently read in the March/April issue of *Academic Pharmacy Now* about Drs. Matzke’s, Musselman’s and Rymer’s efforts to teach advocacy through discussion and by bringing their students to Washington, DC, to lobby and advocate for pharmacy.⁴ What an amazing experience this must have been for these students and what a terrific teaching strategy. Here were students leading up for pharmacy on our country’s biggest political stage. These students, with the support of their faculty members, were taking a huge risk to lead change and advance pharmacy. A second key activity is helping our students realize that the profession is something bigger than them, and that contributing to the overall effort to develop the profession is an essential activity for every pharmacist. We all implicitly attend to this on a daily basis in our classrooms, but drawing it out and explicitly helping students to understand the bigger picture is critically important. For example, explaining the role that Federal or state governments play in shaping payment decisions that impact our practice model as a correlate lesson to teaching differences between brand and generic drugs. Finally, we as educators must continue to collaborate to identify best practices for teaching leadership and developing leaders. Arguably, only a culture of collaboration will allow us to capitalize on the current opportunities.

Unfortunately, leading up is not easily accomplished as it requires persistence, courage, tenacity, passion, and sometimes patience. It also requires an open mind. I recently attended a Leaders Forum that included presentations on a variety of subjects impacting the practice of pharmacy within the state. An early morning presentation on Project Destiny was very well received by the leaders in attendance, which set the stage for strategic thinking and new possibilities. However, an afternoon presentation on an innovative tech-check-tech initiative by the leadership at a local health system quickly fragmented the audience. It was stunning to see how rapidly this division occurred and how passionately each person presented their opinion, particularly on the heels of Project Destiny. Concerns over job loss and organizational affiliations trumped an open dialogue on the potential of freeing pharmacists from routine tasks thereby enabling these health system pharmacists to move closer to the JCPP Vision. Arguably, the health system pharmacists were taking steps to lead up as they were providing strategic insights on how to improve the distribution process; however, the audience of leaders was not ready to listen in a manner necessary to encourage continued upward leadership.

I am confident that the pharmacists who made this presentation will persevere in their effort, as they are proven pharmacy leaders. However, imagine the staff-level pharmacist, the young assistant professor, or the pharmacy student – the followers if you will – who finds the courage to make a suggestion about a process improvement to their supervisor only to see the pharmacy department torn apart in debate. Useem points out that “[Leading up] requires an ability to work in two directions at once, of stepping into the breach when nobody above you is doing so – and listening to those below you when they have much to offer.”² It is the responsibility of our national leaders to develop the strategic vision and associated tactics for advancing pharmacy toward 2015, while simultaneously fostering a culture that encourages and embraces upward leadership. The corresponding responsibility for the followers is to selflessly and courageously lead up with strategic vision based on what you know from your work in the pharmacy and your passion

for change. It is not about personal gain at this juncture; it is about the purpose of advancing pharmacy. Realizing the JCPP Vision for 2015 is so close, but also so very far away. We all share a responsibility in turning this once in a lifetime opportunity into a reality.

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