ADDRESSES

Transforming Healthcare

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Colleagues and friends, I am excited, energized, and most honored by the opportunity to lead the academy as the American Association of Colleges of Pharmacy's (AACP's) incoming president. As we heard Sir Ken Robinson state clearly at the opening session, the times we are in are not simple times. The issues before us require leadership, oftentimes some political skill, and bold new approaches to how we conduct research, educate, and work as healthcare professionals. I am confident that AACP can play a decisive role in leading change in this dynamic era.

During the past year with my role in a complex academic health center, it became clearer that all 3 of our traditional mission areas are undergoing challenging transformation. Biomedical and health services research is expensive and complex, and requires interdisciplinary approaches to discover new knowledge and move discovery rapidly into potential patient care and commercial applications. Improving the value equation is essential.

Higher education is being influenced profoundly by informatics and new models of learning and assessment. Expectations for accountability are at an all-time high. Educating in our "professional" silos is deleterious to patient care. There is tremendous pressure to make education more affordable. Again, value is the theme.

And with the Supreme Court upholding the constitutionality of the Affordable Care Act, the changes in healthcare organization and financing that are occurring in both the public and private sectors of health services delivery will accelerate even faster. Better care to more people for less money is the delivery value equation.

My colleagues Dr. Denis A. Cortese and Dr. Harvey V. Fineberg from the Institute of Medicine (IOM) joined the deans this February at the AACP Interim Meeting for a candid dialogue about the direction and magnitude of healthcare change. Dr. Cortese, in his dual roles as the president of the Healthcare Transformation Institute in Arizona and chair of the Institute of Medicine Roundtable on Value and Science-driven Health Care, stresses that striving for value in healthcare requires a team approach to care that breaks down silos, uses informatics, and applies evidence-based guidelines to patient-centered care. Again, our faculty and graduates have much to contribute to the value equation.

There has never been a more important time for academic pharmacy, and AACP specifically, to "get to all the right tables of influence at the right time." The good news is that we don't come empty-handed. Our Association dedicates substantial time and effort to environmental scanning and the critical analysis of opportunities to advance pharmacy education, research, and practice. There may be no better example of the analyses initiated by Past President Jeffrey N. Baldwin, PharmD, on pharmacists' roles in primary care. We have used the work of our standing committees in advocacy, interprofessional education, publications, and numerous other ways.

AACP also identifies where members have demonstrated breakthroughs in policy, research, education, and practice. These exemplars are the ammunition we bring to these tables of influence to emphasize that pharmacy educators, researchers, and health delivery experts offer solutions to major societal challenges. To every member, I issue a challenge to communicate with AACP regarding how your work can be profiled to fortify our leadership positioning.

Each year the incoming president frames an agenda for advancing AACP's work; mine is based on the "VALUE" challenge. I thank all the talented individuals who volunteered for service on committees in the coming year—a total of more than 250 volunteers. Let me briefly highlight the charges to several of our standing and special committees.

This year the primary work of our Academic Affairs Committee will be conducted by a specially appointed Center for the Advancement of Pharmaceutical Education (CAPE) Competency Revision Panel chaired by Dr. Melissa S. Medina from The University of Oklahoma. Each time AACP has revised the CAPE Competencies, we have invited participation from the Joint Commission of Pharmacy Practitioners. The leading practitioners nominated from a broad array of practice settings join with experienced academicians to envision what pharmacists will need to know and do during the next 10 or more years. This time the work of the competency panel has been enhanced through dialogue with representatives from other health professions as well as a patient advocate.

The panel's work will also influence AACP's participation in the summit being hosted by the Accreditation Council for Pharmacy Education in September and ultimately our input into the standards revision in 2013.

While national legislation and Supreme Court decisions may broadly frame the accelerating changes in the delivery and financing of healthcare, we all know that most determinants of change in healthcare are local. Medicaid policy, health informatics and insurance exchanges, and private sector decision-makers must be equipped with the most compelling and forward-looking perspectives on pharmacists' contributions to care delivery. AACP members have much to contribute at the state and local level, as do our state association partners.

AACP maintains an excellent working relationship with the National Alliance of State Pharmacy Associations. Many member schools similarly have strong partnerships with their state practice organizations.

The times, however, require a reexamination of what works best with respect to the partnership between our schools and their state organizations. I have asked Linda Garrelts MacLean from Washington State University to chair the Professional Affairs Committee in providing guidance on the most successful partnership models for influencing public and private sector health policy at the state level.

While directing attention to state and local policy, we cannot take our eyes off the ball at the national level. I am excited to share a somewhat different approach to the work of 2 other standing committees.

AACP needs experts across a wide range of priority areas in research, education, and practice. We often have opportunities to submit input on emerging priorities, such as the methodology for comparative effectiveness research or pharmacist provider status in Medicare. This year both the Advocacy Committee and the Research and Graduate Affairs Committee will be constituted with the chairs of several panels of experts. They will help guide our analysis and advocacy on timely and important policy priorities.

The Advocacy Committee will be chaired by Dr. Marie A. Smith from the University of Connecticut. The Research and Graduate Affairs Committee will be chaired by Dr. Bob Blouin from the University of North Carolina at Chapel Hill. My thanks to you both. These expert panels will provide opportunities for many of you to engage in our advocacy efforts.

The Argus Commission, comprised of our past 5 presidents and chaired next year by Dr. Cynthia L. Raehl, is always charged with the big-picture issues. This year is no exception as I have asked the Commission to examine the game-changers in healthcare, education, research, and technology. How truly might genomic science advance

diagnosis and therapeutics and potentially even prevent disease? Is Clayton Christensen correct in his assertion that technology will soon radically change higher education? These are just a few of the issues I have asked the Argus Commission to examine.

Indeed, there has never been a more opportune time for our Association to step up its efforts to get to important tables of influence. We do that best when we can bring the work of our expert members to the attention of key decision-makers at the local, state, and national levels.

We also need to continually think about building and equipping the next generation of leaders with the skills and visibility they need to be game-changers. For this reason, I am absolutely thrilled to announce the joint partnership between AACP and the American College of Clinical Pharmacy to establish the first-ever Pharmacy Fellowship as part of the National Academies' Institute of Medicine Anniversary Fellowship Program.

We issued the call for you to nominate your best and brightest faculty members with 10 or fewer years in the academy as candidates for the inaugural fellowship, which will begin in October. For 2 years this individual will spend 10% to 20% of his or her time at the IOM working with the boards and study panels that examine the most important questions of our time. This will enable our young faculty members to interact with some of the best minds in American healthcare.

This morning I invite each of you to consider providing financial support for the fellowship. Last week we invited deans and member institutions along with AACP leaders to help complete the funding for this fellowship program. I am delighted to announce that, as of the end of our Board meeting on Friday, we received contributions or pledges from all AACP Board members. Our overall funding goal to fully endow this fellowship is \$275,000. Our suggested level of support is just \$1,000 payable over 2 years. Today I ask each of you to become one of the leaders willing to help fully endow this fellowship in perpetuity. There are pledge forms and IOM Fellowship Donor ribbons at the registration area for you to pledge and for AACP to recognize your support.

The IOM represents just one of the important "tables of influence" for pharmacy education in this dynamic and some might say chaotic times. As your president, I will dedicate all of my energy to identifying many more opportunities for influence. I will communicate the Association's initiatives and your outstanding work to state and national policy makers, private sector decision-makers, and our colleagues across the spectrum of health professions education, research, and practice. I am confident that our work will make a difference in the shared goal of creating VALUE in all decisions of the academy.