Director's Forum

Issues Facing Pharmacy Leaders in 2013

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The *Director's Forum* provides directors of pharmacy practical ways to develop patient-centered pharmacy services. Pharmacy directors must understand the key issues facing their departments and incorporate strategies for these issues as part of their strategic planning process. Health care reform and the Affordable Care Act require that departments operate efficiently and closely monitor their drug expense. The American Society of Health-System Pharmacists' Pharmacy Practice Model Initiative will serve as a valuable resource during 2013 to enhance the pharmacy practice model. By using their health care workforce, particularly pharmacy technicians, in an innovative way, pharmacy directors will allow the pharmacists to increase their clinical activity. By promoting the role of the hospital pharmacist to patients, directors will help to improve patients' understanding of their medications and increase their satisfaction with their care. Finally by changing the activities of pharmacy students in practice models, the patient care role of the pharmacist can be expanded. Through a greater understanding of the issues facing them and their effect on the operations of the pharmacy, pharmacy directors will learn effective ways to develop patient-centered pharmacy services.

The delivery of health care in the United States continues to become more costly and complex, with payers, hospitals, and health systems looking for ways to improve quality while reducing costs. The re-election of President Obama triggered debate around the Affordable Care Act (ACA) resulting in significant changes in the ways that health care is provided in this country. Pharmacy leaders will need to understand the ACA and adapt to its impact on the profession.

The American Society of Health-System Pharmacists (ASHP) has been active in advocating for expanded pharmacy services as a part of the ACA and encouraging new practice models through the Pharmacy Practice Model Initiative (PPMI). As a part of the PPMI, pharmacy departments across the country are evaluating their role in providing patient care and using pharmacists in innovative ways to provide that care.

As a part of the practice model change, pharmacy departments must evaluate the current workforce (pharmacists, technicians, interns, students) to develop a model that allows the department to provide as much direct patient care as possible without sacrificing pharmacy-dispensing services. Pharmacy roles will evolve in ways that pharmacists practice at the "top of their license." As pharmacists continue to expand their

role in patient care, the pharmacy education model will need to provide the training necessary to produce entry-level pharmacists capable of filling these new patient-centered roles.

To develop patient-centered services, pharmacy directors must understand the key issues facing their departments and incorporate strategies for these issues as part of their strategic planning process. This article will provide an overview of key issues facing pharmacy leaders in 2013 and describe how they may impact a pharmacy department. These issues include (1) health care reform and the ACA, (2) the ASHP PPMI, (3) the health care workforce, (4) patient perspectives of pharmacists, and (5) the changing landscape of pharmacy education (Table 1).

HEALTH CARE REFORM AND THE AFFORDABLE CARE ACT

While the ACA will benefit millions of Americans by giving them access to health care, it may place a significant burden on hospitals and health systems. These economic pressures will be felt through both increased patient populations and decreased reimbursement. As a part of the ACA, the Centers for Medicare and Medicaid Services (CMS) will reduce payments by 1% for all diagnosis related groups

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Table 1. Issues facing pharmacy leaders

Issue	Steps to address
Health care reform and the ACA	Deploy pharmacists in patient care roles specifically dedicated to VBP and core measure disease states. Actively engage staff in cost-saving measures.
ASHP PPMI	Utilize ASHP case studies as guides to create innovative practice models.
Health care workforce	Pursue pharmacist privileging to allow for interprofessional prescribing. Advance roles for pharmacy technicians.
Patients' perceptions of pharmacists	Utilize pharmacy-department provided education for new medications. Focus patient education on transitions of care points.
Changing landscape of pharmacy education	Implement student-centered learning. Provide standardized, meaningful experiential rotations. Increase opportunities for residency training.

Note: ACA = Affordable Care Act; ASHP = American Society of Health-System Pharmacists; PPMI = Pharmacy Practice Model Initiative; VBP = value-based purchasing.

(DRG) for hospitals that rank in the top quartile for health care–acquired conditions. Additionally, CMS has granted individual states the right to expand the types of conditions that will not be reimbursed with CMS approval.¹ As a part of health care reform, the value-based purchasing (VBP) program will continue to reduce the DRG payments over the next few years, with a 2% total decrease to be achieved in fiscal year 2017.² Hospitals will be eligible to receive incentive payments from this pool based on achieving VBP scores (eg, for various clinical conditions such as acute myocardial infarction and pneumonia). Hospitals will also be paid less for readmissions related to heart failure, acute myocardial infarction, and pneumonia. In fiscal year 2015, CMS plans to review readmission rates for 4 additional conditions (chronic obstructive pulmonary disease, acute coronary bypass graft, percutaneous transluminal coronary angioplasty, and other vascular conditions).^{3,4} Hospital and health system pharmacies can play a role in mitigating the financial impact felt by these changes in reimbursement by engaging pharmacists in managing the drug therapy for these patients.

In addition to playing a role in reducing overall hospital costs, pharmacy leaders must continue to find ways to reduce medication costs. A recent ASHP report detailed the expected increase in medication costs for 2013.⁵ Leaders must work with patient care pharmacists to reduce expenditures on medications. Pharmacists have knowledge about medication cost reduction efforts (standardizing concentrations, establishing medication use criteria, defining proper

dose rounding strategies, etc). It is important for leaders to engage pharmacists in these efforts, even though they are not a part of the daily workflow in all pharmacy departments. Pharmacy leaders, and their staff, are uniquely positioned to impact costs. In a time when the costs of providing care continue to increase, pharmacy leaders can improve the reputation of the department among executive leaders in the hospital or health system by displaying the value of pharmacy in minimizing costs.

ASHP PHARMACY PRACTICE MODEL INITIATIVE

The PPMI was developed as a guide for designing a futuristic practice model for hospital and health-system pharmacies to meet the needs of patients and adapt to the changing health care environment. PPMI was designed to achieve 5 core objectives⁶:

- Create a pharmacy practice model that achieves safe, effective, efficient, accountable, and evidence-based care for all hospital/health system patients;
- Determine what services should be provided by all hospital and health-system pharmacies and increase the demand for pharmacy services;
- Identify technologies capable of supporting and enhancing the practice model;
- Utilize pharmacists in a practice model that provides an optimal level of care and is measurable;
- Identify specific actions necessary to successfully implement practice model change.

As a way to promote innovative pharmacy practice models, ASHP posts case studies that outline

practice model changes in alignment with PPMI recommendations. Examples of these include expanding prescribing privileges for pharmacists, involving pharmacists in the patient-centered medical home, implementing transitions of care programs for high-risk medications, and developing alternative pharmacy internship programs.⁷ These case studies offer guidance to institutions looking for ways to change the practice model as a means to providing optimal pharmaceutical care. There has been significant progress in meeting the goals of PPMI, but hospital and health system pharmacy leaders must actively engage in PPMI to create innovative practice models.

HEALTH CARE WORKFORCE

The health care workforce is changing. Pharmacists are now established experts in medication use and practice in a similar fashion to other mid-level providers such as nurse practitioners and physician's assistant. Pharmacists should participate with professional organizations to advocate for a more independent role, particularly in the area of medication prescribing. A recent article in *Director's Forum*⁸ outlining pharmacist privileging reviewed the concept of interdependent medication prescribing – a process where the diagnosis is made by a physician or other practitioner with the pharmacist providing the appropriate medication for the treatment plan. Thus the prescribing is dependent on team decisions and an interprofessional assessment of the patient's needs.

The roles of pharmacists can only be advanced if the roles of pharmacy technicians are also changed. The literature supports the expanded roles of technicians, such as “tech-check-tech,” which utilizes pharmacy technicians to perform the final check on certain medications.⁹ There is also literature examining the use of pharmacy technicians to gather medication histories as a part of the medication reconciliation process.^{10,11} Pharmacy leaders must continue to support the use of technicians by actively participating in legislative changes in pharmacy boards and by advocating for expanded roles through local and state pharmacy associations.

PATIENTS' PERCEPTIONS OF PHARMACISTS

Hospitalized patients are often unaware that a pharmacist is involved in their care. The patient's image of a pharmacist continues to be the community pharmacist behind the dispensing counter. Pharmacy leaders must develop a practice model where pharmacists are actively involved with hospitalized patients. Through their interactions with patients, pharmacists

can increase patients' awareness of medications and improve hospital patient satisfaction metrics.

Pharmacists can play a role in improving Hospital Consumer Assessment of Healthcare Providers and Assessment (HCAHPS) scores for hospitals and health systems. Their impact at the Cleveland Clinic, University of Utah, and Sheridan Memorial Hospital (a small rural hospital in Wyoming) has been previously described.¹² At the Cleveland Clinic, hospital pharmacists were deployed to provide focused education to heart failure patients. This new model, in combination with bedside delivery of discharge medications, has increased HCAHPS scores from 50% to 60%-64%. In addition to improving HCAHPS scores, this program also played a role in reducing heart failure readmissions by 12%. The efforts at Sheridan Memorial Hospital show that even smaller departments of pharmacy can play a role in improving these scores. The pharmacy manager partnered with nursing and dietary to improve the quality of the materials being utilized to provide medication education. In addition to improving the educational materials, a clinical pharmacist meets with each patient to discuss every medication that a patient will be taking following discharge. Pharmacy leaders must work with key individuals in the organization to increase collaboration and deploy pharmacists in roles that can improve the level of patient education provided by pharmacists, therefore improving patients' understanding of medications and increasing medication-related HCAHPS scores.

There have been many studies demonstrating the value of pharmacist-provided medication in transitions of care. The American Pharmacists Association (APhA) and ASHP, as well as the American College of Clinical Pharmacy (ACCP), have published guidance documents on pharmacist roles during care transitions. The joint publication by APhA and ASHP¹³ focuses on improving transitions of care through optimizing the medication reconciliation process, whereas the ACCP papers^{14,15} discuss current practices, future opportunities, and process indicators for quality clinical pharmacy services during transitions of care. Pharmacy leaders should look to these documents when developing ways to improve pharmacists' role in educating patients during the transitions of care or when implementing new services during this patient care process.

CHANGING LANDSCAPE OF PHARMACY EDUCATION

According to the American Association of Colleges of Pharmacy (AACCP), there were 124 accredited colleges and schools of pharmacy, with 5 additional

schools in pre-candidate status, in the United States as of July 2012.¹⁶ As the number of pharmacy schools across the United States continues to increase, it is important for there to be a standardized education process across all institutions. AACP has proposed several changes to the pharmacy education model as a means of improving the ability of entry-level pharmacists following graduation. The first step in this process is to implement student-centered learning, which utilizes the instructor as a facilitator in the learning process and encourages students to learn independently and from other classmates. As the facilitator in the learning process, teachers can provide direction and instruction on how to improve the independent learning process so that pharmacy students are able to become graduate pharmacists capable of success in a career requiring life-long learning.¹⁷

Although the incorporation of this teaching model into the pharmacy curriculum would help to standardize pharmacy education, this is not something that will happen at a rapid pace. Therefore, it is important for pharmacy leaders to focus on things that can be addressed immediately. One of these areas is the role of pharmacy students during experiential rotations. To gain valuable educational experiences during the rotations, students must be given responsibilities as a member of the patient care team. Students who actively participate in the patient care process, by completing medication histories, providing medication education, and completing other direct patient care, must seek out additional learning opportunities on their own. They will be forced to develop the ability to learn independently and therefore will be better prepared as entry-level pharmacists in hospitals and health systems.

As an extension to the changing pharmacy education model, there has been a call for pharmacy residency training to become a prerequisite for all pharmacists providing direct patient care. Residency training results in more highly qualified individuals stepping into the pharmacy workforce ready to actively participate as a member of the patient care team and to own the medication therapy management process in institutions.¹⁸ By making these changes to the education process and increasing the number of residency-trained pharmacists, the quality of entry-level pharmacists will be vastly improved and the numbers of pharmacists ready to step into direct patient care roles in hospitals and health systems will increase. AACP has defined core abilities that all graduates must have in order to provide direct patient care. These include being accountable for patient outcomes related to medication use, being able to function within the patient care team,

providing effective patient education, and promoting medication adherence.¹⁷ In order to reach a point in pharmacy education where all graduates have these core abilities and can effectively provide optimal patient care, the education model within pharmacy must continue to evolve.

CONCLUSION

Pharmacy directors must understand the key issues facing their departments and incorporate strategies for addressing these issues as part of their strategic planning process. Health care reform and the ACA will require departments to operate efficiently and closely monitor their drug expense. The ASHP PPMI will serve as a valuable resource during 2013 to enhance the pharmacy practice model. The use of the health care workforce, particularly pharmacy technicians, in an innovative way will allow pharmacists to increase their clinical activity. Promoting the role of the hospital pharmacist in patient care will help to improve patients' understanding of their medications and improve their satisfaction with their care. Finally, expanding the training of pharmacy students in practice models can be an effective way to additionally extend the patient care role of the pharmacist. Through the understanding of these issues and their effect on the operations of the pharmacy, pharmacy directors have the opportunity to develop patient-centered pharmacy services.

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