Reflections on the Thought Leadership Summit 2016

Give me a lever and a place to stand, and I will move the earth.

—Archimedes

THE PHARMACY THOUGHT LEADERSHIP SUMMIT and Great Debate¹ that took place in June at the 2016 Canadian Pharmacists Conference in Calgary, Alberta, were effective discussion forums, with much passion shown and highly varied, even divergent, perspectives expressed. Variation and divergence, as facets of the fuller perspective, are not necessarily bad things; facets, after all, are what give diamonds their glitter.

Summit discussion showed much agreement on broad thoughts—that we need to pull together, to reshape culture, to identify and resolve barriers, to drive workforce and workplace change and, overall, to meet the needs of the patients. The question of the Summit is what to do about all this? The specifics need to be articulated, the general patterns determined (as well as core considerations that underlie them), some priorities chosen and ideas generated of how to move ahead. The Research Report² and Summit were helpful in laying out the details and gaining some generalizable concepts, and broad priorities were agreed upon. The recommendations that will come out of the Summit will therefore have good potential value. Turning that potential into reality will be the real challenge.

Why does the world need to be moved?

While many comments that arose during the Summit focused on the “pharmacy world,” many others tied back to information in the Research Report outlining a health care system under pressure and the health care needs of Canadians.² This is the bigger world we need to keep in mind, and gaps in achieving the goals of the system are

the reason why it needs to be moved. Any shifting of the pharmacy world needs to be done in that context. Broadly, the system goal is that of the greatest good—the best possible care for the largest number, sustainable over the longest possible time frame. “Best possible care” includes concepts of quality, safety and effectiveness; pharmacy professionals are one of the groups that can deliver on this. “The largest number” includes concepts of access and equity. The sustainability aspect involves concepts such as an appropriate workforce and a consideration of financials.

Where do we stand so we can use the lever?

The Research Report² outlined where pharmacy is today and where it wants to go, and the Summit members discussed this in detail. Much of the discussion focused on the pharmacy model of the future and how to achieve it. Some observations:

“Us and them”

Since many groups are identified as “us” and many as “them,” there is a lot of confusion. Not surprisingly, in 2 short sessions, the Summit did little to resolve this. This is possibly a sign that not all the key players were present or simply that it’s a deeply entrenched issue.

A reframing of “us and them” is central in determining where we stand today and where we need to stand tomorrow. At a minimum, “us” needs to be “pharmacy,” inclusive of front-line pharmacy professionals (pharmacists and pharmacy technicians), managers, owners, associations and pharmacy regulators. Further, from the societal viewpoint, “us” would also include payers and government. This leaves the patients and their families as “them.” The “and” then becomes clear; any remnant of “versus” is shown to be not relevant.

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The pharmacy model of the future

The Vision from the Blueprint for Pharmacy is “optimizing drug therapy outcomes for Canadians through patient-centred care.”³ Vision statements need to be updated periodically, and this one is from 2008, but assuming it is still current, we can focus on how the pharmacy model needs to fulfill this.

We must remember that patients and families essentially do not care how we deliver on this vision and on the goals of the health care system; they just expect that we will. The questions of how we organize to effectively deliver on the vision are valid and complex, but we have to remember these are inward-facing problems, and Canadians care only about the final result. For this, the onus is on “us” to find a way to serve “them.” How does each component member of “us” fulfill their role? What can we do for ourselves to get on with this? And what is needed from each other to work together to do this? It is always easiest to state expectations we have of others, and there is definitely value in gaining clarity on expectations. But we each need to think about what we can do to help others fulfill their role.

So, to focus on what is within our control, the pharmacy world has to ask itself 2 broad questions:

1. What can we do now (with existing resources and processes) to advance toward our vision (that is, how can we help ourselves)?
2. What can we do to assist payers and governments to fulfill their role, which is in part to remove barriers and create opportunities within our areas of work (how can we make it easier for decision-makers to help us)?

Disruptors and doing things differently

The specifics of how we accomplish things have always been changing and always will. These ways and means may evolve over time, based on what we know and where we want to go, or they may change more suddenly as a result of unanticipated game changers or disruptors.

The Great Debate spoke about disruptors. The message seemed to be that while we proactively work toward change, we need to be aware that change could suddenly and unexpectedly happen, and we will have to react to it. By definition, we can't really prepare for this, but we can

at least be prepared enough to react appropriately (move forward in the right direction and not get thrown off course).

In short, while we are justifiably proud of our accomplishments—the things we do daily and the good that comes of them—we must recognize that what worked yesterday won't necessarily work today; what works today may not work tomorrow. If we can evolve and/or create our own disruptors, then we can shape the future accordingly.

We need to keep this broad perspective in mind and not worry about walking away from today's accomplishments and ways of doing things. These accomplishments are things to be proud of but are rungs on a ladder we're all climbing together. We need to step up to the next rung. When doing so, we need to identify and articulate the core elements of our achievements and bring these along with us. Core elements are things such as safety and effectiveness of medication use but also concepts such as the right service provided by the right people, in the right place, at the right time, in a responsible and sustainable manner, so the most people can get the fullest benefit.

The Summit and Debate reflected our professional situation as a whole—much passion, many people doing good things, challenges and barriers, but also opportunities and optimism. But the question that the Summit hopes to answer is what to do about all this. For this, articulation of issues was done first, then setting of priorities, then some work toward recommending solutions. This is the right approach; there has always been and always will be more work than time and more tasks than hands to do them. Consequently, we need to understand what we're trying to fix, set priorities for these, and only then generate solutions. The recommendations coming out of the Summit will be a step in that direction. However, even if we got these priorities and solutions absolutely right during the Summit (and we all know in reality they will need to be further developed and refined), they will still need to be put into practice.

What is the lever that we'll use to move the world?

In a word, this lever is accountability. Because this is such a key aspect, it is unfortunate that this was not addressed very thoroughly in either the Summit discussions or in the Debate. Much

of the accountability discussion was of the nature of “someone ought to,” which is obviously unhelpful, or overly vague statements such as “we need to pull together.” We need to be accountable for something to someone. The expectations for which we are accountable need to be clear, and there must be documentation and measurement of work done to meet the expectations. Measurement must be reportable and able to be assessed to know where expectations are being met; if we can’t show it, we haven’t done it. Using measurement to also identify gaps is key, so we know where more is needed and can use that to argue for any changes (increased resources, etc.) needed to get there.

Importantly, accountability needs to be for the broad “us” and not just for any one subset in isolation. We want to avoid a narrow idea of accountability, such as front-line pharmacists being accountable only to managers, managers to owners and all to payers or governments. This is obviously wrong. It is the “us” that encompasses these groups, the entire pharmacy world, that is ultimately accountable to Canadians. Therefore, gaps identified in an accountability system are flags for analysis, and the analysis cuts both ways. Done well, an effective accountability system will provide measurable data suggesting many possible things—where more resources are needed, if the correct work is being done, if remuneration is adequate to meet the expectation and so forth. This is where ultimately accreditation could add value, because it is administered by an objective third party, with no stake in the internal machinations, and holds all parties accountable while

keeping the big picture in view throughout. The idea of pursuing accreditation—raised during the Debate by a participant—is valid; accreditation has its own issues and challenges but can be very effective, and this should be actively pursued.

In the meantime, what can be done to help ourselves in terms of accountability? Do we currently have any clear expectations that all can agree are valid? These could identify some priority areas of focus. This, of course, is part of the purpose of the Summit, but I’m not sure we got that far. However, there were lots of great ideas generated. For example, several times in the Summit, reference was made to a study by Zubin Austin⁴ that identified 4 simple and core functions that all pharmacy professionals can and should be doing. Mention was also made that in an evaluation of pharmacies, only 13% were actually performing these, yet with coaching and mentoring, this could be raised to 95%. Research to validate this type of information could be a very effective means toward establishing common goals, communicating these broadly and using this as the start of a system of accountability demonstrating what pharmacy is doing to fulfill its vision. By analogy, the Canadian Society of Hospital Pharmacists recently wrapped up a multiyear project, CSHP 2015, in which performance goals were set, communicated widely to hospital pharmacists, and then assessed by survey. Perhaps by considering Austin’s study⁴ or the approach of CSHP 2015, something along this line could be built into recommendations from the Summit, with potential to be implemented with accountability built into them. ■

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