

Where Are We Going? Pharmacy Practice Model Initiative

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Objectives

- Examine the history of pharmacy.
- Consider the current state of pharmacy.
- Discuss the future of pharmacy.
- Describe the major findings of the PPMI summit.
- Discuss the role pharmacists and the WMSHP can have in promoting and achieving the goals of the PPMI

Where We've Been

Decade	Milestones
1950s	First PharmD
1960s	First Clinical Integrated System (1966) First Drug Info Center appeared (1962) Unit Dose Drug Distribution Systems first appeared Beginning of the Clinical Pharmacy Movement
1970s	Clinical Practice established More clinical aspect to education and residencies More Clinical Integrated Systems
1980s	Clinical Practice Focus but Integrated pharmacy services UD systems and IV admixture became standard practice Decentralized Pharmacies appear Pharmacy computer systems appeared (Billing/profiles/reports) Expanded use of techs Prime vendor GPOs appeared

Where We've Been

Decade	Milestones
1990s	<ul style="list-style-type: none">Pharmaceutical CareAutomated dispensing technologyImproved computer systems (MARs/early decision support)PTCB formedGender flip
2000s	<ul style="list-style-type: none">Focus on Medication Safety and QualityPharmacist focus on medication therapy managementAll PharmDClinical Decision support toolsDispense Using Technicians /technologyHealth Care Reform

Where Are We Going?

- What changes do you think you'll see in the next 15 years?
 - Technology?
 - Role of the Pharmacist?
 - Role of the Technician?
 - Education?
 - Healthcare Reform/Reimbursement?

Pharmacy Practice Model Initiative (PPMI)

- Initiative by ASHP and ASHP Foundation
- Goal: Develop and disseminate a futuristic pharmacy practice models that supports the effective use of pharmacists as direct patient care providers

PPMI Objectives

- Describe optimal pharmacy practice models that ensure the provision of safe, effective, efficient, and accountable medication-related care
 - Take into account the education and training of pharmacists, the prospect of enhancing the capacity of pharmacy technicians, and the current and future state of technology
- Identify core patient-care-related services that should be consistently provided by pharmacists

PPMI Objectives

- Foster understanding and support for optimal pharmacy practice models by patients, caregivers, other professionals, executives, and payers.
- Identify technologies required to support optimal pharmacy practice models.
- Identify specify actions pharmacists should take to implement optimal models.
- Determine tools and resources needed.

Historical Perspective on Summits

- Hilton Head – 1985
 - Directions in Clinical Pharmacy
- Pharmacy in the 21st Century - 1989
- San Antonio – 1993
 - Implementing Pharmaceutical Care

PPMI Summit

- Invitational event with 150 participants
- Survey conducted prior to the conference
- Consensus process to develop new practice model
- Use of technology and social media
 - Webcast of proceedings
 - Facebook and LinkedIn groups

Assumptions

- Opportunity to significantly advance health and well-being by changing how pharmacists, techs, and technology are deployed
- Drug therapy is becoming more complex with greater risk
- Financial pressures will force hospitals to pursue significant changes
- Improvements in technology will be required
- Pharmacy technicians with proper training could be used more extensively

Ground Rules

- Be true to the overarching vision
- Be futuristic
- See beyond barriers
- Summit recommendations, not ASHP policy

Overarching Principles

- Essential elements of a pharmacy practice model can be developed for use in all pharmacy departments
- Financial pressure will force changes on how resources are used
- Investments in technology will be required to optimally deploy pharmacy resources
- Curricular changes are required to prepare students for a larger role in drug-therapy management

Specific Services

- Every department should identify drug therapy management services provided consistently by pharmacists
- All patients deserve the care of a pharmacist.
 - Need to allocate resources based on patient complexity
- Pharmacists should have proper certification

Specific Services

- Essential pharmacist-provided management
 - ER
 - Antimicrobial stewardship
 - NICU
 - Oncology
 - Critical care
 - Organ transplant
 - Anticoagulation

Specific Services

- As an essential member of the healthcare team, pharmacists must have privileges to write medication orders
- Accountability for development and documentation of the medication related components of the pharmaceutical care plan

Technology

- Enable pharmacists to better interact with patients and caregivers if implemented into workflow correctly
- Will allow for rapid access to patient information that will facilitate pharmacist development of drug therapy management

Technology

- Technology priorities:
 - EMR
 - Barcode medication administration technology
 - Real-time monitoring systems that provide a work queue of patients needing review and intervention
 - Barcode technology during inventory, preparation/compounding, dispensing processes
 - Integration of intelligent infusion devices into a closed loop medication use process
 - Standardization of clinical decision support technology
 - Real time data mining for near continuous MUE activity, working toward rapid cycle pharmacoepidemiology data

Technology

- Hospitals and health systems and schools of pharmacy should collaborate to ensure appropriate pharmacy informatics principles are embedded in the curriculum
- Sufficient resources must be available to develop, implement, and maintain technology-related medication use safety standards

Technicians

- Techs with appropriate education, training, and credentials should be used to free pharmacists from drug distribution, which would allow pharmacists to participate in drug-therapy management services
 - Uniform national standards for education and training (PTCB or other)
 - Techs must be licensed by state boards

Change and Challenges

- Critical components of change implementation
 - Department of Pharmacy administrators
 - Clinical pharmacy leadership
 - Medical staff leadership
 - Health care executives
- Resistance is normal
- State laws and regulations with regards to scope of practice and medication distribution

Next Steps

- ASHP is working with appropriate groups to facilitate change
 - Boards of Pharmacy
 - CMS
 - Congress
 - Local affiliates, SAG groups
- ASHP is working to provide ongoing education, tools, and resources

Implementation of Tools & Resources

<u>Deliverable</u>	<u>Deliverable Date</u>
Summit Recommendations	Complete
Residency Conferences	Complete
Summit Video	Complete
Publication of Proceedings	Complete
SM 11 Programming	Complete
Junior Investigator Grant	7/11
Residency Grants	7/11
Demonstration Grants	7/11

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What Can Affiliates Do to Implement Change?

- ✓ Incorporate innovation at a local level
- ✓ Affiliates will play a critical role as champions
- ✓ Incorporate education and implementation in strategic planning
- ✓ Participate in grants; share outcomes
- ✓ Provide sustained interest and support in accomplishing the PPMI objectives
- ✓ Identify what ASHP can do to assist affiliates

“To bring about change within a diverse profession such as pharmacy, one needs a large number of people pulling in the same direction. Before one can get folks pulling in the same direction, one needs general agreement about the best direction in which to move.”

- William A. Zellmer, Hilton Head, 1985

“Be the change you want to see in the world.”

- Mahatma Gandhi

For More Information

- www.ashp.org/ppmi
- Zellmer WA ed. Proceedings of the Pharmacy Practice Model Summit: an invitational consensus conference conducted by ASHP and the ASHP Research and Education Foundation. Am J Health Syst Pharm 2011; 68: e40-142.