The U.S. Perspective: ASHP’s Pharmacy Practice Model Initiative

Carolyn Bornstein BScPhm FCSHP
Pharmacist, Southlake Regional Health Centre, Newmarket
CSHP Past President
CSHP 2015 Project Coordinator
CSHP Voting Participant, ASHP
PPMI Summit Nov 2010
ASHP Historical Perspective

- 1985 Hilton Head Conference
- 1989 Pharmacy in the 21st Century
- 1993 San Antonio Conference - Implementing Pharmaceutical Care
The Current Reality

- Only 1/2 of US hospital patients receive pharmacist care
- Lack of time an ongoing concern
- A new practice model can fill the gap
- Health care reform => increase patients, demands, pay for performance
- Patients are better served if pharmacists take control of shaping the future
“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
Goal:

Develop and disseminate a futuristic practice model that supports the effective use of pharmacists as direct patient care providers

www.ashp.org/PPMI
The initiative and summit will create passion, commitment, and action among hospital and health-system pharmacy practice leaders to significantly advance the health and well-being of patients by optimizing the role of pharmacists in providing direct patient care.
Objectives for the Pharmacy Practice Model Initiative

1. Describe optimal pharmacy practice models that ensure safe, effective, efficient and accountable medication-related care for patients.

2. Identify core patient-care-related services that are provided consistently by pharmacy

3. Foster understanding of and support for optimal pharmacy practice models by key groups
Objectives for the PPMI Continued:

4. Identify existing and future technologies required to support optimal pharmacy practice models in health-systems

5. Identify specific actions that pharmacists should take to implement optimal practice models

6. Determine the tools and resources needed to implement optimal practice models
What is a “Practice Model”? 

- Describes how pharmacy department resources are deployed to provide patient care services 

- Includes: 
  - How pharmacists practice and provide care to patients; 
  - How technicians are involved to support care; and 
  - Use of automation/technology in the medication use system 

AJHP 2010;67:542
Examples of Pharmacy Practice Models

1. **Drug-Distribution-Centered Model**
   - mostly distributive pharmacy with limited clinical services

2. **Clinical Specialist Model**
   - Separate distributive and clinical specialist roles
   - aka Separate clinical and distributive practice model

3. **Patient-Centered Integrated Model**
   - Clinical generalist model with limited differentiation of roles – nearly all pharmacists have distributive + clinical responsibilities

4. **Clinical Practice Centred Model**
   - Nearly all pharmacists function in a clinical role with 20% in distribution role

---

*a) ASHP national survey of pharmacy practice in hospital settings: Monitoring and patient education—2009  AJHP 2010;67:542
b) HPC Report 2009/10*
Examples of Pharmacy Practice Models

<table>
<thead>
<tr>
<th>Model</th>
<th>US 2009* (n=549)</th>
<th>US Future*</th>
<th>HPC 2009/10 (n=152)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-Distribution-Centered</td>
<td>24.4%</td>
<td>4.1%</td>
<td>20%</td>
</tr>
<tr>
<td>Clinical Specialist Model</td>
<td>10.9%</td>
<td>12.3%</td>
<td>18%**</td>
</tr>
<tr>
<td>Patient-Centered Integrated</td>
<td>64.7%</td>
<td>83.6%</td>
<td>62%</td>
</tr>
</tbody>
</table>

*ASHP national survey of pharmacy practice in hospital settings: Monitoring and patient education—2009 AJHP 2010;67:542  **combined clinical practice centred (13%) WITH separate clinical and distribution model (5%)
Pharmacy Practice Model Initiative and Summit

- Invitational Summit Nov 2010 (ASHP and ASHP Foundation)
- Social Marketing Campaign
  - Raise awareness
  - Stimulate discussion
  - Disseminate the findings
- Demonstration Grants (ASHP Foundation)
PPMI Summit: Nov. 7-9, 2010

- Expert advisory planning committee
- 2 day invitational event - 120 pharmacists
- Pre-survey (ASHP members & participants)
- Briefing documents, plenary presentations and small working groups
- Consensus process -> outcomes to develop a new pharmacy practice model
- Webcast
Perspectives for PPMI Summit Participants

- Envision a residency-trained and appropriately credentialed and privileged pharmacist workforce
- **Move pharmacists closer to the patient**
- Take responsibility and accountability for safe use of medications ensuring quality (and cost effectiveness)
- Envision a technician workforce of graduates of accredited training programs and certified by PTCB
- Efficiencies and improved coordination of patient care should be accomplished with the widespread use of technology
PPMI Pre-Summit Survey

1. Overarching Principles
2. Services
3. Technology
4. Technicians
5. Implementing Change and Responding to Challenges
PPMI Pre-Summit Survey

- Summit participants and ASHP members
- 120 initial statements
- >80% agreement ➔ accepted
- >40% disagreed ➔ rejected
- 41-79% agreement ➔ discussed (72 + 16 wildcards)
- 27 NEW recommendations from the SUMMIT
- Beliefs and Assumptions for 41 Recommendations
Overarching Principles: Recommendations

- ALL patients should have a right to receive the care of a pharmacist
- Essential elements of a PPM can be developed for use in ALL pharmacy departments
- Financial pressures will force changes in how resources are used
- Investments in technology will be required to optimally deploy pharmacy resources
- Drug therapy management (DTM) will be available by a pharmacist for all outpatients
- Curriculum changes are required to prepare students for a larger role in DTM
Specific Services: Recommendations

- Residency-trained and appropriately credentialed and privileged pharmacists
- **Identify DTM services provided consistently**
- All patients should have a right to the care of a pharmacist – services prioritized using a patient medication complexity index (severity of illness, number of meds, comorbidities)
- Pharmacists must have privileges to write medication orders
- Pharmacists will be accountable for the development and documentation of the medication-related components of the patient care plan
Technology: Recommendations

- No hospital should be exempted from compliance with technology-related medication-use safety standards
- Telepharmacy should be available for use in pharmacy depts to enable remote supervision
- Technology in medication-use systems should be designed to demonstrate the impact of pharmacy services on patient outcomes
- Technology will allow for rapid access to patient information and variables that will facilitate a drug therapy management plan
Technology PRIORITIES

- Electronic medical records
- Barcode technology
- Real-time monitoring systems that provide a work queue of patients needing review and possible intervention (consider remote/mobile technology)
- Intelligent infusion device integration (with EMR, MAR, CPOE)
- Pharmacy informatics in curricula
- Pharmacy resources to develop, implement and maintain technology-related medication use safety standards
**Technicians:**  
Recommendations

- Pharmacy technicians who have appropriate education, training, and credentials should be used to free pharmacists from drug distribution activities
- Assigning medication distribution tasks to technicians would make it possible to deploy pharmacists to DTM services
- Uniform national standards for technician education and training
- PTCB certification process/accredited programs
- Licensure by state boards of pharmacy
- Opportunities for technician specialization should be developed
Changes and Challenges: Recommendations

- In optimal PPMs pharmacists must accept responsibility for the clinical and distribution activities of the pharmacy department.

- Every pharmacy department must develop a plan to reallocate resources to devote significantly more time for pharmacist medication management services.

- Clinical specialist positions are necessary to advance practice, education and research activities.
Challenges

- Pharmacy dept administrative leadership
- **Clinical pharmacy leadership**
- Support from medical teams and health care executives
- Resistance to change from current PPM
- Pharmacist electronic access to patient data
- **Laws/regulations**
- Scope of practice for pharmacists
Main Themes of the PPMI Recommendations

- A residency-trained and appropriately credentialed and privileged pharmacist workforce
- **Move pharmacists closer to the patient**
- Take responsibility and accountability for safe use of medications ensuring quality (and cost effectiveness)
- A technician workforce of graduates of accredited training programs and certified by PTCB
- Efficiencies and improved coordination of patient care accomplished with the widespread use of technology
- **Pharmacists accountable for patient outcomes**
Post-Summit Messages

1. Be a champion, leader, innovator!
2. Every pharmacy dept should review how it deploys resources (gap analysis)
3. Use key Summit recommendations in strategic planning for your pharmacy dept
4. Economic imperative for PPM change
5. Share success stories
6. Lead change that we believe in vs. being forced to accept the change of others
Translating Recommendations Into Your PPM

- **TIME** - How long will it take?
- **WORKFLOW** – delegate task-oriented work
- **COLLABORATION** (HCPs, value, accountability)
- **TECHNOLOGY** (eg mobile, CPOE collaborate)
- Evolving **TECHNICIAN ROLE**
- **PHARMACIST EDUCATION**
- Learning from **BEST PRACTICES**
- **CUSTOMIZED PPM’s** with consistent outcomes
ASHP’s COMMITMENT

- Revise ASHP Vision to reflect PPMI recommendations
- Renew ASHP 2015 to incorporate PPMI recommendations
- Development of tools for practice evaluation and gap analysis benchmarked to Summit outcomes (SAT)
- Identify best measures for outcomes to determine accomplishments of practitioners and the initiative
- Demonstration grants to facilitate adoption and evaluation of best practices
- Working with partner organizations to support PPMI goals and vision
RESOURCES for PPMI

- **AJHP** publication of proceedings
  [http://www.ajhp.org/site/PPMI.pdf](http://www.ajhp.org/site/PPMI.pdf)
  - 15 June 2011; Vol. 68, No. 12

- ASHP PPMI website
  [http://www.ashp.org/ppmi](http://www.ashp.org/ppmi)
  - Practice Spotlights
  - News and Updates
  - Podcasts [http://www.ajhp.org/site/misc/podcasts.xhtml](http://www.ajhp.org/site/misc/podcasts.xhtml)

- Self - Assessment Tool (in development)
- Demonstration Grants (ASHP Foundation)
CSHP’s Response to PPMI

That CSHP investigate and report to Council on the potential to lead the development of Canadian hospital pharmacy practice model(s) with metrics (measurement of expected outcomes).

MCM March 2011