

ADDRESSES

The Revolution Continues

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It is hard for me to believe that it has been 12 months since I stood before you as your 2009-2010 president, encouraging you to explore opportunities, expand our educational and professional horizons, and “Lead the Revolution”! I described several major initiatives that would be priorities during my presidential year. These were:

- * Faculty recruitment and retention and assessment services as issues “Z-1” and “Z-2”;
- * Curricular reform and global pharmacy education as issues “Y-1” and “Y-2”;
- * Primary care as issue “X.”

I will quickly summarize the progress that the American Association of Colleges of Pharmacy (AACP) has made over the past year on our strategic agenda as we worked to expand our horizons in academic pharmacy and healthcare.

First, having sufficient numbers of well-qualified faculty members will always be a priority for our members and for AACP. Building upon our successful regional and national meeting exhibit program, AACP rolled out “American Pharmacy Educator Week” during American Pharmacists Month in October. Each college or school of pharmacy received a kit filled with resources to help you host events, mentor or adopt a student pharmacist and communicate that academic pharmacy is an excellent and exciting career choice. By all accounts, events and programs were well received and appreciated by faculty, staff and students alike. I am pleased that the AACP Board of Directors has unanimously agreed to continue with the program and the second annual “American Pharmacy Educator Week” will be held during the last week of October 2010. I hope that your college or school will actively participate this year, and that you will continue these and other efforts to stimulate many of our doctor of pharmacy (PharmD) and graduate students to consider academic pharmacy as their career.

I selected the issue of primary care as the highest priority area for new activity within AACP’s agenda this past year. With health reform decidedly on the horizon, my goal was to have several key committees examine the contributions pharmacists could make to expanding

access and improving the quality of primary care services for our patients. What an exciting journey it turned out to be at an opportune time in history! With the passage of reform legislation in March, more than 30 million people will soon have access to care that was not previously possible. However, all acknowledge that our current care systems are not ready to accommodate this bolus of patients with primary care needs.

The Professional Affairs Committee was charged to examine the evidence for pharmacists’ integration into primary care practice and provide analysis of current and potential care delivery models. In response, the committee, chaired by Dr. Seena L. Haines, conducted an extensive literature search that revealed more than 150 articles that were then analyzed to depict each article’s connection to academic pharmacy, practice setting, on-site health providers, outcomes observed, and standard demographics. The analysis provides a firm demonstration to the Academy and others that the pharmacist’s role in primary care is evidence-based; the committee used the findings to describe pockets of excellence for pharmacy as the nation looks toward the future of the Patient-Centered Health Home. Finally, the report builds upon the 1994 Professional Affairs Committee policy statements that pharmacists are essential figures in primary care and puts forth several recommendations for the Academy to serve as the leader for the research agenda for pharmacists in primary care.

The second committee charged in studying primary care was our Advocacy Committee, chaired by Dr. Nancy DeGuire. They addressed our ability to align education to support and enhance the strategic goals of the federal government’s agencies focused on meeting the public need for primary healthcare. Evidence generated by faculty members at dozens of colleges and schools of pharmacy led to the inclusion of medication therapy management (MTM) in the Patient Protection and Affordable Care Act. Faculty members responded to a call for research related to improved health outcomes through increased access to MTM. The evidence helped convince congressional staff members that MTM is an essential tool for improving the quality of care. MTM can be found in a number of provisions

within the landmark healthcare reform legislation including: a grant program for increasing MTM capacity, health professions education, transitions of care, and innovations within the Medicare and Medicaid programs.

As part of our efforts this year to increase and facilitate the effective utilization of pharmacists in primary care, AACP obtained a grant from Sanofi-Aventis, in partnership with the University of Minnesota, aimed at “Enhancing Diabetes Care Through an Interprofessional Approach to Performance Improvement.” National and regional programming funded by the grant further enhances the Health Resources and Services Administration’s (HRSA) efforts in the groundbreaking Patient Safety and Clinical Pharmacy Services Collaborative, in which more than 50 colleges and schools of pharmacy participate. In addition to the University of Minnesota, regional programming partners include the Universities of Southern California, Pittsburgh, Mississippi, and Illinois at Chicago.

AACP has also made important strides this year building agreement on the timeliness of interprofessional education and team-based care among our colleagues in medicine, nursing, dentistry, and public health. My thanks to Drs. Susan M. Meyer and Daniel C. Robinson for being pharmacy’s representatives to the consensus development panel that is working to define the essential or core competencies for IPE. The same organizations working collaboratively on this priority also entered into dialogue with the Argus Commission, which was chaired by Dr. JoLaine R. Draugalis, to discuss pharmacists’ contributions to primary care. It seemed quite natural to these partners that given the centrality of medication use as part of quality primary care, the pharmacist must be actively engaged as a member of the team.

Those who know my professional passions appreciate that taking a proactive approach to substance abuse education and intervention has been a priority to me for decades. I appointed a special committee on substance abuse this year, which was chaired by Dr. Paul W. Jungnickel. This committee examined how colleges should prepare student pharmacists to assist those who are addicted or affected by others’ addiction and help support addiction recovery. The committee’s report includes recommendations that all colleges and schools of pharmacy develop and implement policies and procedures to assist student pharmacists, graduate students, faculty members, and other employees with addiction and related disorders, and they updated the assistance guidelines adopted in 1999. They further recommend that all pharmacy colleges and schools appropriately address substance abuse and addiction in their curricula and that Accreditation Council for Pharmacy Education (ACPE) accreditation standards, NAPLEX

(North American Pharmacist Licensure Examination) competencies and examinations, practice standards of pharmacy professional organizations, college and school continuing education programs, and faculty and staff development efforts within our colleges and schools sufficiently address these diseases. I recommend that the efforts of this committee be continued by the special interest group (SIG) on Substance Abuse Education and Assistance in cooperation with other SIGs such as Assessment, Curriculum, Public Health, and Student Services Personnel.

Dr. Victor A. Yanchick, in his presidential year, set AACP on a course to examine global pharmacy education as a horizon issue. The Research and Graduate Affairs Committee, chaired by Dr. Kenneth L. Audus, reviewed the roles US colleges and schools of pharmacy play in developing and developed countries to initiate change and improve the education and training of pharmacists and pharmaceutical scientists. The committee reviewed the results of our third survey of global engagement and found that a growing number, in fact the majority, of our member institutions have relationships with international pharmacy education programs.

The committee recommends that AACP, through the Global Pharmacy Education SIG, help coordinate the development of a best practices model for global/international APPE rotations and development of orientation materials for specific countries. The committee also recommends that a committee consisting of members of the Global Pharmacy Education SIG, student pharmacists active in the APhA-ASP/International Pharmaceutical Students’ Federation (IPSF) and representatives from the National Association of Boards of Pharmacy should produce a set of guidelines and best practices for hosting international student pharmacists to ensure they receive an optimal educational experience during their rotation in the United States while complying with all the laws and regulations governing pharmacy practice. It is also recommended that global pharmacy education efforts by the Academy include assisting governmental and non-governmental agencies in improving healthcare infrastructure and services throughout the world and particularly in underdeveloped countries. Drugs play a large part in assisting these underdeveloped countries, but pharmacy and pharmacists do not appear to have very high visibility in these efforts.

In this important area of global pharmacy education, I am pleased to announce the formalization of relationships between organizations of pharmacy educators around the world in the Global Alliance for Pharmaceutical Education. AACP is joined in forming GAPE initially by our colleagues in Canada, Asia, Ethiopia, and the Americas. The Alliance founders are excited about the potential for

the platform we have created to expand opportunities for collaboration, resource sharing, and educational exchanges among our member schools.

If you are keeping a scorecard on issues X, Y and Z, you know I have discussed progress over the past year on 1 issue in each category. Two other high priority areas of focus for AACP are assessment and curricular change. I am delighted to share that our Assessment and Accreditation Management System has entered a pilot test phase with 7 schools participating beginning at this meeting. This resource, which we are jointly developing with ACPE, will help all member schools enhance their assessment programs with new tools while helping those who are undergoing accreditation reduce the burden of preparing the all important self-study. We anticipate that all schools will have access to the system within the next 6 months.

Finally, one thing all colleges and schools devote significant attention to is our curriculum and whether we are keeping pace with evidence-based content sufficiently. We also care deeply about our approach to teaching and teaching effectiveness. The Academic Affairs Committee, under the direction of Dr. Gary M. Oderda, considered the outcomes of the 2009 Curricular Change Summit and the recommendations contained in the 5

background papers. The committee synthesized its recommendations for AACP and its member institutions regarding curricular issues that need further development, study, or implementation.

The committee's report provides an environmental scan of the curricular considerations associated with both critical thinking and problem solving. While this is certainly not a new skill set, it behooves us to reevaluate the methods and tools that we use going forward for skill development and application given the characteristics of the changing learner. The Curricular Change Summit and committee work served as the basis for planning the attendance record-setting AACP Institute held in Virginia in May. Their recommendations also focused on the future development of resources for members in the areas of active learning and problem solving using ongoing Association initiatives such as Institutes, school posters at the Annual Meeting, and recommended submissions to the Pharmacy Education Assessment Services (PEAS).

Once again, I am extremely pleased with the progress we have made over the past year. I want to thank each of the committee chairs and members, the AACP staff and Dr. Lucinda L. Maine for the support you have given me in expanding our horizons.