

ADDRESSES

The Stars Are Aligning

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Over a year ago, as I began thinking about what the American Association of Colleges of Pharmacy (AACP) could and should do during my presidency, I was encouraged by many of the things that were happening in the world of health care and pharmacy. There seems to be more and more opportunities for pharmacists to get paid for providing services—not just drugs, but authentic services delivered to patients. Health care reform was the hot topic on the Hill with potentially many important benefits for patients *and* for pharmacy; specifically, the health care home espouses a team-based approach to care which AACP has long championed.

But there were also things that concerned me: I see an apparent hesitancy by many pharmacists to take advantage of the opportunities to provide medication therapy management (MTM) and other services. I am aware of the poor understanding by the public of what a pharmacist could do for them outside of dispensing their prescriptions. I recognize that funding for our research and graduate programs is becoming increasingly difficult to obtain. While I realize some of these issues are beyond the immediate control of academic pharmacy and AACP, we all know that they impact the accomplishment of our missions.

Through my discussions with colleagues and AACP staff; interactions at national, regional and state meetings; and many hours working to find the focus that would guide the Association's efforts, I have come to the conclusion that we must move *now* if we are to realize the Joint Commission of Pharmacy Practitioners (JCPP) 2015 vision of a truly patient-centered practice, of a "new American pharmacist"—one who uses knowledge of drugs and drug products, and patient care skills. A new American pharmacist is someone who accepts the responsibility of working with people to improve drug therapy outcomes and thereby improve patients' health. Given changes in both public and private sector health policies, it seems that the stars are aligning and we need to take advantage of this alignment if pharmacy is to move forward. Pharmacy academia has 2 important missions that can catalyze this movement; it is our job to develop and educate the pharmacists who will live and practice this vision, and it is our job to discover the knowledge

and provide the evidence that are the foundations of this practice.

The blessing is that as the stars align and light the way for this advancement, they offer the opportunities of which we must—as a profession and as the academy—take advantage to move forward. Pharmacy has been struggling for years to secure payment mechanisms for cognitive services. This door is now open and it is up to the profession to move through it. It is up to us in the academy to produce graduates who *can* and *want* to lead this movement. It is also up to us to provide the evidence of the value of this new practice so that the financial barriers to patient-centered pharmaceutical care are broken.

Pharmacy has often felt, rightly or wrongly, that we are fighting alone to show our value in improving health outcomes. A star is rising in this arena as we see our colleagues in other health professions recognizing our contributions. This was demonstrated in the publication of our colleague Marie Smith, Pharmacy Practice Chair at UConn, titled "Why Pharmacists Belong in the Medical Home" published in May in the important themed issue of *Health Affairs* focused on reinventing primary care. Health economists are recognizing pharmacy's potential in reducing health care costs. In a spring 2010 issue of *Strategy + Business*, an article titled "The Pharmacy Solution" stated, "The pharmacy of the future could take the current assets of trust, access, skill and cost to the next level. Regulators, pharmaceutical companies, providers and payors should be prepared to help this evolution and benefit from it."

The health care reform star is a bright one but one whose light we must take advantage of *now*. New care models will be forming as physicians and other care providers organize to create patient-centered health homes and accountable care organizations. We must bring forward solutions for what medication use management led by pharmacists looks like in these emerging organizations. If we do not act quickly, this star will be extinguished as others move to provide the services that we know pharmacists can best provide.

You heard from President Baldwin on the work of his committees, which examined pharmacists' roles in

primary care. These reports show the need, the support, and the ability of pharmacists to fill part of the primary care void. This star illuminates the potential demand for the “new American pharmacist.”

With these stars aligning and lighting the way for the academy to move forward, I have charged the Association’s standing committees and one special taskforce to act on an overall plan that will assist us in equipping our graduates for this new reality, for working with our pharmacy practice partners in realizing it; for taking our message about it to the public, employers, payers, and policymakers; and for assuring that our researchers and graduate programs can continue to provide the evidence, the new knowledge, and the future faculty to support it.

To this end, I have charged the Academic Affairs Committee to examine how the current pharmacy curriculum prepares graduates to function in the emerging “learning health care system” as translational, evidenced-based practice leaders, effectively using information systems and tools (eg, clinical decision support, EHR/PHR, MTM systems). This includes the requisite attitudes and behaviors to build sustainable practices either from existing practices or de novo. Holly Mason from Purdue University will chair this committee.

Too often our graduates are frustrated by what they find in the practices they encounter after graduation and they do not know how to produce meaningful change. I ask the Committee to suggest specific areas needed for inclusion in pharmacy curricula for our graduates to have the knowledge, skills, and attitudes to facilitate practice advancement. I am looking for a nuts and bolts type of report; something that schools can act upon. The 2008-2009 Argus Commission Report raised leadership as one critical area in student development. I have asked the committee to also consider other areas such as management skills, communications, and patient interaction competencies.

A critical component in the successful development of this “new American pharmacist” is instilling in our students the caring attitudes and appropriate motivations for this practice. I have heard concerns from many in the academy about the lack of “patient-centeredness” of our students and graduates. These attitudes and motivations all fall in the realm of professionalism. How do schools and colleges foster the development of professionalism? Is professionalism developed, nurtured, created, or all of the above? Should we examine the foundations of professionalism in the applicants to our programs? What is the role of faculty modeling of professionalism in this development? To address this critical component in the maturation of our students, I have asked Nick Popovich from the University of Illinois at Chicago to chair a Special

Task Force on Student Professionalism. I have charged this taskforce to determine the status of various initiatives which aim to build and assess professional attitudes and behaviors in student pharmacists, including leadership, interprofessional professionalism, honesty/ethics, and e-professionalism, and the implications of professionalism in the admissions process. Once this status is determined, I ask Nick and his taskforce to suggest what AACP and its member schools and colleges should do to produce graduates with the highest level of professionalism.

While the academy can work to equip graduates with the tools for creating the new practice, it is the practicing pharmacists themselves who must envision and embrace this practice. We are blessed with strong practice organizations in pharmacy who already have espoused the JCPP Vision 2015 for practice. In order to synergize the advancement efforts of AACP with our partners in pharmacy and other health profession organizations, I have charged the Professional Affairs Committee to determine how AACP and its members can most effectively partner with a variety of key stakeholders to accelerate the implementation of pharmacists’ services (eg, MTM, primary care) as the standard for team-based, patient-centered care. They will consider the movement to accredit community pharmacies and the evolving medical home. The reports of President Baldwin’s Advocacy and Professional Affairs Committees and the Argus Commission, which examined pharmacist-provided primary care, and the academy’s history of catalyzing practice innovation through faculty placement, will serve as foundations for the evaluation of new practice models and as the basis for expanding training opportunities for students at sites with progressive practices. In this era of increasing reimbursement possibilities, evolving health care reform and increasing recognition by other health professions of the pharmacist’s role in improving patient health outcomes, the committee will suggest how AACP can leverage these factors to appropriately educate and motivate our pharmacy workforce and partner with other organizations and groups to move practice forward. Magaly Rodriquez de Bittner from the University of Maryland is well-equipped to chair this committee.

As we look to the future and the new realities of practice, we realize that pharmacists will not be alone in carrying out all the duties and services a pharmacy must provide. We know that supportive personnel will have an ever-increasing role in practice – in dispensing functions – and who may guess what else. AACP has existing policy statements regarding our position on technician and supportive personnel training, but these are over 20 years old, dating to 1987 and 1989. Our newest policy in this area, from 1990, supports curricula that address the

supervision of supportive personnel. Considering the importance of technicians to practice and the age of these policies, I have asked the Bylaws and Policy Development Committee (BPDC), in addition to their traditional charge of preparing to conduct the business before the House, to examine, revise, and/or suggest the need for AACP policy on pharmacy supportive personnel (ie, technicians) to guide the Association as primary care and other initiatives potentially change professional roles in the pharmacy. I thank Michael Malloy from the Massachusetts College of Pharmacy, Worcester, for agreeing to chair the BPDC this year.

It is critically important while the stars are aligned that pharmacy seize the opportunity to expand innovative models of practice. These practices will demand the highest quality graduates that our college and schools can produce. But one critical element remains to ensure demand for our graduates – the realization by consumers of the value that the “new American pharmacist” will provide. These consumers are the patients and the payers for these services. Pharmacy has historically done a poor job of letting patients know of all the behind-the-scenes work that helps ensure their prescriptions will be the safest and most effective for them. New MTM programs have sometimes struggled because patients, not realizing the benefits of working with their pharmacists, do not want to take the time for the interaction.

Fortunately, some payers have “seen the light” and understand the improved health outcomes and lower total health care costs that pharmacist services can provide. But there is still a long way to go. Therefore, I have charged the 2010-2011 Argus Commission, to be chaired by Diane Beck from the University of Florida, to answer the question, “How can AACP and its members engage with appropriate consumer and payer groups to increase awareness of the ‘new American pharmacist’ and the role and value of pharmacists in patient-centered care?” The future demand for our graduates hinges in large part on the demand for these patient-focused, cognitive, and interpersonal services by the health care consumer and third party payers. The economic value of this type of practice has been documented, but its demand in the marketplace, especially among average consumers is limited. What should be AACP’s role and the role of our pharmacy organization partners to address this?

Coupled with the realization of the value of pharmacy services by patients and payers, we must effectively make the case for greater accessibility, utilization, and compensation for pharmacy services to our policymakers. The health care reform legislation in the Affordable Care Act (ACA) is a great plus for pharmacy, with many doors opened for us to walk through. Members of the academy,

through their research and practice, have provided much of the evidence that has supported such policy opportunities. Now we must seize this opportunity by continuing our advocacy efforts to support our research and practice development work. I have charged the 2010-2011 Advocacy Committee, to be chaired by Renee Coffman from the University of Southern Nevada, to examine how AACP and its members can most effectively leverage faculty scholarship/research to impact public policy at the federal *and* state levels. They will consider not just facilitating the work AACP does in Washington primarily through the efforts led by Will Lang, but also what AACP can do to stimulate advocacy efforts at the state level by our member schools, colleges and individuals to advance the academy’s interests. Specifically, How do we maximally utilize existing evidence as well as effectively create new evidence, perhaps in a targeted, intentional way that will support the policy efforts of the academy and pharmacy as a whole?

The last committee whose charge I would like to discuss is the Research and Graduate Affairs Committee. The 2-part name of this Committee reflects 2 very important parts of the agenda I have been discussing with you. The *research* that faculty members in schools and colleges of pharmacy conduct yields critical new knowledge that support the ultimate care of patients through drug therapy, and new evidence that shows the value to patients and society of the work of the graduates of our programs. The *graduate* programs of the academy not only support these research efforts, but also produce a large percentage of the faculty members needed to teach our students to become the “new American pharmacist.” Just this spring, the Commission on the Future of Graduate Education produced a report titled, “The Path Forward: the Future of Graduate Education in the US.” I have charged the Research and Graduate Affairs Committee, using this report as a roadmap, to critically examine the current status of graduate programs in colleges and schools of pharmacy across the spectrum of pharmaceutical sciences and recommend actions by AACP and/or its member schools and colleges that would allow pharmacy graduate programs to flourish in this envisioned future.

Dean Bob Brueggemeier of Ohio State will chair this Committee. Maintaining and improving the health of our graduate programs is critical to the development of new faculty members and the continuous creation and application of new knowledge – both of which are necessary for the ultimate advancement of pharmacy in its patient-centered role.

The stars are aligning: new opportunities in compensation for pharmacy services are making it financially feasible to design and sustain truly patient-centered

practice. Our fellow health professionals and the medical home model are recognizing pharmacists' value in the health care team. Opportunities in pharmacist-provided primary care are being identified and gaining support, and the knowledge and evidence we have generated has opened many doors in the health care reform legislation. The stars *are* aligning. They are lighting the path for pharmacy and the academy to move forward. The

Association's new strategic plan will provide the guideposts: guideposts I have followed as I drafted the charges just shared with you. With the promising work of our committees, our AACP staff, and you, the members, I am excited about the year ahead. I am excited about the possibilities for pharmacy and helping the academy lead the charge. Thank you for giving me this opportunity to serve.