

ADDRESSES

Truth or Consequences

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As is almost always the case, I struggled a bit as I thought through my remarks to the House for this final session of our amazing, record-breaking meeting in Chicago. After other leaders have so clearly outlined where we are from both a strategic and financial perspective, as well as where we are going, my charge to “report annually to delegates on the status of the Association” as per the American Association of Colleges of Pharmacy (AACP) Bylaws seems satisfied. But I have always enjoyed this micro opportunity to put together a few messages that are about where we are as the members, leaders, and staff of this fantastic organization.

For some reason in the early hours of the last weekend before we traveled here I arose early, thinking about the unfinished preparation tasks still ahead. Obviously these remarks were pretty close to the top of that list. The phrase “Truth or Consequences” came to my mind so I went to Wikipedia to remind myself about what that game show was all about. Most of you are likely too young to have listened to the show when it came out on the radio in the 1940s and many would not have even watched it on TV through its run into the late 1980s. Eclipsed by *Survivor* and other reality TV shows, this game that asked contestants somewhat bizarre questions that they had virtually no time to answer was, at the time, fun and entertaining. I will come back to how each show ended as I wrap up my brief remarks.

So let’s play a little Truth or Consequences this morning with some not really so bizarre questions. Remember, you only have a few seconds to answer! Since we are using no electronic voting this morning just shout out the answer if you have one for each of the following questions.

Question 1: Is there an oversupply of pharmacists in the United States today? Yes or no? I can’t tell you how many times I’m asked that question on a weekly basis. The belief that the answer is yes has made it to print as any of you who read Dan Brown’s commentary in the last issue of the *American Journal of Pharmaceutical Education* already know. It is in other media, and I am sure this includes places like StudentDoctor.com.

As the companion commentary by Drs. Knapp and Schommer pointed out, the answer to whether we have

tipped the balance in supply and demand for pharmacists is a complicated one with many intersecting components. Key questions include the retirement plans and timeframe of the graduates from the 1960s and early 1970s—the capitation era cohort of clinicians; the practice patterns of both men and women as professionals strive for that elusive work/life balance; and the alignment of payment and practice models that fully liberate the talents of our graduates to contribute to preventive, acute, and chronic care to the full extent of their education and license. But my dear friend and former boss John Gans really nailed the answer to this question when he began reacting to the question of having too many pharmacists by asking “Too many pharmacists to do what?” That is really the key. Too many pharmacists to do what?

Earlier this year I collaborated with Kathy Knapp from Touro University California and Doug Scheckelhoff from the American Society of Health-System Pharmacists on a paper for the journal *Health Affairs* which we hope will be published as part of a themed issue on the health workforce this November. The editors asked that we address the pharmacy workforce holistically, including both pharmacists and technicians. We addressed the need for more proactive medication management and how this was the societal need that led to the conversion to the entry-level PharmD now fully implemented 10 years ago.

It was in thinking through this story that I was struck, perhaps for the first time, with 2 thoughts. With respect to supply and demand, I realized that all our work to equip the 21st century health workforce with an army of doctorally prepared medication-use specialists was truly blunted by the national shortage of pharmacists in the pre-recession portion of the last decade. With safe and efficient drug distribution remaining the predominant focus of the practice of pharmacy in virtually all settings, our graduates’ clinical contributions were squeezed and marginalized to a dangerous extent.

The second “ah ha” in this writing exercise was the acknowledgment that our profession’s failure to truly nurture the talent and role of the pharmacy technician workforce has had incalculable cost in terms of our ability to liberate pharmacists’ clinical services. I am so pleased

that President Piascik's charge to the Professional Affairs Committee will finally lay such issues on the table, including academic pharmacy's role in advancing the roles of technicians.

Question 2: Will pharmacy ever get to the point where patient care services are the standard of practice across all settings? Yes or no? Those of you who know me well know that I am the number one optimist and professional cheerleader on this question. My retirement timeframe depends on us getting to "yes" on this question as I typically say that when patient care is the standard of practice, then I can retire and say my job is done!

There would be a number of lenses through which I can describe where pharmacy finds itself today. Newt Gingrich's transformational change model is one that I feel we can use to map our progression and I think we are over the fulcrum point where it should begin to feel like we are making substantive progress. Malcolm Gladwell's "tipping point" is another perspective to use and I think we are approaching that point.

I really like the construct that appears in this year's Argus report of the notion of "phase change," though I have to admit that it scares me somewhat. According to Robertson and others, a phase change occurs when there is a sudden and significant change in something that is not predictable or linear in nature. Perhaps things have been moving slowly toward the change for quite some time (sound familiar?), but then suddenly the change occurs.

Are we poised for a phase change in medication use in our reforming healthcare system? On the one hand, I truly hope so. But the other key question is, are we ready for a phase change? Going back to John Gans' question of too many pharmacists to do what? Do we at this point have pharmacists in sufficient numbers to fully engage in direct patient care? If challenged to redirect their talents from a primary focus on drug distribution to spend the majority of their time examining and intervening on patients' drug-related problems, are the majority of pharmacists ready?

In the last 10 years we have graduated more than 100,000 PharmDs. According to calculations by HRSA staff, within the last few years we tipped the balance such that the majority of pharmacists are now doctorally educated. Not that bachelor's-prepared pharmacists are not equipped for clinical practice if they have had opportunities to hone and use such skills, but the standards clearly say that PharmD graduates are clinically prepared.

The Association's advocacy work is aimed at the public and private sector changes that are needed to stimulate the phase change. Our work in interprofessional education and collaborative practice insists that pharmacists are an ever present part of patient care teams because of the centrality of medication use. Our commitment to

the work of the multi-organizational effort to advance Provider Status for pharmacists in federal, state, and private health programs is steadfast. Will Lang recently told our partners why this is such a clear priority for AACP: "Our members are already the pharmacists providing this exceptional level of patient care across all settings of practice. They need us to clear the regulatory path to ensure that nothing stands in the way of them being able to fully exercise their talents and to make sure that our graduates can too."

My last point before I move to the third question relates to your work in your state and community. Should this phase change occur, we know that there are pharmacists in practice today who are not ready for this change. I feel for my contemporaries and other 40- to 50-year-old pharmacists who have quite a few years left in their careers because this is the group that may not be able to make the transition without significant help from their employers, their associations, and especially, their colleges and schools of pharmacy. This year's Professional Affairs Committee report almost begs you to redouble your commitment to the partnerships with state organizations to help move pharmacy forward through the phase change ahead.

Question 3: AACP is so financially healthy that we don't really need a dues increase. Yes or no? You all received the Finance Committee report for the fiscal year ending June 30, 2013, as part of the AACP annual report and heard Treasurer Herist's comments on Sunday. You cannot help but appreciate the strong balance sheet that shows year-after-year asset growth and a reserve that has grown more than fivefold in the last decade despite the rocky world economy. Yes, FY13 was a year where our income was less than our expenses, but that was a thoughtfully planned financial management decision by your board of directors. If you will, we dipped into our "rainy day funds" just as many of you do in order to advance important initiatives at your institution in a timely fashion.

Like you, AACP's finances are complicated these days. Our incoming Treasurer Chris Bradberry and Senior Director of Finance Siby Ramamurthy just spent 2 days together at a session for treasurers and chief financial officers hosted by the American Society of Association Executives (ASAE). They are now armed with more knowledge and analytical abilities than I could ever amass in the rest of my lifetime, but perhaps the most important takeaway from the program is the perspective on the balanced portfolio of revenue sources and program expenses. Our revenue sources are dues, meetings, programs, and student-generated funds. Like you, we may be a little overexposed on the last of these and so we are taking steps to rebalance our portfolio. The request for an increase in

individual member dues is part of this strategic rebalancing as was the institutional dues increase the house of delegates passed 3 years ago. According to the ASAE, most associations target dues to represent about 40% of total revenues. For at least the last 10 years, dues have been approximately 25% of AACP's revenues.

We are financially fit and I hope you are comfortable with that as dues paying members. We have operating reserves in the bank and are virtually debt free. We have the staff and financial resources to continue providing our members with vital programs, products, and services to help you achieve your varied missions.

As I begin year 12 as your CEO, I feel really good about our work together. It is fun, challenging, rewarding,

and never, ever dull! Thanks for playing Truth or Consequences with me this morning. I said I would tell you about the end of each episode and I will do so now. After the contestants bantered with the host, answering the assortment of bizarre questions, something really special happened. In many cases it was a reunion with a loved one, perhaps a member of the military deployed to a far away place. Well, like the show, I now gift you something terrific. I will sit down so that you can begin the business before us today, which stands between you and your reunion with the loved ones back home! Let me thank each of you for your attendance at the annual meeting and participation in the work of our house of delegates. AACP is a stronger organization as a result of your dedication.