AACP REPORT

Different Perspectives: Report of the EVP to the House of Delegates at the 2019 Annual Meeting

Lucinda L. Maine, PhD, RPh

Executive Vice President and CEO, American Association of Colleges of Pharmacy, Arlington, Virginia

Good morning, colleagues. I appreciate this annual opportunity to share a few thoughts with you as we bring this year's amazing meeting to a successful close. Shattering all previous attendance records is rewarding affirmation that our Program Committee and all the members who bring us their excellent work continue to address most of the timely and important issues in health professions' education. And for those of you, especially my dean colleagues, who continue to prioritize travel funds for members of your teams to come to our meetings, I pledge that we will never stop trying to make our education and networking platforms the very best they can be. Delegates and others here this morning, please do not forget to respond to the opportunity to evaluate the meeting. Our staff and our program planners take that input quite seriously.

So, last year I shared some thoughts under the theme of "Doing Things Differently." I hope it was apparent with the change in program timing with our 60- vs 90-minute sessions and micro-sessions that the right folks were listening! I shared that I planned to do something I had never done before, which was taking the month of August off! There were bets among leaders and staff, and probably a few others, that Lucinda would not be able to stay unplugged for an entire month. All were amazed when they realized I could!

As I shared in my Remington address that was just published in the *Journal of the American Pharmacists Association (JAPhA)*, one of the personal benefits of the time away was the rejuvenation of my latent habit of reading for pleasure.¹ I was a voracious reader early in life until the demands of pharmacy school and then graduate school challenged the amount of time I could invest in that personal pleasure. Once I lost the habit, it took a major intervention to get it back! "August Off" to the rescue! In case you are wondering, and many have asked, are you taking August off again? The answer is "no;" similar to sabbaticals, such opportunities do not come every year!

Today I will draw upon two of the books I have just finished, with the most recent one offering my theme for today: "Different Perspectives." *Health Care Reboot: Megatrends Energizing American Medicine* is an easy

read by Michael Dowling and Charles Kenny.² Michael is the CEO of Northwell, formerly Northshore/Long Island Jewish, a major health care system in New York that is now growing into Connecticut. I had the good fortune of spending a day at one of their hospitals several years ago on a fieldtrip with several of my IPEC colleagues, and Michael spent several hours with us. *Progressive* and *bold* are two terms that communicate how he and the senior leaders at Northwell approach their work.

I selected that book not so much for pleasure but as background for the charges President-elect Sorensen has assigned to the Argus Commission. He has asked our past five presidents to work as quickly as possible to frame key issues related to the health care environment we aim to transform. We will be asking for your help as we work to identify those schools that have mission-driven commitments and programs that have effected transformation in medication use and patient care in your region. We know that there are many such exemplars. That query will be coming to the deans on their AACP Connect Community soon after the meeting.

Briefly, in their book, Dowling and Kenny share that their perspective on the status of the U.S. health care system differs from those that are in the gloom and doom camp about the economics and outcomes of our system. They identify important examples of the progress we have made over the past 20 years, citing research and discovery that has transformed patient care, including curing diseases that previously had no cures. They focus on the effectiveness of large integrated health systems, like theirs, that have allowed their health care providers to work at the top of their education, coordinating care and delivering services in novel ways. This has improved both patient outcomes and safety in these systems. Capitalizing on big data and analytics, integrated systems can easily identify those "hot spots," or patients that utilize extreme amounts of care and dollars, and target services that dramatically reduce those expenditures. In case you are wondering, the term "clinical pharmacists" is in the book, albeit not as frequently as "physicians" and "nurses." Dowling himself is not a physician, but he has surrounded himself with some of the best and the brightest.

The book offers a useful backdrop to the work our standing committees will accomplish in Todd's new model that focuses on action and will define how AACP can best support the local transformation efforts you undertake with partners back home. Not all will agree with his premise that things are not as bad as many say they are; I guarantee that he is not naïve to the challenges we confront in health care and health professions' education today. He and his team live it every day; they are just determined to improve it and to thrive as they help their population live healthier and better lives.

The second book and author I want to highlight is my absolute favorite, and it is one I accidentally found during "August Off." Brene Brown is a doctorally-prepared social work researcher and over 35 million people have watched one of her primary TED Talks.³ She is a professor at the University of Houston in addition to being a highly sought after speaker, consultant and business leader. I have now read five of her books, the last one being *Dare to Lead: Brave Work. Tough Conversations. Whole Hearts.*⁴ In contrast to her other four, which are more about us as individuals and what constitutes a "wholehearted person," this one is speaking to leaders of organizations.

One of the most compelling lessons in this book, relates to my theme of different perspectives. Dr. Brown is painfully honest about her own shortcomings, both personally and professionally. In the book she describes how her leadership team finally called into question some of her aberrant behaviors and unrealistic expectations. In working to address these issues and implement meaningful change, she describes what she calls "rumbling with our vulnerability." It is a group process that comes into play when a team, or even two individuals, like a husband and wife, realize that they are at odds or have different perspectives on a problem they are confronting. The rumbling begins with someone asking each player to answer one of several questions she suggests. The one I remember best is "What problem do you think we are trying to solve?" Very frequently, team members' answers revealed that different people think they are solving very different problems. Working "together" on a project or to solve a problem when people are not synchronized with exactly what they are working toward or to fix causes tension, which could possibly intensify into arguments and dysfunction.

Higher education faces serious challenges at this point in history, and pharmacy education has not escaped unscathed. In fact, if you compare our applicant pool decline over the last five or more years with other health professions, then you can see why we can characterize ourselves as the canaries in the coal mine. Our decline

may have been first, but today, many other health professions have experienced declines in applicant numbers.

And, we know there are also problems in practice. Over 17,000 individuals signed the original Change.org petition back in the winter signaling that they were not happy with their professional realities. We know of reduced hours, layoffs and pharmacy closures. These are affecting recent graduates of our programs and our alumni.

Returning to the discipline Brene Brown's organization has adopted, it is important to stop and ask ourselves, "If we want to make a difference in addressing these issues in education and practice, can we define the problem or problems that we are confronting?" I know from reading petitions and emails and Connect postings and articles that many simply state that the problem is too many schools and too many graduates. Yet, others will say the problem is failure to pass provider status at the federal level. You can see that those are two very different perspectives that call for very different strategies or actions.

Delegates to this House in 2016 and 2018 affirmed that our issues are not as simple as one answer or another. Collectively, we said that "the problem" is that the profession has not yet achieved the aim that my APhA colleague Tom Menighan articulates with 12 simple words: we strive "to expand consumer access and coverage to pharmacists' quality patient care services."⁵ In order to do that, the strategic priorities delegates affirmed state that public understanding of the value of those services must be expanded, that both education and practice must be transformed to equip pharmacists with the right knowledge, skills and abilities and the practice environment that supports and sustains service delivery, and academic pharmacy's contributions to research and discovery must be continuously strengthened from bench to bedside to the community.

I say, the real problem that AACP and academic pharmacy need to address is: we have yet to achieve our societal purpose in the health care system, which, as Michael Dowling says, needs "rebooting." As a result, hundreds of millions of health care dollars are wasted each year on avoidable harm from medication misuse. And patients are suffering from the lack of comprehensive medication management services in too many environments. President Allen's call a year ago was for increasing leadership at every level, and we have work to do on that because it is essential for tackling the ambitious practice-transformation agenda outlined by your next president, Todd Sorensen.

I am personally energized by these priorities. I, like Michael Dowling, am not naïve to the enormity of the task, but, as most of you know, I am a very optimistic person, and I see a convergence in pharmacy

organizations around common issues in practice and payment transformation. AACP leaders and staff look forward to working with all of you to put our energy toward solving the real problems that challenge us today. I thank you for your time and attention.

REFERENCES

1. Maine L. Richly blessed or simply lucky: lessons learned on the road to Remington. *JaPhA*. 2019;59(4):e8-e11. <https://doi.org/10.1016/j.japh.2019.06.006>. Published June 10, 2019.
2. Dowling M, Kenny C. *Health Care Reboot: Megatrends Energizing American Medicine*. Charleston, SC: Forbes Books; 2018.
3. Brown B. The Power of Vulnerability. Presented at TEDxHouston. June 2010. https://www.ted.com/talks/brene_brown_on_vulnerability?language=en
4. Brown B. *Dare to Lead: Brave Work. Tough Conversations. Whole Hearts*. New York, NY: Random House; 2018.
5. American Pharmacists Association. Pharmacists improving patient access to health care. *Pharmacists' Patient Care Services Digest*. https://campus.extension.org/pluginfile.php/140686/mod_resource/content/3/pharmacist-patient-care-services-digest.pdf. Published March 2015. Accessed July 2019.