AACP REPORT

Leading in Dickensian Times: Address of the President-elect at the 2019 AACP Annual Meeting

Todd D. Sorensen, PharmD

President, American Association of Colleges of Pharmacy, Arlington, Virginia
University of Minnesota, College of Pharmacy, Minneapolis, Minnesota

It is the best of times, it is the worst of times. It is a day of tremendous opportunity, yet every day there is frustration or despair. It is a season where recognition of the good — and the harm — of medications for many stakeholders is as great as it has ever been. And, it is a season where pharmacists frequently feel undervalued, and they question the future of the profession. Many only see this time in these superlative degrees of comparison: our future is bright, and the profession will thrive as a critical contributor to the health of our fellow citizens; or, our future is relegated to serving a set of technical functions, waiting for the day when the robots and drones will overtake our place in health care.

In this Dickensian era in which we are immersed — our own Tale of Two Cities — I contend that perception is a choice. Our consideration of various solutions is a choice. And, the leadership we show in response to our times is a choice. Today, I am excited to share with you some of the choices AACP is making to think differently, act differently and lead differently as we join with our members to see the opportunities before us and assume responsibility for a new future for our alumni and graduates.

In choosing to look at the opportunities that can be harnessed, I acknowledge the current realities. The pipeline of candidates seeking to enroll in our professional programs continues to be far below optimal numbers. The employment prospects for our newest graduates are not consistent with the story we want to tell prospective students. Our alumni frequently express frustration about the nature of the work they are expected to perform and the difficult environment in which they deliver it. The traditional model of compensation through distribution of medications is as difficult as it has ever been.

These are our realities, and they cannot be ignored. However, the natural inclination is often to look internally and seek ways to “fix” these problems. It is less common to look externally and explore novel, bolder, more innovative strategies that seek to transform the future, rather

than achieve faster, incremental progress that may be fleeting over the long term.

In his book, *The One Thing: The Surprisingly Simple Truth Behind Extraordinary Results*, Gary Keller argues that producing successes in a significant way, a big way, is dependent on adopting and repeatedly applying a single focusing question.¹

“What’s the one thing I can do (or we can do) such that by doing it, everything else will be easier or unnecessary?” This question can be applied in many ways — to focus the work of a given day, to set direction for an envisioned future and countless ways in between. This question is intended to reveal not only what your goal should be, but also the first step toward accomplishing it. It is both a map for the big picture and a compass for the smallest next move. This question is admittedly counterintuitive to complex problem solving in a complicated world. How can a multifaceted issue such as the direction of an entire profession be distilled down to “one” thing?

That, of course, is simplifying things too much, but the ability to cut through the clutter of complex situations is an art. And this “One Thing” focusing question is an effective tool to facilitate sound strategic planning.

I have spent a significant amount of time ruminating on the challenges we face, the opportunities available to us, and asking myself and others, “What’s the one thing we can do that will make everything else easier or unnecessary?” There are countless possible answers, but for me, the answer lies in AACP’s strategic plan. Priority 3 of the plan calls on us to lead innovation in education and practice.

Specifically, goal 3.4 — “practice advancement and transformation” — focuses on interprofessional practice and the role of AACP and its members in advancing these partnerships. What is the ONE THING we can do to that will make everything else easier or unnecessary with respect to the trajectory of the profession? I posit that this lies in building robust, authentic collaborative relationships with physicians.

Yes, relationships with all members of the health care team are important, but physicians remain the most influential member of the team — and building relationships that empower physicians to advocate for collaborations with pharmacists can have more influence than anything pharmacists can do on their own. Physicians, seeing the value of pharmacists as critical partners and members of a health care team, could make so many other things we need to do easier or unnecessary.

Setting a bold aim that grows out of “one thing” thinking sets vision, drives conversations and catalyzes action. Today, I suggest that academic pharmacy and the profession as a whole should establish a bold aim: that by 2025, 50% of primary care physicians in the U.S. will have a formal relationship with a pharmacist. Realizing this vision would have a net positive impact on many of the challenges we are focused on today.

We have evidence that establishing authentic, collaborative relationships with physicians improves the health of patients. Team-based care is emerging as a key strategy in delivering better care in value-focused payment systems.

Creating these partnerships will open up new employment opportunities for pharmacists — whether directly within medical practices or through other collaborative arrangements that improve chronic care management.

Aligning our work to address challenges faced by our physician colleagues — such as constant scrutiny on quality, managing the increasing complexity of medications or burnout in practice — will encourage them to advocate for pharmacists’ value on an effective care team. And our graduates will assume roles that utilize the full extent of their education and feed their sense of professional satisfaction, sending a message to potential candidates that pharmacy is a vibrant, desirable profession.

Now is the time to commit to this aim — not only because of the challenges we face in academic pharmacy, but also because the environment is ripe for these relationships to grow and thrive. The Center for Medicare and Medicaid Services (CMS) Comprehensive Primary Care Plus program is one example where a federal agency has specifically encouraged primary care leaders to integrate pharmacists into their service delivery models. In the last year, several national media outlets have featured physicians stating the value of integrating pharmacists into care teams. And the American Medical Association published a practice development guide for its members titled “Embedding Pharmacists into the Practice.” The recognition of the unique contributions that pharmacists make to improving clinical outcomes and containing costs is growing; we must harness the momentum emerging from early adopters and move it

past the tipping point so that these collaborations become the norm, not the exception.

This is a big idea. And often with big ideas, it is difficult to see where to start. It can be challenging to envision how small steps can yield big results. Again, the “one thing” focusing question can help create our plan. What is the one thing we can do *today* that will make the task of achieving our bold aim easier? The answer to that question and how it relates to the bold aim is explained by physics.

And, to illustrate this principle further and see the scale of impact the chain reaction can create, we look to the Netherlands. Previously, this sequence held the world record for tallest domino chain reaction.

Building the type of value-driven relationships with physicians that will change the trajectory of pharmacy practice is a 29th domino opportunity. We cannot start with the 28th domino, the 20th domino or even the 9th domino. We need to start with the first domino. Which takes us to the work of AACP’s 2019-2020 standing committees. Each standing committee will address an issue that is ultimately critical to achieving our 29th domino opportunity.

The Professional Affairs Committee, chaired by Dr. Gina Moore, will focus on the issue of expanding physician-pharmacist collaborative relationships. The committee will be comprised of AACP members and leaders from both national pharmacy and medical organizations. It will identify resources available to support the development of interprofessional practice and determine the strategies for AACP to stimulate this expansion of this model of practice.

Dr. Leigh Ann Ross will guide the Strategic Engagement Committee through its charges focused on establishing strategic partnerships at the state and local level to drive practice transformation. Like the Professional Affairs Committee, the Strategic Engagement Committee will combine the perspectives of AACP members as well as state pharmacy and medical associations.

As we prepare our graduates to be confident in their unique contributions to team-based care, we must consider the degree to which professionals identify formation as an outcome of a student’s educational experience. Dr. Beth Welch will chair the Student Affairs Committee as they analyze opportunities to make this a strength of our graduates and set a course of action for AACP to support schools in this critical area of instruction.

The Academic Affairs Committee, chaired by Dr. Andrew Bzowycyk, is tasked with identifying how we can accelerate the transformation of our workforce, so that it is prepared to assume responsibility for society’s medication use needs in 2030. Evolving our curricula to

prepare collaboration-ready graduates to succeed in a value-based health care system remains a priority; however, there is an entire workforce that must gain new knowledge and skills in order to be mobile in the current health care marketplace. The committee will propose action steps for AACP to support schools in efforts to grow their influence in development of the existing workforce.

Our success in accelerating practice transformation will be supported by application of principles recognized by the discipline of implementation science. Dr. Grace Kuo will chair the Research and Graduate Affairs Committee as they consider the degree to which academic pharmacy has a critical mass of expertise in this discipline and establish an action plan for AACP's role in facilitating the application of this discipline in both practice transformation and education.

AACP Past President Pat Chase will lead the Argus Commission in a critical analysis of engagement across academic pharmacy institutions with respect to catalyzing practice transformation and preparing graduates to lead these efforts. The commission will also analyze how training pathways for pharmacists — from entrance to pharmacy school through the completion of post-graduate training and over the course of one's career — should evolve to best prepare graduates to lead practice transformation and assume new roles in the health care system. This will be a key report for the AACP Board of Directors when it begins conversations on the next strategic plan.

I am also excited to share that an ad hoc committee of AACP members will lead the implementation of the ACT Pharmacy Collaborative. This is a partnership between AACP, the University of Pittsburgh and the Community Pharmacy Enhanced Services Network, supported by the Community Pharmacy Foundation. Dr. Melissa Soma McGivney has spearheaded this initiative and will chair the team leading the collaborative. And, on behalf of AACP, I share a big "thank you" to the Community Phar-

macy Foundation for providing financial support to launch this initiative.

I know that the 29th domino opportunity of forging authentic, value-driven partnerships with physicians and the considerable influence that this will have on our professional practice and pipeline goals is indeed attainable. It was tangible in a simple exchange I had a few months ago. At a meeting, I saw a family physician colleague whom I recognized, but whom I had not yet met. As I walked up and introduced myself, her immediate response was, "So nice to meet you. I want you to know that I will never practice again in a clinic that does not have a pharmacist." She did not hesitate. It was a genuine response rooted in the respect she had for her pharmacist colleagues and the positive impact they have had on her work as a physician. That 30-second exchange is a snapshot of the future we need to create.

I am deeply grateful for the opportunity to serve as your president for the next year. I am privileged to work alongside Lucinda Maine, an individual who has unlimited energy and passion for her work and is viewed in the highest regard not only in pharmacy, but across the entire spectrum of health professions education leaders. I have great appreciation for the entire AACP staff, each of whom brings a commitment to our cause that produces significant outcomes for a group of its size. And I am honored to lead a board of directors where each member is truly committed to creating an AACP that exceeds the expectations of its membership and serves the interests of the profession. The critical pieces are in place — through the combined efforts of AACP's staff, volunteer leaders and its entire membership, we will create a future in which all declare, "It is truly the best of times!"

REFERENCE

1. Keller G, Papasan J. *The One Thing: The Surprisingly Simple Truth Behind Extraordinary Results*. Austin, TX: Bard, 2013.