

Message From the Chair



Dear Colleagues,

ASHP's summer meeting entitled "Bridges to Knowledge" served as an excellent backdrop for the Section's inaugural meeting. It's difficult for many of us working in the trenches to dig up the highly anticipated value from the systems we are currently deploying. By themselves technologies like bar-coding, smart pumps, nursing documentation and physician order entry appear to be trading one set of problems for another. To maximize the benefits of these systems we must look for ways to embed intelligence into the clinical workflow helping to build that bridge to knowledge. Pharmacy informaticists will play a key role in managing and introducing clinical content well beyond forcing functions, drug-drug interaction and allergy screening. Managing clinical content will require not only an understanding of medicines but also the key clinical processes surrounding them. I would encourage those who haven't already to read a viewpoint paper by William Hersh, MD., published in *The Journal of the American Medical Informatics Association* Volume 13(2); Mar-Apr 2006 *Who are the Informaticians? What We Know and Should Know...* his perspective and vision are noteworthy: <http://www.jamia.org/cgi/content/abstract/13/2/166>

The summer meeting also presented the Section its first opportunity to weigh in and vote on professional policies for the organization through ASHP's House of Delegates. The House of Delegates is the forum the Section must take advantage of to deliver its vision. Although my personality index is incompatible with these types of settings I was able to deliver two recommendations to the House on behalf of the Section and Section Executive Committee. The first involves taking a more confirmatory position of a pharmacist's oversight and responsibility for medication management systems and automation used within a health care system. ASHP should change existing or develop new policies to include that a pharmacist must oversee all the technologies and systems supporting the medication use process in a health care system. These policies should reflect current positions of support for those involving the pharmacist's role in drug procurement, distribution, surveillance and control. The pharmacist possesses a comprehensive understanding of the safe and effective use of medications, core pharmacy operations and has developed the expertise in end-to-end medication-use management. This unique blend of knowledge advocates their oversight of all medication use process supporting technologies and automation including the non pharmacist personnel supporting them.

The second recommendation I delivered included support by ASHP of a Consensus Conference for Pharmacy Informatics and Technology. This consensus conference will affirm the responsibilities of the pharmacist and the pharmacy informaticist in field of medical informatics. This initiative would be similar to the 1985 Hilton-Head conference that inspired and stimulated the movement for pharmacists to assume greater roles in the medication use decision making process and working in a multidisciplinary patient care team environment. This conference should be used as a consensus-building exercise through which informaticists and pharmacy leaders develop shared values, goals, and ideals regarding the principles and rationale for having the pharmacist involved in this field. This effort will hopefully produce a committed decree heard throughout health systems and healthcare IT industry. With these recommendations comes the delivery of supporting documentation and rationale for moving these forward to vote hopefully next summer. The Executive Committee may be asking for help as we attempt to move these initiatives forward for approval.

One of the Executives Committee's primary goals during the summer meeting was to appoint Section members expressing interest in participating on one of four advisory groups or task forces identified earlier this year. I will send out a final version of SAG and task force membership following confirmation from interested parties and some late fine tuning. I am thrilled by the interest expressed and the opportunities we can take advantage of through the talent assembled within these groups. Keep in mind

that our Section was born through the workings of one of these advisory groups. Those of you expressing interest and not appointed or those having a change in heart and wishing to get involved should contact me as soon as possible so we can find a home for your enthusiasm and interest. On behalf of the Executive Committee I would like to thank all of you for taking an important step in support of the Sections efforts. The Advisory group chair or liaisons will be contacting you shortly with proposed meeting times and review of charges and potential tasks. Please watch the following webpage for more updates: http://www.ashp.org/s_ashp/doc1c.asp?CID=3970&DID=7183

In closing I would like to take the opportunity to reiterate what I mentioned in the networking session at the summer meeting in San Francisco as it relates to the inclusion of vendors in the Section. For the Section to deliver its vision and mission they must engage those who are intimately involved with designing and developing the systems many of us are currently deploying to support the medication use process. Our colleagues in the vendor community play a key role and in many respects hold the key to open many of the doors we have struggled with opening in the past. I encourage all of those in the vendor community to join the Section and actively participate in all of our initiatives.

Sincerely,

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