Section of
PHARMACY INFORMATICS
AND TECHNOLOGY

Message from the Chair – December, 2011

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Greetings to the membership of the Section,

Last month the theme of this message was the importance of time spent building relationships and establishing rapport in person with our patients and colleagues. This month I am pleased to share and summarize our Section's Midyear Meeting activities, including many valuable *human moments*. Thank you to all Section member presenters, facilitators, leaders, planners and participants at Midyear! Your dedication and teamwork made the 2011 Midyear a great success.

SOPIT's Executive Committee met Saturday, December 3rd to assess progress and plan for the continued advancement of our Section's objectives. SOPIT is growing. We now have 1100 primary Section members and more than 5000 additional, secondary Section members. I am proud to report that ASHP's Councils, leadership and staff consistently look to SOPIT to advance the mission of ASHP in the area of technology-enabled pharmacy practice improvement.

On Sunday, December 4th, Kathy Vieson, Vice-Chair of the Section Advisory Group on Ambulatory Care Informatics (ACI SAG), led a detailed discussion of electronic prescribing challenges, highlighting the experiences of practicing pharmacists. The ACI SAG thanks Section of Ambulatory Care Practitioners' Section Chair, Pamela Stamm and ambulatory care pharmacist Cathy Johnson for joining us. An e-prescribing issues list was created. SOPIT is now well-informed and ready to pursue e-prescribing safety improvements, including an effort to increase the implementation and use of the e-prescription cancellation message, part of the National Council for Prescription Drug Programs' SCRIPT standard for electronic prescription information exchange.[1]

On Monday, December 5th, Bruce Chaffee and Trinh Le, Chair of the Section Advisory Group on Clinical Information Systems (CIS SAG), shared initial results from a detailed clinical decision support (CDS) alerts survey conducted recently by CIS SAG. Important CDS alert configuration and management trends were discussed. The survey data showed differences amongst participating institutions in the usage of various alert types. Allergy and DDI alerts are most commonly used. Dose and duplication alerts are used more in pharmacy systems than in CPOE systems. Fascinating differences in the management of drug knowledge-bases were also detected by the survey. At the session we discussed how further collaboration between the software vendors, drug knowledge base vendors and pharmacist clinical system users is required[2], potentially to be augmented by an improved legal framework for CDS that is informed by data on the actual clinical outcomes of alerting.

[1] See http://www.ncpdp.org/pdf/NCPDP.eprescribing.101.pdf
[2] Chaffee BC. Am J Health-Syst Pharm. 2010; 67:932-5.

On Tuesday, December 6th, Barbara Giacomelli, Chair of the Section Advisory Group on Pharmacy Operations and Automation (POA SAG), led an important series of small group discussions about initial training and ongoing maintenance of pharmacy staff competency with pharmacy automation, including automated dispensing cabinets, carousels, packagers, pickers and IV robots. Session attendees generally agreed that the challenge of training and maintaining competency throughout the pharmacy department is overwhelming. Solutions discussed included use of videos as training tools, establishing pharmacy technicians in automation lead roles with responsibility for training and competency testing, and additional vendor collaboration on maintaining competency with automation. The group discussed the importance of training staff on the rationale for proper use of automation in order to mitigate work arounds that can defeat safety features.

On Wednesday, December 7th, Elizabeth Breeden, Chair of the Section Advisory Group on Pharmacy Informatics Education (SAG-PIE) facilitated a fascinating discussion on the future development of our growing domain of pharmacy informatics. The group debated the pros and cons of specialty certification for pharmacy informaticians, noting the importance of respecting and maintaining diversity within our ranks. As Dr. William Hersh wrote in JAMIA in 2006,

> "*There will always be a diversity of backgrounds, skills, and knowledge, which is probably beneficial for the complex task of working at the intersection of health care and IT. However, if informatics is indeed evolving into a profession, then it also requires a professional underpinning that guides and unites those who work in the field*."[3]

Several pharmacy students mentioned the challenge of identifying career entryways into pharmacy informatics. The group discussed the specialized skills and experience required to become proficient in pharmacy informatics, notably knowledge and experience in management, leadership, information technology and enterprise thinking. Consider starting a rotation at your institution or company for a pharmacy student. Check the ASHP website under Career Development. One excellent new source of guidance on our professional development is a publicly available study from Rand entitled, "Developing Military Health Care Leaders".[4]

Midyear offered attendees an opportunity to receive a progress report from Director Shelly Spiro, RPh, FASCP, of the Pharmacy e-Health Information Technology Collaborative. Director Spiro introduced the Roadmap for Pharmacy Health Information Technology Integration in U.S. Health Care.[5] The vision and rationale for several of the goals in the Roadmap were discussed, including the focus on pharmacist-delivered immunizations and the electronic health record (EHR). Immunization data exchange is included to ensure that pharmacists will be able to independently add such content to the EHR from any practice site. Prioritization of the 10 goals in the Roadmap was discussed. It was noted that through the work of the Collaborative, ASHP and SOPIT will now participate directly in generating new criteria and requirements for the EHR vendor community intended to support pharmacy practice model advancements across the breadth of the profession.

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[3] Hersh W. Who are the Informaticians? What We Know and Should Know. J Am Med Inform Assoc, 2006;13:166-170.

[4] Kirby SN et al., Developing Military Health Care Leaders – Insights from the Military, Civilian and Government Sectors, 2001, The Rand Corporation. Accessed at: http://www.rand.org/content/dam/rand/pubs/monographs/2011/RAND_MG967.pdf

[5] See http://www.pharmacyhit.org/pdfs/11-392_RoadMapFinal_singlepages.pdf

I am delighted to share this report of Midyear activities with all Section members. The power and promise of our coming together to create positive, technology-enabled change is very evident. I hope that all members of SOPIT will consider being a Midyear presenter, and will certainly attend the next Midyear meeting in Las Vegas, Nevada, December 2-6, 2012. *As a Section, we advance together through our collective commitment to share our knowledge and experience.* Proposals for speaking at Midyear 2012 are due February 1, 2012. More information can be found at http://www.ashp.org/menu/Meetings/GetInvolved.aspx.

Wishing you all a wonderful holiday season and happy new year! Please share your thoughts and insights on the importance of pharmacy informatics with me at ajflynn@med.umich.edu.