



Section of  
**PHARMACY PRACTICE  
MANAGERS**



## Message from the Chair – December, 2011

**Michael F. Powell, MS, FASHP**

**Chair, Section of Pharmacy Practice Managers (2011-2012)**

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Dear Section Members,

Happy Holidays! I hope the Holidays and the New Year treat all of you well. I would also like to recognize the diligence and commitment of the Executive Committee for the Section: Tricia Killingsworth, Scott Knoer, Laura Mark, Todd Karpinski and James Hoffman. Additionally, I want to thank David Chen for his commitment to the Section. He makes everything work. Thank you, David.

Rather than reflecting back on the year, I would like to focus on the future. We are facing some of the most significant changes in the health care delivery system we will ever face in our careers in the coming years. Let's consider some of the trends that will influence us. The consulting group, SG2, forecasts that hospital admissions will decline by three percent over the next ten years despite a two percent annual population growth in that time. The only growth in inpatient services will be in the arena of tertiary care services suggesting routine care will increasingly be driven to other environments of care. Additionally, payment incentives will push institutions to develop systems of care to facilitate collaboration across the continuum of care. In other words, success in the health care delivery system will be dependent upon developing care-specific systems delivery models involving providers in multiple environments of care. The goals of these systems of care will be to assure that care is provided in the right environment and is the most cost efficient.

Ultimately, I believe that it is essential for us as a discipline to evolve systems of care in pharmacy that assure integration of the medication use process across the continuum of care. Medication therapy holds the promise of helping to prevent unnecessary hospitalizations for which health-systems will be penalized. I believe health-system pharmacy must create an organized delivery system that assures continuity and integration across the continuum of care in order to fulfill this promise. Specifically, we must lead the development of pharmacy enterprises. As leaders, we must accept accountability for organized systems of pharmaceutical

care and the medication use leveraging fully integrated pharmacy practices integrated across all environments of care. We must assure practicing pharmacists have integrated delivery systems that prevent failures in the medication use process that could result in adverse events or failures contributing to unnecessary hospital admissions, readmissions, or prolonged hospital stays. This discussion of the “pharmacy enterprise” must also consider integration of the business structures that support our practice models.

While the past year has been challenging, health-system pharmacy leaders must continue to focus on full implementation of health care reform and adapt to the changes in the hospital environment. Our innovations in pharmacy services have advanced our practice models over the last decade. As leaders in pharmacy and medication therapy management, understanding and embracing the new expectations will be crucial as we lead our pharmacy enterprises through this change. We must create an infrastructure that will sustain the Pharmacy Practice Model Initiative discussion that is top-of-mind for our discipline. 2012 will test our metal, but as I look across our profession it is exciting to see the best practices and innovations developing across the nation!

Regards,

Michael F. Powell, MS, FASHP  
Chair, Section of Pharmacy Practice Managers (2011-2012)