



**“ASHP: Ensuring the Future
of Health-System Pharmacy Practice”**

Remarks to House of Delegates

By Kevin Colgan, M.A., FASHP

ASHP President

Sunday, June 14, 2009

Introduction

Thank you and good afternoon!

I'm happy to be up here today, speaking to you as chair of the Board of Directors. As I conclude my term as president, I want you to know it has been a tremendous honor for both me and the board of directors to serve the society this year. Two events occurred that have only occurred once before in the last one hundred years and NEVER on the same year. First, we had an economic meltdown of the proportion we have not seen since the Great Depression. It's affected all of us, our health systems and businesses, our families, our friends, our retirement plans.....I am sure we all know someone who has lost a job. Well, its affected ASHP too because our revenues are tied to hospital and health systems and of course it's affected our investments. Second, for only the second time we have had to lay the foundation for replacing our EVP and I believe we have done a very good job of that this past year with hiring a search firm and appointing a search committee. But also Dr. Manasse has graciously accepted our appeal to stay a little longer and extend his tenure as EVP through 2011. He is instrumental in guiding us through healthcare reform. In my opinion, there

is no pharmacist more revered in the beltway with federal agencies and those who will be enacting policy. He also provides the consistency in corporate leadership that we need as our economy recovers. Thank you, Henri, this is very good news for us!

So, I can tell you that as President you want to spend your time doing those things that helps our members and helps our profession and so do my esteemed fellow board members. Therefore, I want to touch on important initiatives that are currently underway at ASHP to ensure the future health of hospital and health-system pharmacy practice.

Workforce Issues

As you know, ASHP has published a *Vision for the Pharmacy Workforce in Hospitals and Health Systems* that predicts pharmacists will be increasingly called upon to manage and be held accountable for medication therapy. It also forecasts the need to build the capacity of the pharmacy workforce in order to take on these additional responsibilities.

There are essentially two tracks of focus for ASHP right now in terms of workforce issues. One is our Pharmacy Technician Initiative, begun in 2008.

ASHP has always believed that safe, effective medication use can only happen if everyone on the pharmacy team works at the same level of excellence. If pharmacists hope to spend more time in direct patient care, we need to have confidence in the skill level and knowledge base of our technicians.

But it's very hard to have that full confidence now, because of the lack of nationally standardized technician training. And this is a real barrier to fulfilling pharmacists' potential as health care providers.

I believe that this is the one issue that could potentially derail pharmacists from demonstrating the vital role we play in improving patients

outcomes and making healthcare more efficient. If we don't have the support that we need on the pharmacy team, the evolution of pharmacy as a profession will be slowed considerably.

So, ASHP has stepped into the gap. The Pharmacy Technician Initiative supports the need for **all** pharmacy technicians to complete accredited training programs, be certified by the Pharmacy Technician Certification Board, and be registered by state boards of pharmacy.

So far, 19 state affiliates have signed up for the Initiative. And we're excited by the possibilities for change in these states. But we're also aware that that leaves 31 states that have not joined.

There does seem to be a common thread of concern from some affiliates who have not yet joined the Initiative. They tell us that they are worried about the long legislative and regulatory slog that is ahead to achieve success.

But we must think bigger than the current resources or capacity that exists... we must move beyond the myopia that makes the problem seem insurmountable. I assure you that it is **not** insurmountable. This is a winnable fight.

Let me remind you that the Pharmacy Technician Certification Board was formed in 1995 to a chorus of opposition from the commercial sector. Today, **329,000 technicians** have been certified. So, we have the experience, and we've done it before. After all, technician training and certification is an important patient safety issue!

If your state hasn't signed on yet, I'd like to challenge you to consider what incremental steps it would take in your state to enact the ultimate goals of the Initiative. It's being done in other states like South Carolina and Florida where our good friends, Robert Spires and Mike McQuone, have been forging ahead to make legislative changes.

I would ask you to do three things.

First, find out where your state stands in terms of technician regulation and the Initiative.

Second, support them signing on.

And third, I would like to also ask you to see what your own institution can do to encourage technician training requirements. Start where you work, and I'm convinced we'll see this movement grow by leaps and bounds through your grassroots support.

Restoring PGY2 Residency Funding

ASHP's other big workforce initiative is our advocacy work to restore residency funding for post-graduate second year programs. Since 2004, when the Centers for Medicaid & Medicare Services first eliminated pass-through funding for specialty pharmacy residency programs, ASHP has been advocating for its restoration.

This year, our grassroots advocacy team has been working with ASHP members in Montana and Iowa to reach Senator Max Baucus, who is chair of the Senate Finance Committee, and Charles Grassley, who is the ranking minority member of the committee.

Our message is simple:

- We believe that second-year specialty pharmacy residency programs are vital to our nation's health care delivery system,
- We believe that the \$10 to \$15 million in restored funding will be offset by the work that clinical pharmacy specialists do to ensure safe and effective medication use, and
- We believe that the long-term impact of CMS's decision will be a significant reduction in the number of qualified clinical pharmacists and pharmacy practice leaders needed to ensure appropriate management of high-risk medication therapy in hospitals.

We've also disseminated this message in a letter to Congress as a statement for the record, submitted testimony to Senate Finance Committee, and met with leaders at the Health Resources and Services Administration to make the case.

This is a critical issue for hospital and health-system pharmacy's future, and we're going to keep knocking on doors until the funding is restored. This is a workforce training issue, and in this economy, hospitals need CMS funding support to offer specialty residencies.

Stay tuned as we continue to work this issue over the coming months.

AHRQ CENTERS FOR EDUCATION & RESEARCH

One of the most exciting aspects of President Obama's new health care reform efforts is an enhanced focus on research-based medicine. The White House budget proposal included more than \$1 billion for comparative effectiveness research to be divided among the Agency for Healthcare Research and Quality, the National Institutes of Health, and other organizations.

The funding will support research that evaluates and compares clinical outcomes of medical treatments and services that address a particular medical condition.

As you know, ASHP policy strongly supports the importance of comparative effectiveness research. As a member of the Alliance for Better Health Care, a coalition of consumers, employers, health plans, providers, and other stakeholders, ASHP backed the inclusion of this provision in the budget proposal.

One of the components to this new national effort will be setting research priorities. And you'll be glad to know that ASHP will be front and center in that debate. Dr. Manasse is one of the **few pharmacists** to be appointed to AHRQ's Centers for Education and Research on Therapeutics advisory committee, also known as CERTs.

The mission of CERTs is multifaceted: It conducts research and provides education to advance the optimal use of drugs, medical devices, and biological products. It works to increase awareness of the benefits and risks of therapeutics. And it is focused on improving quality while cutting the costs of care.

Specifically, the CERTs advisory committee will be evaluating what's being learned through research in the field and then translating it into practice. This will help shorten the gap between what is discovered and how it applies to patient care.

With Dr. Manasse at the table, you can be sure that health-system pharmacy's perspective and priorities will be represented well.

PRACTICE MODEL INITIATIVE

The future of hospital and health-system pharmacy is an ongoing point of focus for ASHP. Our councils, Board and staff keep this issue at center stage.

That's because the complexity of medication use, advances in technology needs of our health care system, and the potential for health care reform is continuing to evolve at a lightening-fast pace. And pharmacists are being recognized for the value their broad knowledge brings to advancing patient care.

We are being asked more and more often to step outside of our traditional practice boundary and join teams of highly skilled clinicians, scientists, and even information technologists to improve health care... to improve patient care. So, we need to rethink what we do and how we do it.

This isn't the first time our profession has faced such compelling circumstances. It's hard to believe that the Hilton Head conference occurred almost 25 years ago. The conference was a sea change for our profession.

Pharmacy leaders from all over the country came together and achieved consensus over the fact that our profession is a clinical practice.

They determined that if pharmacists saw themselves as practitioners of a clinical profession, then they would speak and behave accordingly, and others would perceive them as clinicians.

Unequivocally, that has happened.

But here we are in 2009, and a lot has changed. More high-caliber, specialty-trained pharmacists are being produced than ever before vis-à-vis a Pharm.D. education and residency training.

And they are capable of both monitoring therapy *and* prescribing—innovations that we are seeing in team-based settings in our hospitals and clinics.

Likewise, genetic science, nanotechnology, and bioscience are exploding and more therapy will be personalized through genetic testing.

This is a step change in practice. The challenge this creates is simply that the current practice model does not allow us to achieve our full potential as a profession. That's because it provides roles that are inconsistent with contemporary pharmacy education. And it chokes the real value we can bring as a profession providing rational, evidence-based, efficient, and effective care.

So, ASHP is launching the Pharmacy Practice Model Initiative, a joint project with the ASHP Research and Education Foundation. As part of this initiative, ASHP is planning an invitational high-level summit in 2010 to discuss what an optimal practice model should look like.

What do we want to achieve with the Initiative and the summit? We hope to encourage pharmacists to take a critical look at whether they are using workforce and technology resources to optimize pharmacy's contributions to patient care. And we want to urge pharmacists to redeploy their resources to better align the pharmacy profession's capabilities with the patient care needs within their institutions.

This is a critical juncture for our profession. We stand at the crossroads of what we've always done and what we will be doing in the future. We have new practitioners who are coming out of residency training expecting and ready to provide direct patient care. They are ready... and we are ready.

And the time is now to bring our superstars and creative thinkers together to create a new archetype of practice for the profession.

ASHP is currently seeking outside funding to support this summit. However, we are well aware of the limitations of corporations and foundations in this economy. So, we are considering any and all suggestions for financial support—if you have an idea, please don't hesitate to contact me, Dr. Manasse, the Foundation's Steve Allen, or other ASHP staff members and let us know your thoughts.

Personally, I believe in this so much that I have already made a donation, but, unfortunately, that is not going to be enough.

CONCLUSION

As I conclude, I hope you'll agree with me that ASHP is on track, both with its legislative and regulatory advocacy and with our focus on the future of the profession. Our mission is to fully support pharmacists who practice in hospitals and health systems. Every activity that we undertake and every resource that we offer is centered on that mission.

I believe our very future relies on ASHP and its membership constantly asking the question, "What can we do to stay credible and relevant in this evolving world of health care?"

At ASHP, we are always asking that question. As your president and chair of the Board, I would encourage you to consider that question as well. It is through your thoughtful input that we remain strong, credible, and relevant to you, our members.

Thank you!