

IGNITE YOUR WARRIOR WITHIN
Inaugural Address
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INTRODUCTION

Thank you!

It truly is a humbling experience to be here with you today. I'm grateful for the faith you've placed in me as your president. What ASHP does every day is integral to our future and to the care of our patients.

We live in a difficult and perplexing time. We practice in a field that is full of challenges and obstacles. But I believe that this chaos also presents a unique opportunity for leadership and innovation.

Robert Kennedy captured this spirit during the chaotic 1960s when he said, "All of us might wish at times that we lived in a more tranquil world. But we don't. Our times are difficult and perplexing; so are they challenging and filled with opportunity."

And so my message today is one of hope and anticipation... one that shows how each of us can create the major changes that will transform health care in this country. All of us—every one—can make patient care safer, more effective, and more economical.

RECOGNITIONS

Before I get to the heart of my remarks today, I'd like to take a moment to recognize some very important people in my life.

Over the years, there have been many special friends and colleagues who have supported me both professionally and personally:

- My mutual mentors and lifelong friends, Mark Woods and Jill Martin;
- Janet Silvester, Kevin Colgan, and Cindi Brennan for their constant attention, friendship, and support;
- Women leaders in ASHP and Pharmacy Society of Wisconsin who have provided personal and professional direction early in my career, Cindy Raehl, Jan Carmichael, Patty Kienle, and Pam Ploetz;
- All my fellow Wisconsinites I've worked with over the years;
- Laura Stevenson and Mike Flagstad, very special friends and colleagues who introduced me to ASHP so many years ago; and
- My board buddy, Diane Ginsburg... you know how I feel about you.

And thank you to my wonderful family. I am truly blessed. Please stand as I mention each one of you:

- My mother and best friend, Donna Jean Lind... you believed that I could do anything, and taught me to believe that about myself.
- My very special father, Lloyd Lind... you have been loved since the day you entered this family.
- My two daughters, Theresa Kiedinger and Alaina Kiedinger, who put up with my long hours at work and my travel; you've become amazing young women and my

closest friends. Alaina cannot be here today as she lives in France and is taking her teaching exams this month.

- My two other fantastic children who came into my life when they were ages 10 and 13, Ryan and Tara Mahaney. I am proud that you call me ‘Mom.’
- Last and most special, my husband, Kevin Mahaney. You are my companion, confidante, cheerleader, and the keeper of my heart and soul.

Being so close to home, I am fortunate to be joined today by several other family members. Thank you all for coming!

Finally, I work with some of the greatest pharmacists and staff in the world at the Madison Veterans Hospital. Many of them made the trip from Madison to be here today. Please stand and let me recognize you!

You are part of a very special group of people who work in federal pharmacy, and I feel so privileged to count you as my colleagues.

TRANSFORMATION AT THE VA

For the past 10 years, I have had the great fortune to work for the Veterans Health Administration. The VA is the nation’s largest health network, treating close to 5 and a half million veterans.¹

You know, a number of years ago, the VA had a reputation for deteriorating facilities and mediocre care. But under the leadership of the then-Under Secretary of Health Dr. Kenneth Kizer, the VA system reengineered itself and made great strides. By focusing on information technologies, performance measurement, and integration of services, patient care improved tremendously.

And today’s VA is an exciting place for pharmacists to work. The pharmacy alone is a one-billion-dollar-a-year operation that works from a single formulary. Extensive use of technology in our pharmacies reduces errors and frees up pharmacists to do more patient care.

Nearly every inpatient medication is bar-coded, contributing to patient safety. And we have access to in-depth electronic medical records that ensure continuity of care. VA pharmacists are able to prescribe as part of collaborative health care teams.

I’m sharing this with you because it illustrates—in a very real way—the power of people to change things for the better. Ken Kizer got the ball rolling, but practitioners at every level made it happen.

Working at the VA has also provided me with a unique perspective on our military leaders, our soldiers, and our patients. In my work, I’ve come to realize that the complexities of war are very similar to the complexities of health care.

Recently, I read a book called *The Strongest Tribe* by Bing West. West found that the war in Iraq started to turn in America’s favor when leaders began listening to the soldiers on the ground. Over the years, platoons forged strong relationships with local tribal leaders. These relationships were unconventional, to say the least. But they were effective. And they have helped turn the war around.

The military has evolved its philosophy. I believe it has embraced Tolstoy’s assertion in *War and Peace* that “battle is not decided by the orders of the commander in chief, but by the spirit of the army.”

¹ http://www1.va.gov/vetdata/docs/4X6_fall08_sharepoint.pdf

So, what are we to do with a health care environment that was designed in the old “top-down” way? And how can we, as individual practitioners, create the change our patients need?

We must figure out how to reengineer our health systems, because they simply aren’t flexible enough or innovative enough for today’s complex environment. Top-down leadership models are not up to the demands of integrated care. That’s because they minimize the input of staff who are the real “boots on the ground.”

We work in a profession that is highly regulated, legislated, and managed by outside groups. Many of us work in institutions that seem resistant to change. But I have a simple question for you today... who will improve patient care if not you and I?

Therefore, today, I call upon you to “Ignite Your Warrior Within.” My heartfelt belief is that the future of health care is in each of our hands. It will take a warrior’s passion, determination, and commitment to improve patient care.

Change is a personal decision. It is a choice we make every day...to call out processes that we know are unsafe...to speak up when we see things that aren’t working well...to hold ourselves accountable for improving patient care.

Pharmacy warriors don’t require special positions, titles, or credit for what they do. They seek continuous improvement and question the status quo. They are fearless defenders of what is right. And they can be found across the full spectrum of practice, from pharmacy technicians, to the decentralized pharmacist, right up to the chief pharmacy officer.

ONE WARRIOR, BIG CHANGE

Let me tell you about a great pharmacy warrior I know. Cathy Johnson is an ambulatory care pharmacist who believed that she could improve the care of mental health patients at the VA where she worked. In fact, she’s here today!

At her VA, more than 2,500 patients receive complex mental health care. But they did not have access to the direct medication management services that only pharmacists can provide. And the physicians in the practice were simply overwhelmed by the sheer number of patients.

So, Cathy saw an opportunity for change. She convinced her pharmacy director to give her just a half day per week to focus on medication management for these patients. She knew that she could improve patient care, save the physicians time, and manage costs better.

And, you know what? She was right!

Cathy Johnson now manages a panel of her own patients and supervises general and integrated mental health services for five clinics and over 14,000 patients.

Cathy did not set out on this personal mission because she had a special position or a special title. She was simply a pharmacist who saw an opportunity to transform patient care. Cathy listened to her “warrior within.”

As pharmacists, we have a unique opportunity and a moral imperative to improve the quality and safety of medication management systems. Our patients deserve no less.

UNITY OF PURPOSE

To create change, we must have a vision for what we want, for our patients and for ourselves as practitioners. We must know what inspires us, what we are deeply passionate about, and what we do best.

In 1987, I attended my first ASHP Midyear Clinical Meeting. For the first time in my career, I was surrounded by thousands of pharmacists with a passion for their profession and patient care. It was an amazing experience because for the first time, I got a sense of how many pharmacists were—and are—inspired by the opportunity to make patients feel better.

We are energized by the potential to find the most effective and cost-conscious medication solution for patients. We are excited to be members of interdisciplinary teams. And we strive for the day when our medical colleagues will see us as the medication experts.

But we are not in that perfect day yet. The numbers prove it. The Institute of Medicine found that, on average, a hospital patient can expect to experience more than one medication error each day!

And the costs of errors... to patients and their families, to employers, to hospitals, and others... is astonishing. One study found that each preventable adverse drug event in a hospital added over \$8,700 to the cost of a hospital stay.²

This clearly is unsatisfactory and unsustainable.

So where do we go from here?

I believe that medication use can only be improved if we confront the twin imperatives of quality and safety. We have every opportunity to exert change and evolve our medication-use systems. We know the best practices. Technology is available. And we have access to many, many lessons learned. So, given all of that, why shouldn't zero-defect outcomes be our goal?

A PHARMACY WARRIOR

Yes, I know the challenges are daunting. Technology is expensive and complex. Technicians must be trained appropriately. Evidence-based information must be integrated into our decision making.

But I ask you again... if the medication experts don't lead the way toward zero-defect outcomes, who will?

Let me tell you a story about the bold leadership of another pharmacist I know.

Kristin is a pharmacoeconomist. She and her interdisciplinary team came up with criteria for use and a computerized ordering method for a high-risk drug. The criteria and method for ordering were approved, tested, and implemented. But seven months later, an inpatient went without this critical medication for three days and died.

Kristin and her colleagues didn't know whether the patient's severe heart condition or the medication omission caused his death. Obviously, Kristin was shaken to the core about potential faults in the ordering technique. Something was clearly wrong. That same interdisciplinary workgroup took immediate action to improve it. But Kristin was not convinced that even these changes would ensure safe use.

So she stood up against the wishes of her group and administration, and refused to get behind the new system. Well, Kristin's colleagues finally relented, and important new safeguards were created that are preventing patient harm to this day.

Kristin was a pharmacy warrior who wouldn't give into pressure or prevailing wisdom. She demanded a fool-proof, safe system.

But technology is only one piece of this very complex puzzle. We must use safety as our watchword for every order, every patient interaction, every encounter with our colleagues.

I know that this is not without risk... I know that we are—by both nature and training—cautious and thorough people. But there are miles of difference between taking a chance on a medication order—which we can never do—and taking a risk on speaking out, loudly, when we know there is a problem.

² *Institute of Medicine. Preventing Medication Errors. Washington: National Academies Press; 2006.*

WHERE TO GO FROM HERE

But there is more that we must do to lead the charge for change.

I believe that we need to change the very model by which we practice. Do you realize that the Hilton Head conference on pharmacy happened almost 30 years ago? It is time for the next revolution.

And ASHP has launched a Pharmacy Practice Model Initiative and is planning to hold a summit in 2010 to make that happen.

Bill Zellmer, Whitney Award winner and my esteemed colleague and friend, best defined why this is so needed.

He said that “we need to develop sustainable and efficient practice models which support continuity of care for our patients. And this can only be accomplished through collaboration with other health care providers.”

Our models must be based on providing the best value to our patients. They must address how and where pharmacists practice. And they must finally answer the question about credentials:

What are the training and credentials required for pharmacists to practice in hospitals and health systems and in specialty practice?

As the complexity of care increases, regulators, payers, and patients will expect us to be more accountable. This means that we will have to demonstrate a new level of credibility as patient-care providers.

Roger Spear is a wonderful example of a pharmacist who has changed practice by collaborating with other health care providers. Roger’s also here today.

A year ago, Roger was hired to fill a new position in our outpatient infusion clinic. This clinic serves outpatients receiving IV therapies for hematology, oncology, rheumatology, and a number of other conditions. Roger had more than five years of hospital experience, but he was not a specialist by any means.

Although Roger was tasked broadly with improving safety, efficiency, and patient satisfaction, he created his own set of specific objectives.

At every point in each patient’s therapy, Roger works with pharmacists, nurses, social workers, doctors, formulary management specialists, and technicians to make improvements. In just one year, he has changed *every aspect* of the pharmacy care his patients receive.

Here are some specific examples of the comprehensive services Roger provides each day:

- He helps monitor the correct dosing, efficacy, and toxicity of prescribed therapies,
- He monitors lab parameters to ensure patients are good candidates for chemotherapy,
- He manages inventory for these very-expensive infusions,
- He trains and certifies technicians on sterile chemotherapy prep standards, and
- He participates on the hospital committee that develops the guided chemo-regimen templates.

Roger is a perfect example of an individual warrior pharmacist. He doesn’t have a special title, he received little guidance... and yet, he made a very personal decision to become fully accountable for the patients under his care.

New practitioners like Roger expect to have more direct patient care and to be part of a team. Their collective enthusiasm, energy, and intolerance for the status quo are a great source of inspiration to the profession.

Young leaders like Elaine Huang, Dan Crona, Lindsey Kelley, Kristina De Los Santos, and Mike DeCoske have stepped up for leadership in ASHP's councils, our Sections, and our Forums. I can assure you that the future is in good hands!

CONCLUSION

As I conclude today, I want to urge you to make the most of your membership in ASHP. Remember my reference earlier to the concept of "the strongest tribe"? Well, the strongest tribe in hospital and health-system pharmacy is right here. You. The members of ASHP.

We need our tribe more than ever if we are to manage the changes ahead. We need each other... for support, for new ideas, for mentoring. I urge you to take advantage of the connections you have here. They are precious.

I hope you are as excited by the possibilities for the future as I am. Right now... at this point in time... we have a tremendous opportunity to lead and accelerate change. That's because people want and need our services.

But we have to be willing as a profession to say that we know medications best.

We have to be ready to manage medication use and be held accountable for outcomes.

And we have to be willing, individually, to speak up every time we see something that can be improved... every time we see an opportunity to help a patient. We have to become pharmacy warriors.

I ask you, pharmacy warriors... what is the one small thing that you can do today... and tomorrow... and the tomorrow after that... that will improve the quality and safety of your patients?

I want to know what those small things are! I want to know what those big things are, too! So, email me at prez@ashp.org about what you are doing.

Because once you and I begin to be bold... once we begin to always do what is right for our patients... only then will we truly have ignited our warrior within.

Thank you!