



“ASHP: Leading the Way to Better Patient Care”

Remarks to ASHP House of Delegates

By ASHP President Lynnae Mahaney, MBA, FASHP

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Introduction

Thank you and good afternoon!

I’m very happy to be here today, speaking to you as chair of the Board of Directors. As I conclude my term as president, I want you to know what a privilege it has been to serve ASHP. Despite a very challenging year, which saw ASHP caught in the economic storm that affected all of us, we maintained our strength as an organization and our unity as a community. Today, I’m happy to report to you that ASHP continues to thrive, and I’d like to share some news about ASHP initiatives that really impacted members over the last year and will continue to affect them in the year to come.

I’ll be talking about four topics,

- the new Leadership Agenda that was just approved by the Board,
- Henri’s upcoming retirement and the search committee’s work to find a suitable replacement,
- the Pharmacy Practice Model Initiative,
- and the current state of residency accreditation work at ASHP.

Leadership Agenda

The Board’s work this year on the Leadership Agenda focused on revising current planks and adding new ones to ensure that they fully reflect the contemporary and special challenges we all face in our day-to-day work, and where we want to go in the future.

The first plank—*“Ensure that pharmacists are leaders in implementing all medication-related changes to the health care delivery system”*—is new, and reflects the opportunities pharmacists have before them through the passage into law of health care reform.

The second plank—*“Foster optimal models for team-based, patient-centered care that includes the pharmacist as the expert in medication therapy management”*—moves ASHP to a more specific statement about the importance of interdisciplinary, patient-oriented care. This plank really highlights what our niche is. It captures the direction we’re going with the Pharmacy Practice Model Initiative as a force in ASHP activities.

The third plank—*“Influence the development and implementation of health information technologies and standards that help improve patient-care outcomes through the leadership of pharmacists”*—is more patient-care focused. It also reflects the new realities of quality and outcomes and points to the important leadership of pharmacists in ensuring that health information technology systems are safe and effective for patients. Further, it emphasizes the need for standards that ensure interoperability of systems throughout the continuum of care.

The fourth plank—*“Increase the influence of pharmacy leaders in hospitals and health systems”*—really uses clear, strong language to indicate our that in order for pharmacists to ensure that the medication-use process is safe and effective for patients, they must be influential with the c-suite.

The fifth plank—*“Promote pharmacists as the health care professional that is accountable for the medication-therapy outcomes of patients”*—continues this rationale of pharmacists as leaders in medication use. As pharmacists, we must hold ourselves accountable for the medication therapy outcomes of patients, and other health care practitioners must know and trust that as pharmacists we consider this responsibility as fundamental to what we do.

New EVP/CEO Search

You know, it’s never fun to lose a good friend and mentor to retirement. I think I can speak for current and past Board members in saying that ASHP has been very lucky to have such a uniquely skilled, creative, forward-thinking leader as Dr. Manasse. As Henri contemplates his retirement next year, it is very clear that his leadership has changed ASHP in a thousand large and small ways. His clear-eyed vision of what pharmacy can achieve for both patients and practitioners is a chief reason behind ASHP’s gains in national and international stature, in our improved ability to influence regulatory and legislative policy, and in our

expansion and improvement of the services and resources that we offer to hospital and health-system pharmacists.

Thank you, Henri, for all you have done, and all that you continue to do on behalf of members and patients!

As you may know, former ASHP President Janet Silvester is chairing the search committee for a new EVP. The committee is looking at a broad range of issues in setting candidate requirements, including examining the implications of key issues that are likely to face ASHP in the next five to 10 years.

We are considering four general domains in assessing what is needed in the next ASHP EVP and CEO. These include current and future events that affect:

- ASHP membership,
- Contemporary pharmacy practice issues,
- ASHP programs, services, and governance, and
- ASHP's business model.

For example, we know that ASHP's business model will be driven by the need to continuously demonstrate the value of membership, by a volatile economy, the changes brought about by globalization, the imperative to improve the delivery of health care, and the need to electronify ASHP's vast library of drug information resources.

The person we are seeking will have a number of attributes, including

- unquestioned honesty, integrity, and ethics;
- a passion for pharmacy, health-system practice, and ASHP;
- an ability to build relationships;
- and a forward-thinking perspective that offers inspiration to the organization and to the profession as a whole.

We are currently working with a search firm to create a fitting job description and are beginning to accept CVs. In February of next year, the search committee will interview candidates. Candidates will then be presented to the Board for interview in the spring, and, next June, you will meet the new EVP/CEO Designate.

If you would like to nominate a candidate, please go to www.ashp.org/evpsearch for more information. All nominees must be submitted by November 1, 2010.

Stay tuned as this important process moves forward!

Pharmacy Practice Model Initiative

Hopefully, you've been following the latest developments with ASHP's exciting Pharmacy Practice Model Initiative. We now have a summit date set for November 7-9 in Dallas. We've received many nominations for participants and are working to ensure that attendees represent diverse practice settings and areas of expertise.

We are also getting ready to launch a survey of ASHP members to find out how they feel about the state of pharmacy practice and about the prospects of practice change. We'll be sharing survey results with members and will use them to help kick off discussions at the PPMI summit.

The PPMI couldn't come at a more opportune time. The health care reform legislation that passed this year reflects the driving need for high-quality, effective, and efficient patient care. As pharmacists who practice in hospitals and health systems, we have a key voice in how our medication-use systems are managed and what they will look like in the future.

The PPMI Summit has a number of objectives. At the end of the process, we want to be able to describe optimal pharmacy practice models that ensure the provision of safe, effective, efficient, and accountable medication-related care for hospital and health-system patients.

We assume that these new models will fully utilize the education and training of pharmacists, enhance the roles of pharmacy technicians, and incorporate current and future technologies. We also will identify core patient-care-related services that should be consistently provided by departments of pharmacy in hospitals and health systems.

As you know, ASHP and the ASHP Foundation have always been at the forefront of practice change. We were there 25 years ago, when the Hilton Head conference successfully laid the groundwork for the entry-level Pharm.D. degree and many of the professional opportunities that pharmacists now enjoy. And we've been spearheading change ever since, at the "Pharmacy for the 21st Century" Conference in 1989 and at the 1993 San Antonio conference that focused on implementing pharmaceutical care.

I'm very excited to be part of this effort, and I hope that you are, too! It will take all of us, working together, to figure out the right paths to the future. The Pharmacy Practice Model

Initiative is an investment on behalf of all members... we are all responsible for changing what is possible in pharmacy practice.

But we especially look to you, as members of the body that approves all professional policy and as practice leaders, to help jumpstart practice change. I feel confident that all of us here today will be the early adopters of new practice models that fully utilize pharmacists' medication expertise.

Workforce Issues

ASHP hit an exciting milestone in April. We completed our 1,000th residency program accreditation for the Jesse Brown VA Medical Center Department of Pharmacy in Chicago. The PGY2 program in health-system pharmacy practice administration at Jesse Brown is under the leadership of Richard J. Rooney.

Yet even with a record number of new residency programs in the U.S., as a profession, we continue to face real capacity challenges. For the last 20 years, the number of residency applicants has consistently outpaced the number of positions available.

We must change that. Given the complexity of medication therapies and the growing number of patients who have both critical and chronic health care needs, we must have more residency-trained pharmacists who can manage complex medication therapies.

ASHP is well aware of the gap. And we've taken the position that by 2020—in just 10 years—all new pharmacy college graduates who will provide direct patient care should have completed an ASHP-accredited PGY1 residency.

So, I'm standing here today to ask every one of the leaders in this House... if your institution does not offer residencies, please take a good, hard look at whether you can start a program. If your institution does provide residencies, consider expanding the number offered.

We all know that residents help hospitals and health systems expand their scope of services. They help train pharmacy students, which in turn helps address the need for more student experiential sites.

Institutions that host residents find that their recruitment and retention efforts are improved. Residents have passion for the profession, and they push the progression of

pharmacy staff and services. They also take on special projects that many pharmacy departments don't typically have time for.

If you're interested in starting a new residency program, I urge you to take the time to come to ASHP's National Residency Preceptors Conference August 19-20 in Washington, D.C. We promise you'll come away from that meeting with great ideas on everything from funding a residency program... to actual program design... to preceptor development.

CONCLUSION

As I conclude, I hope you'll agree with me that ASHP is highly focused on the strategic and tactical priorities that matter most to members. Everything we do, from our Leadership Agenda on down to our day-to-day operations, reflects our mission to support the critical work that hospital and health-system pharmacists do on behalf of patients.

As the world of health care continues to evolve, we are poised and ready to help pharmacists take advantage of every opportunity to improve medication use, exhibit leadership within our institutions, and become ever more-valuable members of the health care team.

I thank you for all of the support and good will you've shown me during this year of my presidency. My relationship with both ASHP and with each of you is something that I cherish every day.

Thank you!