



2001 ASHP Annual Report

*United in Helping Patients
Make the Best
Use of Medicine*

"We are committed to helping members, as well as the nation, meet the new challenges that face pharmacy, health care, and the world today."

*- Steve Sheaffer
ASHP President*

Our Mission

The mission of the American Society of Health-System Pharmacists (ASHP) is to advance and support the professional practice of pharmacists in hospitals and health systems and serve as their collective voice on issues related to medication use and public health.

Our Vision for Health-System Pharmacy Practice

In June 2001, ASHP's House of Delegates adopted a vision for practice that calls on pharmacists in hospitals and health systems to:

- ✓ Significantly enhance patient health by leading efforts to improve individual medication use and the overall medication-use process.
- ✓ Develop integrated practice to:
 - Manage the drug therapy of individual patients.
 - Oversee medication use and drug distribution systems, and
 - Implement best practices to improve drug therapy in health systems.
- ✓ Enhance public image and be:
 - Recognized as patient care providers and sought out by patients for help with their medication therapy, and
 - Seen by patients, health professionals, administrators, and public policy makers as caring and compassionate medication-use experts.

ASHP is devoting a variety of resources to achieving this vision.



American Society of
Health-System Pharmacists

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Taking Action ASHP Responds to Our National Crisis



ASHP's quick actions in the wake of the September 11 tragedies included:

- Convening a stakeholders' executive session in November to assess the strengths and vulnerabilities of the pharmaceutical supply chain.
- Issuing a new ASHP policy statement pointing to the

central role health-system pharmacists must play in preparedness planning, including both drug distribution and clinical services.

- Publishing the *AHFS On Bioterrorism Manual* of drug monographs essential to preparedness planning.
- Developing special

education on emergency preparedness that were among the most popular sessions at the Midyear Clinical Meeting in New Orleans, and

- Bringing our existing online Counterterrorism Resource Center to the attention of federal and state emergency planners.

PR Program Successes Informing the Public

Here's just a sampling of how ASHP's assertive public relations activities helped expand the image of health-system pharmacists in 2001:

- **In the News**—ASHP members and professionals were quoted in dozens of national newspaper articles about medication issues. Additionally, ASHP members were heard on radio programs across the U.S. and seen on television as medication-use experts.
- **Safemedication.com**—A radio public service announcement (PSA) encouraging listeners to visit ASHP's consumer Web site and highlighting the important role of pharmacists received widespread

airplay on more than 400 stations across the country.

- **Consumer surveys**—These ASHP-sponsored polls gauge consumer understanding of safe medication use and the pharmacists' role in patient care and help us open a dialogue with the media. In 2001, we found that 34 percent of Americans feared a flu vaccine shortage in 2001, and one-third of seniors take medications prescribed by two or more physicians.



Members Speak Out...

The Value of Information

I as a pharmacist at a large pediatric hospital, I rely heavily on ASHP's Drug Shortage Resource Center for information on therapeutic alternatives. The Society's Web site and ASHP NewsLink were also helpful in providing the most current recommendations on proper use of Ciprofloxacin, doxycycline, and penicillin, and other issues of emergency preparedness.

—Karl F. Guetterer, R.Ph.,
BCPS, clinical pharmacy
coordinator, Pharmacy
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Making a Difference Through Advocacy Persuading Legislators and Regulators



Legislative and regulatory issues fundamentally affect the way pharmacy is practiced in our nation, and 2001 saw some important advances:

➤ **Pharmacist Provider**

Coalition— ASHP and its coalition partner, the American College of Clinical Pharmacy, celebrated a groundbreaking victory with the introduction of the Medicare Pharmacist Services Coverage Act of

2001 in Congress. When passed, pharmacists in ambulatory care settings will gain both a new ability to bill Medicare as "Health Care Providers" and an important boost in recognition for their patient-care skills.

➤ **Workforce Shortages—** ASHP's advocacy efforts also resulted in the introduction of the Pharmacy Education Aid Act of 2001 that will augment federal funding for pharmacy student education, help expand existing pharmacy schools, and ensure an adequate supply of pharmacy educators.

➤ **Medication Errors—** The Society worked hard for the introduction of the Medication Error Reduction Act of 2001, which would provide financial assistance to health care facilities that implement

nationwide march toward building the necessary infrastructure for reimbursement of pharmacists' patient-care services.



"ASHP...celebrated a groundbreaking victory with the introduction of the Medicare Pharmacist Services Coverage Act of 2001 in Congress."

technology (prescriber order-entry systems, etc.) to reduce medication errors.

➤ **Bar Coding—** After ASHP pushed Health and Human Services Secretary Tommy Thompson for mandatory bar coding on all drug packaging, the Food and Drug Administration announced it will propose regulations to require use of this important medication-error reducing technology.

➤ **Collaborative Drug Therapy Management—** Rhode Island became the 33rd state to enact collaborative practice authority, continuing the



Professional Resources

Launching a New Era of Drug Information

Seasoned health care publishing professional Carol Wolfe became ASHP vice president of publishing and drug information systems in early 2001. She leads a future-focused team that managed the production of:

➤ *AHP*—ASHP members now have special access to this leading scientific pharmacy journal online, a full two

weeks before the official print publication date.

➤ *American Hospital Formulary Service Drug Information (AHFS DI)*—An innovative, new Web site launched in 2001 (www.ahfsdruginformation.com) features continuous updates of this trusted ASHP resource, now in its 44th year.

➤ *ASHP eBooksNow*[®]—This personal digital assistant provides searchable handheld access to the complete content of *AHFS* monographs.

➤ *AHFS DI Bioterrorism Resource Manual*—A new publication that offers monographs on key medications used to treat anthrax, smallpox, and other bioterror threats.

Ambulatory Trends Charted



Pharmacists in ambulatory care settings spend about 28 percent of their time on clinical functions, according to the 2001 ASHP Survey of Managed Care and Ambulatory Care Pharmacy Practice in Integrated Health Systems. The survey also found that more pharmacists are participating in specialized clinics, rising from just 38 percent in 1999 to 67 percent in 2001.

Working Together, State by State

ASHP's regional membership outreach helped Society staff to monitor practice trends and anticipate the resource needs of members across the U.S. in 2001. The Society was happy to welcome delegates from the College of Pharmacists of Puerto Rico to the ASHP House of Delegates during the Annual Meeting in June. The College, which is Puerto Rico's version of a state society, is the 51st organization to affiliate with ASHP.



Hospital Practice Evolving



The 2001 ASHP National Survey of Pharmacy Practice in Hospital Settings revealed that pharmacists at more than 75 percent of hospitals provide consultations on drug information, dosage adjustments for patients with renal impairment, antibiotics, and pharmacokinetics. As illustrated above, 52 percent of pharmacists have the authority to initiate medication orders under protocol.



Advancing Professional Practice



Reducing Medication Errors

- ASHP's Center on Patient Safety completed an in-depth job description and supporting strategy for the development of a "medication-use safety coordinator" position within U.S. health systems. The Center also continued its push toward nationwide health-system implementation of computerized prescriber order entry (CPOE) systems.

Implementing Best Practices

- New practice standards introduced in 2001 included:
 - Sustained use of sedatives, analgesics, and neuromuscular blockers in the adult critically ill patient, developed with the Society for Critical Care Medicine.
 - Recognition and treatment of *Helicobacter pylori* disease.
 - Safe use of appetite suppressant therapy, and
 - Management of drug product shortages.
- The 2001 edition of *Best Practices for Health-System Pharmacy*, ASHP's annual compilation of Society-approved positions and guidance documents, is available in print or online at www.ashp.org.

Accrediting Residencies

- In 2001, ASHP accredited 54 new and reaccredited 43 existing residency programs

(including new community and managed care residencies), resulting in a total of 571 accredited residency programs across the U.S.

Providing Superlative Continuing Education

- ASHP's Annual and Midyear Clinical meetings attracted more than 25,000 attendees and provided more than 100 sessions of continuing education (CE) on topics such as evidence-based medicine, emergency preparedness, and medication safety.
- Popular review courses in oncology and psychiatric pharmacy helped practitioners prepare for the Board of Pharmaceutical Specialties' certification exams.
- The ASHP Pharmacy Practice Management Leadership Conference and the Pharmacy Leadership Institute offered pharmacy managers an opportunity to build skills and formulate strategies to meet today's practice challenges.
- Our online drug resource center gained national prominence, providing therapeutic alternatives and important information to both members and the media who covered the subject of ongoing drug shortages.

Members Speak Out...

The Value of Diverse Resources

The Society's value became apparent to me in my first supervisory role as director of resident and student training at a Veterans Affairs outpatient clinic. In my latest role as a consultant pharmacist in the constantly changing world of managed care, I rely on ASHP's weekly *Newslink* e-mail for timely updates on pharmacy-related topics that often fall below the "radar" of other online health news sources. Overall, ASHP has helped me raise my practice standards and has played a key role in shaping my career.

—Steven W. Clark,
Pharm.D., FASHP, CDPP,
assistant professor of
clinical pharmacy,
Univ. of Southern California
consultant pharmacist,
Celero-Sisal Medical Group

Message from the President...

Dear Members and Friends—



Steve Sheaffer, M.S., FASHP

Looking back over 2001, one thing is clear — it was a year like no other. The shocking events of September 11 served as a tragic backdrop to ASHP's renewed and urgent

dedication to helping our nation be better prepared for all emergencies—acts of God as well as acts of horror.

In addition to contributing to the nation's emergency preparedness efforts, ASHP made other important strides for our members. The introduction of ASHP-sponsored legislation in Congress, development of new drug information resources, and an expansion of our efforts to improve medication safety were all important advancements in 2001.

Our accomplishments this year are due in great part to you, our members, and the leaders of our state affiliates. Your valuable contributions of time and professional expertise continue to set the bar high for the practice of pharmacy. One group of these volunteers was at ASHP headquarters for Council Week when the terror attacks occurred in September. We shared our grief and horror, then somehow managed to continue our important work.

As we move forward, know that your professional society is committed to helping members, as well as the nation, meet the new challenges that face pharmacy, health care, and the world today.

Steve J. Sheaffer

A Glimpse Into the Future



Henri R. Manasse, Jr.

Pharmacy practice and health care in general are evolving daily, and ASHP continually strives to stay ahead of the curve. We work hard to provide the information, tools, and guidance members need to offer the highest level of patient care. In this report, we've only skimmed the surface of member services that occurred in 2001, initiatives that reflect the heart of ASHP's mission. As an organization, we advanced and supported the professional practice of pharmacists in hospitals and health systems. We served as the collective voice of health-system pharmacists on issues related to medication use and public health.

In staying true to our mission, we have helped create an environment in which pharmacists can participate more fully in the direct patient care duties that will transform the profession. We pledge to continue and enhance that level of service in 2002.

—Henri R. Manasse, Jr., Ph.D., Sc.D.,
ASHP CEO and
Executive Vice President

Coming in 2002:

- The first phase of a new **membership structure** designed to allow you more involvement in Society activities and policy development.
- The debut of **ASHP Action Line**, an easy-to-read newsletter with updates on member-focused initiatives.
- The unveiling of a redesigned **Web site** that allows for easier searching and navigation.
- An exciting new service called **ASHPaccess** that allows members to download content from *AHSD* and *AHP*, as well as news and practice-related information from www.ashp.org using a Palm Pilot or other handheld PDA.
- New states granting pharmacists **collaborative drug therapy management** authority, and
- A new approach to CE via the **ASHP Summer Meeting: Learners and Leaders**, which features learning communities offering an in-depth study of specific pharmacy practice issues.

Members Speak Out...

The Value of a Long Relationship

Membership in the Society has been a key ingredient to my success as a clinician, from my undergraduate days to current practice. Throughout the years, I have really looked forward to receiving my twice-monthly copy of *AHP* and have used many of the references to support both clinical and academic undertakings. To "return the favor," I recently offered my services as a reviewer for *AHP* and as the network facilitator for primary care within the Society's Section of Clinical Specialists. I look forward to the opportunity and involvement!

—Amy H. Schwartz, Pharm.D., BCPS,
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