

**Pharmacy's Tipping Point:
Finding Our Way to the Future**

Inaugural Remarks of
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INTRODUCTION & ACKNOWLEDGEMENTS

Good morning! It is truly a great honor for me to be your President. It is a privilege that very few have the opportunity to experience. For that reason, from the very bottom of my heart, I thank you for electing me to serve you, ASHP and most importantly our profession.

As you can imagine, after I was informed about the election results, I immediately called my wife, Mary Kay—who many of you know is also an ASHP member and a home care pharmacist. The first words out of her mouth were, “So, Kevin, what are we going to do now?”

Mary...I have been thinking about that question for almost nine months. I think the best way to start is to acknowledge my wonderful family, the source of my strength and my joy. My wife Mary Kay -- my companion and love for life; my daughter Christina; my two sons Brian and John; and my daughter-in-law, Andrea. You are truly the best a husband and father could ever ask for.

There are a couple of other “families” I want to acknowledge as well -- especially my co-workers and partners at EPI-Q, with special thanks to our President, Mark Jewell, for his unending support.

Many thanks to my board buddy, and very special friend, Janet Silvester, who has simply been one of the best ASHP Presidents ever.

Also, thanks to my Elmhurst Memorial Hospital family, where I spent 16 years of my career, and especially to Gail Bernstein for being my sounding board.

And, of course, the rest of the ASHP family, including:

- The ASHP Board of Directors, who are one of the brightest and most caring group of individuals I know, especially very special friends from past boards, Roland Patry, Marjorie Phillips, Bill Puckett, Bonnie Senst, Brian Erstad, Agatha Nolen, and Marianne Ivey,
- The Past Presidents whose leadership I have been so fortunate to observe, especially Steve Scheaffer, Deb Devereaux, Dan Ashby, my special friend T. Mark Woods, Jill Martin-Boone, and my mentor Cindi Brennan,
- The individuals who keep ASHP on top, including Henri Manasse, Bill Zellmer, and the rest of the ASHP staff – and especially Kathy Biesecker, Ellen Wilcox, and Aretha Hankinson for their assistance,
- My friends from the Illinois Council of Health-System Pharmacists, especially Scott Meyers and Trish Wegner, and
- Nicole Allcock and Elaine Ladd, two young pharmacists and very special friends who personify a new breed of practitioner.

Many of you who know me have seen both the professional and the fun side of me, but only a few of you have seen the spiritual side, which is also a part of who I am. For that reason, I would like to offer a prayer as I begin my remarks today.

Eternal Father, I offer you the profession of pharmacy. Our professors, mentors, and peers have given each of us the knowledge we need to help patients make the best use of their medications. I beseech you to give us the spirit, resources, and conviction we need as individual pharmacists and technicians to uphold our calling to comfort, treat, and, when possible, to cure

the ill. But most of all, I ask you to create a stir in the heart of pharmacy to act as your agents of help for the sick and suffering. Amen.

A PROFOUND TIME OF CHANGE

Today, I would like to talk to you about the core values of our profession, and what I believe will be the future of pharmacy.

Let's start by looking at a little history. The city in which we're meeting this week has known distinct, historical eras of change. From the lumber-industry era, to the era of the Klondike gold rush, to the city's great shipbuilding days, to the dominance of Microsoft in the business climate of both this city and nation... each era has profoundly changed Seattle, and changed our world.

Likewise, pharmacy has seen many eras of change, beginning with the first apothecaries of more than five centuries ago to today's modern era of pharmaceutical research and discovery. Although this era is still unfolding, it is also marked by profound change. This change will be driven by the "triple imperatives" of health care: the cost of care, the quality of care, and our ability to provide access to care.

Everywhere we look, we can see the need for change.

We see it in costs. The United States can no longer compete in a global economy where health care consumes 18% of our gross domestic product—when no other industrialized country is over 13%. Our Medicare structural deficit is growing, our population is aging, costs are rising, and, sadly, seven out of ten people who need health insurance say they have difficulty affording it.

We see it in quality. We all know that quality is highly variable in our nation. Barely half of our patients are treated according to evidence-based guidelines. Let me give you an example: When my colleagues and I researched the state of anticoagulation therapy for a series of articles in 2005, we found massive underutilization of warfarin in eligible patients. That's just one series of studies, but it illustrates how far we have to go in using evidence-based medicine even with a medication that's been around for 50 years.

And finally, we see it in access. In this election year, all of the Presidential candidates seem to recognize the travesty of having 48 million uninsured citizens. Although they each have different approaches, all of the candidates recognize that this situation must change. A perfect example of lack of access is the story of the owner of my local dry cleaners. She and I often talk, and she knows I'm a pharmacist. Every time she's sick, she asks me for advice and she tells me she can't afford health insurance as a small business owner. The impact of having no insurance reached a critical point last year when she experienced a catastrophic burn that required skin grafting. She shared how she was struggling to pay for her health care.

No citizen should have to go through what she has been going through. Healthcare is an essential component of a great society – a society that can care for children, the elderly, the paralyzed, and even those small business owners and their employees who are just getting by.

REACHING CRITICAL MASS

I believe that the climate for change is so significant that we actually have reached a “tipping point.” In fact, the title of my speech today is: “*Pharmacy’s Tipping Point: Finding our Way to the Future.*”

The phrase “tipping point” means “*the moment of critical mass, the threshold, the boiling point...*” For pharmacy, the tipping point lies somewhere between a remarkable past and a very uncertain future. In the months and years ahead, we could move into a new era in which pharmacists are critical components of every health care team ... or we could become marginalized.

It could go either way.

It all depends upon how the value of our efforts is perceived by others. I believe that society will ultimately decide to address the triple demands of cost, quality, and access, as a matter of value.

I think there’s no doubt that the nation’s employers, our elected officials, our patients, and other institutions will begin to vigorously challenge the value of what we, as pharmacists, do, and what our fellow health care colleagues do. Frankly, we should be challenged. We need to show that we can improve quality and in doing so, reduce costs. We need to show our value to employers who have difficulty competing globally. We need to demonstrate value to a government pressured by a population that is growing older and consuming more and more health care resources.

So, how will we as pharmacists demonstrate our value?

Well, first of all, we need to demonstrate the vital role that pharmacists play by ensuring that patients not only have the right medications, but *the best medication plan*.

Secondly, we need to demonstrate that we improve the safety of medication use.

Third, we need to show that we improve overall patient outcomes.

In addition, we need to show that we can make health care more efficient...now, I’m not talking about efficiency only in the context of saving money. I mean being more efficient with our resources, so we can care for *more patients*. We need to demonstrate the value of our expertise in treating chronic illness—the true core of health care spending.

WHAT ARE THE BARRIERS?

But it’s clear that achieving these goals is not an easy task in today’s environment. There are significant barriers in our way. In getting ready for this meeting, I talked to pharmacists across the country. I wanted to hear about the barriers and frustrations they face each day. And I heard some familiar refrains:

- For example, I heard from Henry Bussey at the University of Texas at Austin that their clinic today cannot afford to hire another pharmacist, but it has been able to hire five nurse practitioners and physician assistants who can bill 3 to 4 times what Henry can bill.
- I attended a hospital staff meeting and heard the manager say that the pharmacy could do more if it had more resources. The staff echoed that they were underutilized in selecting the best treatments for patients, not because the medical staff or anyone else in the institution questions their ability, but because they don’t have adequate resources to free their pharmacists to do more.

- I met with a new practitioner group, all residency trained practitioners, and heard the concerns of Jennifer Ellison, from St. Francis Medical Center in Peoria, Illinois, about direct patient care. She questioned the credentials that should be required and relayed a story about an extraordinary pharmacist at St. Francis who actively provides direct patient care to the bariatric patients. This pharmacist does not have residency training or any other advanced credentials, but still provides excellent one-on-one care. Her question was, “How will pharmacists who haven’t done residencies or who don’t have BPS certification qualify for these positions?”
- Another was new practitioner who now works at Abbott Laboratories who said she left clinical practice because she was frustrated with her legal ability take responsibility for patient outcomes.

So, with all of these challenges, why do most of these same pharmacists stay in practice? Fortunately, there are many, many reasons.

Pharmacists told me that they are motivated by being able to interact with patients and collaborate with physicians and nurses. They get excited about opportunities to teach diabetic and asthma patients about their medications. They feel empowered by their ability to guide their hospital’s vaccination program and improve the overall health of their community.

Others tell how they have been directly involved in implementing smart pumps and creating medication screening programs for surgical patients.

I’ve heard from directors who are proud of their ability to build programs that bring tremendous value to their organizations. A pharmacy director told me that although his labor costs are sky high, he has been able to keep overall costs very low because of the value of the clinical services his pharmacists provide.

But perhaps the staff at Detroit Receiving summed it up best by saying they are motivated by *being held responsible for individual patient outcomes*.

TRANSFORMATIONAL CHANGE

So, clearly there is a big disconnect between our own sense of value and many of the real-world situations in which we actually find ourselves. We can try to strip away the inefficiencies and enhance the way we practice...and we should...but the challenges are great and many.

We must attack these challenges head-on. But in order to be successful in order to fully demonstrate our value we must first reaffirm our commitment to those beliefs that brought us to this profession in the first place.

I’m talking about reaffirming our commitment to our “calling” as pharmacists...the calling that obliges us to do whatever we can to ensure that our patients receive the best care possible.

Why is it so important for us to renew this commitment? Think of it this way: Planning and managing patient medication regimens is our niche...it’s our strong suit.

We need to embrace it, claim it as our own, and do it better...better than it has ever been done before.

But in order to plan and manage medication regimens in a meaningful way, we need to first make sure that every newly diagnosed patient with a chronic condition and every patient who is taking multiple medications is seen by a pharmacist. And we need to make sure that every

patient in every hospital is seen every day by a pharmacist...let me repeat that: *Every patient, every day.*

My good friend Marianne Billeter from Ochsner Health System in New Orleans is a great example of just how this is possible. Marianne's pharmacy attempts to see patients every day, either by attending physician rounds or by providing pharmaceutical consultation at the bedside. Clinical specialists participate on all major services, and they strive to ensure that a patient's medication regimen coincides with the most recent treatment guidelines for that disease. This team truly feels accountable for ensuring that patients receive the very best drug therapy.

Now, you may be sitting there thinking that your situation isn't like Ochsner's. You may assume that Ochsner is a big urban teaching hospital with unlimited resources. But they don't have unlimited resources. There are only 40 pharmacists for 500 beds.

So, how can we mirror Ochsner's success? We need to approach our challenges like they do: We need to advocate for our profession, and we need to demonstrate our value. When a pharmacist is involved, everyone moves a step closer to offering the best care possible. That is our calling, and when we follow it, we are able to improve patient care and advance the stature of our profession.

FOLLOWING OUR CALLING

As pharmacists, we are also called to improve medication safety. Earlier this year, *USA Today* reported the tragic story of Emily, a 2-year-old who had a curable abdominal tumor, but was given an incorrect chemotherapy IV admixture and died. The technician who prepared the IV was reportedly on the Internet planning her wedding just prior to mixing the dose. And the pharmacist overseeing the technician's work missed the error.

I believe that developing a culture of safety is the single most important factor in improving medication safety. But pharmacists must do more than demonstrate our own commitment to safety—we need to embrace our role as educators on medication safety for technicians, physicians, nurses, patients, and their caregivers.

Yes, it takes courage to “call out” the nurse who borrows another patient's medication... the anesthesiologist who doesn't label a syringe... the co-worker who is not competent. It takes time to counsel a patient. It takes effort to specially package a dose so an error does not occur. Nonetheless, pharmacy's professional culture must be to always do the right thing... and to do it right the first time.

Embracing technology is another component to safety. Bar code scanning of drug administration and the use of smart pumps for IV infusions are two key weapons for preventing errors. The use of electronic medical records, e-prescribing, and robotic dispensing devices are others. These systems are not perfect, but in general they can improve safety.

Our role is clear. Pharmacists must scrutinize these technologies. We must also advocate for their adoption when these technologies demonstrate an ability to improve patient safety. We should play a key role in their implementation, track their impact, and share our experiences with others.

Another key component of safety is the development of performance measures and standards. Not long ago, my colleagues at EPI-Q and I helped create an expert panel to develop performance measures for bipolar disease. These measures are vital because 40 percent of bipolar patients are misdiagnosed with unipolar depression. When treated with SSRI's, many will rapid cycle and become even worse. Providers such as the VA, Humana, and Aetna have

adopted these new performance measures and we are already seeing an improvement in the diagnosis and care of bipolar patients across the United States.

We have a similar situation in pharmacy. You may have heard about a new project called the “High Performance Pharmacy.” Lee Vermeulen published an article in ASHP’s *American Journal of Health-System Pharmacy* last year describing more than 70 performance measures for a high-performance pharmacy. He and his co-authors want to develop a strategic approach for improving the medication-use process and, ultimately, for improving quality and safety. Profession-wide acceptance of performance measures like these and ASHP’s 2015 Initiative will be instrumental in improving our pharmacy departments and the whole medication enterprise within the health system. But they won’t happen if we don’t push for them! We must follow our calling.

One final thought on patient safety: We must address the issue of competency in our technician workforce. Almost all the medication tragedies that have been reported in the media involve technicians in one way or another. It is clear that, at a minimum, our technicians need formal ASHP-accredited training and PTCB certification, no matter what the setting. Unfortunately, there are only 120 ASHP-accredited training programs for technicians. That’s not enough. And so ASHP has made it a priority to tackle technician workforce issues in our collaborative efforts with state affiliates.

But let’s not forget: Pharmacists who work closely with technicians know what education and training they need. It is the pharmacist’s responsibility to supply that training. We can’t allow....we can’t afford to allow.... technicians to perform tasks for patients that you wouldn’t also allow them to perform for a dearly beloved family member.

Our decisions plainly have to be that personal: After all, this is our calling!

As many of you know, I am a former Director of Pharmacy-turned-researcher. If there is one thing I have learned as a researcher, it is that data drives practice. And, even though we need to vastly grow the amount of research we do, I’m excited by what I see happening in hospitals and health systems that have residency programs. These programs are leading the way in terms of practice-based research. And we need to grow the number of residency programs nationwide and expand this type of research to other sites.

Other efforts also lead to better pharmacy practice and enhanced outcomes. Take post-marketing drug surveillance, for example. In the past few years, there have been significant recalls and warnings for products with broad market penetration. This presents an unparalleled opportunity for pharmacy to take the lead in this area.

As pharmacists, we should also be performing comparative efficacy research and developing large patient registries with monitoring and outcome data. Until we do this, we will not know which therapy provides the best value and outcome for our patients; and until we do this, we cannot fully demonstrate our value and fulfill our calling.

I maintain that outcomes are affected by everything we do. Therefore, it is our social responsibility as a profession and as practitioners to improve outcomes. In so doing, we will be recognized as change agents in bringing about better health care. This is our calling.

WHAT’S NEXT?

There is much to be done. I wouldn’t blame you for wondering how you, as an individual pharmacist and as a member of ASHP, can tackle these challenges. But, ladies and gentlemen, “tipping points” occur for a reason. We have an obligation to look inside ourselves,

to look at each other, and to work individually and collectively to become champions ... for ... change.

Our “calling” is more than just a concept to me. It’s very personal.

Seven years ago, I left a job I dearly loved as director of pharmacy at Elmhurst Memorial Hospital. Overall, the hospital provided the resources we needed to build a stellar pharmacy program. But a massive reorganization in the late 1990s brought challenging times and downsizing. Despite hard choices, I was able to hold onto all our pharmacy clinical services. I noticed in the following three years, that even though our workload increased over 40 percent, only departments with new managers were getting additional resources. I believe it was a sincere desire to help make those managers successful and that is not unreasonable.

I also knew that both the medical and administrative staff had high regard for the pharmacy department and were happy with our services. They seemed comfortable with our ability to continue to perform at such a high level, even as I grew increasingly worried that the workload could result in mistakes. I could not get the resources we needed to do the job right—and I knew it. My overworked team was worried, too. They were really stretched to balance their distributive duties with our clinical services. The choices were simple, stay because it was comfortable and live with the realities...and perhaps the consequences of a terrible medication error. Or I could leave, and hope that my departure would free up new resources.

I decided to leave a job I really loved, despite the fact that my administrator asked me to stay. And, it worked. Within a week, the supervisory staff had convinced our administrator of the problems. That administrator told me that she feared losing them, too, if she didn’t respond. So, she approved two new positions. To her credit, it was clear she understood that the pharmacy was at a tipping point.

Anyone who knows me knows what a wrenching decision that was for me. To this day, I get emotional talking about it. But it was a decision that had to be made for the good the pharmacists who worked for me and for the good of the patients under our care. I left because I owed it to these constituents as part of my “calling.” And it worked out for me too, because I found another job that I dearly love.

CHAMPIONS OF CHANGE

Ladies and gentlemen, transformational change begins inside each and every one of us. So, I leave you today with these challenges:

- Let us be the champions of change. We have the history...the stature...the credibility...and the obligation to lead the charge for better health care.
- I urge you to follow your calling—at every level of practice, whether you are an inpatient care practitioner, a resident, a clinical specialist, a home care pharmacist, a director of pharmacy, or a community pharmacist working in a chain drugstore.
- And I challenge you to share your calling with your patients. Let them know what to expect from you, their pharmacist. And also share your calling with your administrators, other healthcare professionals, and congressional leaders. Let them know what you stand for. Speak it loudly and speak it often. It is time for pharmacists to stand up and be heard for what we believe.

However, these challenges cannot be met in a vacuum. We need to work together, as part of the teams within our hospitals and health systems, and with ASHP, to answer the call for better health care. My friends, the time is now, and the change agents are you and I.

Thank you, and God bless you all.