

Henri R. Manasse, Jr., Ph.D., Sc.D.
Executive Vice President and Chief Executive Officer
American Society of Health-System Pharmacists
Bethesda, Maryland

June 24, 2007

Thank you, Chair Hudson, and, good afternoon, delegates. It is my pleasure to address you today. I am going to take a bit of a new approach with my remarks by focusing primarily on one key issue.

As you've heard, the ASHP Board of Directors has recently approved an important report, the "ASHP Long-Range Vision for the Pharmacy Work Force in Hospitals and Health Systems," which was published in the June 15 edition of the *American Journal of Health-System Pharmacy*.¹

We were motivated to create this vision to help guide the profession—specifically the practice of pharmacy in hospitals and health systems—to ensure an adequate supply of competent pharmacists and pharmacy technicians to meet future medication-use needs.

Let me share with you some of the major assumptions that ASHP made as we began this work:

The first assumption is that patients in health systems will continue to be prescribed medications in both current and new ways that include drugs, biologicals, vaccines, diagnostic agents, and gene therapies.

The second assumption is that the complexity and volume of medication use will require the input of pharmacists to ensure drug safety and quality. In fact, these issues of safety and quality will continue to drive the priorities of health-system leadership and administrators.

We also recognize that issues of cost and safety will continue to draw the attention of the public. And we expect that the continuing challenge of limited human and financial resources will create pressures to operate efficiently.

Another principle in the vision is the need for every hospital to find the right balance, the right equation, the right phase diagram—if you will—of deploying technicians, automation, and pharmacists appropriately.

Finally, we feel that our environments will increasingly be deluged by mechanisms and requirements for performance measurements, as well as accreditation standards that will continue to focus on safe use of medications and diagnostic agents.

The bottom line is that we must get the job done safely and in a cost-efficient manner, appropriately applying our various partnerships with physicians, nurses, administrators, and patients.

Let me put this into a global perspective for a moment. A statement made by the World Health Organization at its 60th World Health Assembly establishes this assumption: "Irrational use of medicines continues to be an urgent and widespread problem in the public and private health sector in developed and developing countries with serious consequences in terms of poor patient outcomes, adverse drug reactions,

¹ "ASHP Long-Range Vision for the Pharmacy Work Force in Hospitals and Health Systems: Ensuring the Best Use of Medicines in Hospitals and Health Systems," *Am J Health Syst Pharm* 2007 64: 1320-1330

increasing antimicrobial resistance, and wasted resources.”²

This is the context in which we operate on the global front.

Important Questions

In deriving the content for the vision, ASHP also felt that regulation and the roles of licensure and professional credentials will become a bigger policy issue in the broader public.

So, we are left with these questions:

- ✓ How do the *skills* of pharmacists who are graduating from today’s pharmacy schools fit patients’ *needs* for safe and appropriate medication use?
- ✓ How will the changing demographics of our work force—as noted in the “Report of the ASHP Task Force on Pharmacy’s Changing Demographics”—begin to affect the nature and scope of work force issues?³
- ✓ How will we come to terms with the roles of pharmacists who either work a less-than-full-time schedule or who utilize other non-traditional work models?
- ✓ What will the scope of services provided by technicians be, and how will they be trained and credentialed?
- ✓ And how will health-system pharmacists of the future be credentialed and trained?

Regarding the last point, we are coming to agreement as a profession that licensure alone is not enough and that the license pharmacists receive a month after graduation may not carry them through their entire careers.

We expect that residency will, in fact, become a minimum requirement for work in health systems, particularly for pharmacists who care for complex and highly specialized patients.

More than likely, board certification will be required where it exists. In addition, privileging and credentialing in institutions will continue to expand to include our pharmacy work force.

It is clear that continuing professional development will be required to refresh our credentials, and it is likely that the 15 CE hours per year currently required by pharmacy boards may take a different shape. For example, perhaps credentials to demonstrate knowledge and competence will be required of pharmacy managers to ensure that health systems don’t wind up with “accidental” leadership.

And lastly, we expect that departments led by pharmacists, but perhaps not managed in all areas by pharmacists, will be a defining feature of our future.

As I’ve indicated, technicians are an important part of this formula. Indeed, this House of Delegates reflected the critical role of technicians when it passed a three-

² *Progress in the Rational Use of Medicines*, World Health Organization, 2007, http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R16-en.pdf

³ “Report of the ASHP Task Force on Pharmacy’s Changing Demographics,” *Am J Health Syst Pharm* 2007 64: 1311-1319

pronged pharmacy technician policy several years ago that advocates for the completion of an ASHP-accredited training program, certification by the Pharmacy Technician Certification Board, and for pharmacy technicians to be registered by state boards of pharmacy to assure public accountability.

How Can We Implement the Vision?

What are “next steps” to achieve this vision? This is, after all, a big vision—a vision that can take a long time to achieve and will probably have unintended consequences, as most visions do. We understand that. But there’s no doubt that we are all going to have to work together to figure out how to implement it.

ASHP is discussing the vision with a number of external stakeholders. In fact, we recently met with the American Hospital Association and the Joint Commission, and we will share our vision with colleagues at the Joint Commission of Pharmacy Practitioners.

We are also meeting with several medical specialty organizations, reaching out to nursing organizations, talking to the American College of Healthcare Executives, and making contact with the association representing the nation's hospital fiscal officers.

But in order to figure out the best phase diagram for pharmacy’s work force, we need good leadership. Certainly, ASHP’s Center for Health-System Pharmacy Leadership is a key part of this work as it focuses on the best mechanisms for fostering and cultivating new leaders for the future.

But leadership doesn’t end there. And it doesn’t only mean pharmacy directors. This concept includes everyone because everyone has a leadership stake in moving the vision along. So, we are calling for new partnerships. We are looking for pharmacy leaders in every institution to study the vision, to share it with their staff members and contemplate how to implement it within their institutions, and, most importantly, for you, as ASHP members, to extend the vision beyond your institution and bring it to your state.

The Vital Implementation Role of Members

And that brings me to ASHP’s state affiliates. The Society has 49 affiliated state organizations...**49**. This is probably the most powerful organizational group in the world with respect to advocating for hospital and health-system leadership.

We believe that state affiliates, in key partnership with ASHP, can provide continuing education on this leadership vision, support efforts to gain appropriate regulatory and legislative directions around the Society’s pharmacy technician policy, and articulate how ASHP should lead nationally on this issue. We seek your participation and your leadership.

Finally, I want to say a few words about ASHP’s great Board of Directors. This group has worked very hard over the past 18 months to finalize this vision. We are paying attention to the context of the vision by collaborating with the external world and working toward political consensus. And our membership is playing a crucial role as a driving force for change.

In our advocacy efforts with the Joint Commission, the Food and Drug Administration, the Centers on Medicaid & Medicare Services, and in Congressional offices, your work and its importance is continuously on the front burner.

It is work that has crucial importance across the entire spectrum of health care. For example, I looked at many of the same issues as part of an advisory committee for the

Association of Academic Health Centers. We wrestled with what the future health professional work force will look like and concluded that we will face a serious problem across all health professions as our aging population needs more care and as work force shortages continue. To help manage these challenges, we must examine the leadership of our academic health science centers, especially their pharmacy directors, to ensure that we are all on the same page in terms of dealing with future work force issues.

So, don't forget this is a vision. It isn't going to be done today or tomorrow and perhaps not even in 10 years. But we hope that you will embrace this vision and be visionary people.

I want you to know that I firmly believe that we can accomplish this vision. My hope is that every pharmacy department and every single one of you will get engaged in talking about this vision. I also hope that every pharmacy school will discuss this as part of their "Introduction to Health Care" courses. I hope that all of us can share this vision with our colleagues outside of pharmacy so that the dialogue can expand beyond our own profession.

Madam Chair, this concludes my report. I thank you all for your kind attention.