

# ASHP Statement on the Health-System Pharmacist's Role in National Health Care Quality Initiatives

## Position

The American Society of Health-System Pharmacists (ASHP) believes that pharmacists who practice in hospitals and health systems (“health-system pharmacists”) have a critical leadership role in national health care quality-improvement initiatives. Health-system pharmacists possess the knowledge of drug therapy and medication-use systems required to successfully implement quality-assurance and improvement programs. These pharmacists should use their authority over and accountability for medication management systems to align medication use in hospitals and health systems with the national health care quality agenda.

## Background

Major reports from the Institute of Medicine (IOM) have demonstrated that the quality and safety environment across the health care industry needs significant transformation. *The Urgent Need to Improve Health Care Quality*<sup>1</sup> suggested that the quality of the health care system in the United States could be accurately measured and that the quality of care was being compromised by the underuse, overuse, and misuse of health care entities. *Crossing the Quality Chasm*<sup>2</sup> built a compelling case that the American health care delivery system requires major restructuring and proposed goals for improving six key dimensions of health care quality: safety, timeliness, effectiveness, efficiency, equity, and patient centeredness (the “STEEP” framework). To achieve these aims, IOM called for fundamental reforms, including new payment methodologies, public reporting, and transparency of quality-improvement data.

Since the release of these reports, health care policymakers, providers, purchasers, payers, consumers, and others have responded in ways that are beginning to change the U.S. health care delivery system. These changes are influenced by a growing number of private and public organizations, including the Joint Commission, Centers for Medicare and Medicaid Services (CMS), National Quality Forum, National Priorities Partnership, Agency for Healthcare Research and Quality, Institute for Healthcare Improvement, and American Health Quality Association, among others. These organizations, alone or in collaboration, identify health care quality measures to set the national health care quality agenda. These quality measures are collected and reported through both mandatory and voluntary reporting systems, and the outcome measurements of a health system may be linked to reimbursement (e.g., through CMS pay-for-performance programs).

## Responsibilities of Health-System Pharmacists

Many national health care quality measures are related to medication use.<sup>3</sup> Health-system pharmacists are strategically positioned to integrate practices and procedures that support these quality measures into the medication-use system. To

help align medication use in hospitals and health systems with the national health care quality agenda, health-system pharmacists should

- Become familiar with the organizations that influence the national health care quality agenda and monitor those organizations for changes in medication-use-related quality measures.
- Participate in the development, implementation, and evaluation of national and state health care quality-improvement initiatives related to medication use.
- Collaborate with other health care professionals to evaluate medication-use practices in their organizations and develop and implement programs that optimize patient outcomes, improve medication use, and align with the national health care quality agenda, including expanding the scope and reach of pharmacists' services when appropriate.
- Collect, analyze, and report data that measure health care quality related to medication use, and support the public availability of those data.
- Integrate and align information systems in their organizations with the national health care quality agenda.
- Educate other health care practitioners, health care executives, and the public about medication-related health care quality-improvement initiatives and the critical role pharmacists have in those initiatives (e.g., by publishing articles about innovative pharmacy services that improve patient outcomes or medication use).
- Encourage national pharmacy organizations to support, guide, and provide education related to the national health care quality agenda.

## Conclusion

The number of mandatory and voluntary health care quality measures related to the use of medications is large and growing. As medication-use experts, health-system pharmacists have a responsibility to become knowledgeable about national health care quality-improvement initiatives and to align their practices accordingly. Because health-system pharmacists possess knowledge of drug therapy and medication-use systems and have authority over and accountability for medication management systems, they have a fundamental leadership role in the development, implementation, and evaluation of health care quality-improvement initiatives.

## References

1. Chassin MR, Galvin RW. The urgent need to improve health care quality. Institute of Medicine National Roundtable on Health Care Quality. *JAMA*. 1998; 280:1000–5.
2. Institute of Medicine Committee on Quality of Health Care in America. *Crossing the quality chasm: a new health system for the 21st century*. Washington, DC: National Academy Press; 2001:43–56.

3. Bohenek WS, Grossbart SR. Pharmacists' role in improving quality of care. *Am J Health-Syst Pharm.* 2008; 65:1566–70.

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*This policy was reviewed in 2013 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.*

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