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Truth in Transformation

Episode 5: Transformation Creates Opportunities

Description of Podcast Topic: In this episode of *Truth in Transformation*, host Paul Abramowitz, ASHP CEO, talks with ASHP President Tom Johnson about how transformation can create new opportunities. As an innovator in safe medication use, best practices, accreditation services, professional development, and continuing education, ASHP is a leader in transforming pharmacy practice to meet the demands of a dynamic evolving profession.

Paul Abramowitz (00:02): I'm your host, Paul Abramowitz, the CEO of ASHP, and with me is ASHP President Tom Johnson. During this series of podcasts, we've explored many different aspects of transformation from servant leadership to transforming our pharmacy presence. Today, we'll be talking about transformation as a necessary step in the advancement of the profession—how transformation can create new opportunities in our evolving profession.

Tom Johnson: That's where we're at Paul. We're down to how do we really get to transformation? In my inaugural, I talked about transformation being more than change, just doing something a little bit different. And I will say that after writing this inaugural, and I've been listening to a handful of leadership books lately, and re-read another one—I tend to go in spurts from fiction to nonfiction, to leadership, to whatever. I think I've said before, I'm an audible listener. That's how I consume a lot of books. It works pretty well for me.

I've started listening for the key concepts of transformation. The key concepts show up in leadership books, they show up in marketing books, they show up in how to adjust your mindset. The key thing of human nature is that people actually strive to be transformed. I think that's a pretty cool message.

I've been in the profession now better part of 25 years and a little more than that from when I first set foot in pharmacy school. We've been talking about a lot of the same things. We've come a long way in 25 years, but I think ultimately we just need to continue to think about how do we keep working our way forward? How do we be present? How do we tell other people about our presence? How do we transform?

The pharmacy profession has had some really good successes lately. We have essentially transformed in the last several months, not only through COVID and everything else going on, but right about the time COVID was hitting in March, there was a release of how to dose vancomycin. That's a transformation I've seen the profession adopt. I've seen our own pharmacists come up with new ways of looking at this. I think it's a great example of how we can transform, understand the why, and then move forward.

Paul Abramowitz (03:19): Well, 2020 has been a year like no other, and we talked a little bit about this in our last podcast, but let's take a step back for a minute. Along the lines of what you mentioned with vancomycin, being a change, being stimulated by what was going on in the environment, let's talk a little bit more about how crisis can bring about opportunities. Set the stage for our conversation today.

Tom Johnson (03:48): I think forced change can really reveal some new options. It removes some barriers to change. We talked a little bit about change management last time and change is going to be resisted.

One of the things I say, sort of tongue in cheek, to illustrate that point, is remember change is bad and should be resisted at all possible opportunity. I say that jokingly, but it helps understand sort of this mindset and it gets people sort of laughing. We do resist change because we're comfortable and we want to do things that way.

Sometimes forced opportunities can reveal quite a few things. For example, we have been virtual; everything lately at ASHP has been converted to virtual. Everybody's working from home and doing a lot of different things. The board is meeting on a virtual basis. Our section is met on a virtual basis. The House of Delegates was done virtually.

Would it have been our choice to do that? Probably not, but we have found some efficiencies. I'd like you to talk a little bit about the great work that the ASAP staff has done to really pivot the last six months. I see it as a board member and as president. I get a chance to work with you and the staff a lot, but I don't think the average member listening to this has that opportunity.

I'd like to give you a chance to talk a little bit about the great work that ASHP staff has been doing these last several months.

Paul Abramowitz (05:29):

Well, thank you, Tom. I would just like to say that ASHP is definitely the most forward-thinking and effective pharmacy organization. That's backed up by the fact that our membership has been increasing by a very rapid rate of numbers, of pharmacist, student pharmacist, pharmacy technicians, and the like. We've greatly expanded in response to our members, requests, the education and information, and services that we provide specifically since the COVID-19 pandemic has occurred.

And we've started to work remotely. I have to say that the staff has really stepped up the pace and have been even more productive— if that's possible—than what we've been in the past in response to patient needs and member needs.

You know, some of the things we've done are to put together a lot of very good in-depth information surrounding COVID-19 patients and put that out free of charge to everyone— effective therapies for treating a hospitalized patient, a patient at home all the way up to a

patient in an ICU on a ventilator. We've produced a lot of good information in response to member and patient needs on how to develop field hospitals.

As you know, and everyone knows, we produce a lot of very excellent material to prepare pharmacists for board certification in order to recertify. One of the information sources that we prepare and have prepared for a long time is in relation to getting board certified as a critical care pharmacist. Early on during the COVID-19 pandemic a large number of our other pharmacists had to step up and take care of the surge and increasing number of critical care patients. We decided to make those critical care, preparatory educational resources free to anyone who wants them.

I can tell you, Tom, the response was overwhelming. We had 40,000 new people sign up to receive critical care resources at no cost. So those are a couple of examples of the things that we've done in the last several months.

We have also greatly stepped up our advocacy efforts with the FDA, with CMS, other federal agencies in Congress, to help get them to expand the roles of pharmacists. Now, this is important expanding roles of pharmacists to care for COVID-19 patients, but also looking at expanding roles and the practice of pharmacy into the future that would apply to all patients.

I hope I'm answering your question, but those are few of the things that we've done in efforts to react to a crisis situation in this country and help prepare our members to better care for their patients.


Tom Johnson:

Personally, in our own health system, we weren't quite sure what we were going to see in terms of surges of patients. And now of course, we're recording this in the middle of July and certainly case numbers are increasing in many parts of the country locally. We haven't had as many, but obviously it tends to be more of a local outbreak type of disease state.

I certainly have encouraged our staff in our health system to take advantage of those educational opportunities. I've heard great things, nothing but positive comments.

I think it's a great illustration of why professional organizations are so important to be a part of. Sometimes I tend to challenge residents each year as I'm working with them to say, well, I want you to kind of write down what it is that you're going to get from a professional organization and what you're going to contribute to professional organization that you might want to join. Specifically, what are you going to do with that particular organization?

Almost universally, what I find is that we get into discussions about things they've just never really thought of as to why it's important. One of the reasons it's important to be a member and to be involved is that having that membership base is what allows ASHP to have the employees to create that kind of resource. And that's a huge component of what we all need to do as a profession.

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I've given lots of different talks to residents and other group. Your first step is to simply become a member because you just never know when you're going to need those resources. By you being a member of that organization, you can certainly move those things forward. So I think that's great.

I just have to say thank you to the staff again and to your leadership, Paul, and the entire group, because what the staff has been able to do and pull together. I use those documents on a regular basis myself. I know others do.

I know other groups look to ASHP for guidance and resources in order to move things forward. It's been a great resource and very much appreciate that work. So thanks for taking the time to go through that.

Paul Abramowitz (11:05):

Well, thank you, Tom. We know that pharmacists are drug therapy experts and are absolutely essential members of every healthcare team, but Tom, how would you describe the components of this essential role, particularly to the patients and the public?

Tom Johnson (11:27):

I've been thinking about that quite a bit. We live in this sound bite kind of world. Even these podcasts are coming across in about 10- or 15-minute increments. It's a great way to get messages out, but sometimes the message can get lost.

We as a profession, and I personally, have to do a better job just spitting it out and having a short version of what needs to happen. As I move through what I'm starting to call my virtual ASAP presidency, I try to find some things that resonate with people.

One of the things that I tell people about is, every patient gets a med. If you think about that from a health system standpoint, there are very few patients that come to our services that do not get medications at some point.

Yes, you might have an initial physician visit or provider visit and you may not be prescribed a medication right away, but it's pretty few and far between the patient that doesn't get a medication.

So I like to use that to get us started—every patient gets a med. That's one reason that pharmacy services is really important. How we provide this. Then we need to start talking about some of these essential roles.

We work on drug distribution and ensuring supply chain integrity. We work on clinical optimization and ensuring patients get the right meds. This ties back to our mission statement and vision statement from ASHP is that our goal is that medication use is optimal all of the time for all of our patients.

We may never get to it optimal use for every patient every time, but that's what we're working toward. That's a good goal to chase. We have to get to that point where we can describe that.

There are frustrations and every profession and pharmacy has no shortage of that. That is absolutely the case. But instead of dwelling on the negative maybe find one cool thing about your day. Perhaps you helped somebody with his or her diabetes. When they left their appointment today, they understood their diabetic meds. Hang on to that one thing you did, or maybe the 10 things you did. If you really start thinking about it, there's more than one thing that was positive in your day. Actually, there was probably only one thing that was negative, but that's what you dwell on.

Paul Abramowitz (14:52):

So we have to be able to concisely demonstrate the value we bring to patients' health and to the healthcare team. Can you talk a little bit more about the value that we bring?

Tom Johnson (15:09):

I've talked about and worked with students and residents and pharmacists and technicians for a long time on how do you add value? I think each individual needs to understand their value statement, so to speak and how they provide value to their organization, to the profession.

Take a step back and look at the organizational structure and why complex organizations exist in our economy. I would argue that healthcare is one of the most complex organizational structures that you will find anywhere.

If you look at why they're important and why they exist, there's additive and exponential value created by the organizational structure provided by each person doing their job really well and working together in order to deliver additional value.

A key element is that if everybody just goes and does their own individual thing and doesn't contribute broadly to the organization, then we're all back to just doing individual things. We don't really gain the power of the organization in order to move things forward.

Most of us work in very complex healthcare systems. We work in large healthcare systems. There are a few that are in very small practices and small facilities, but I would say the majority are in very large systems and we get efficiency and can provide better and more affordable care if we really pushed that forward.

So back to your specifics of what's our value? Well, we're the medication use experts. We're good at it. Nobody is better at it than we are. And that's one of the truths that I talked about in my inaugural address—we bring a unique perspective to the team and if we don't voice that unique perspective, then it's not going to be there. And it's not going to add value to that organization.

We also add a direct conversation with a patient that other healthcare professionals aren't going to have, probably because they're just not as interested in that particular specific area or they don't have quite the same skillset.

It's not that they can't, it's just coming from a different angle. From my time I've spent the better part of 15 years in the ICU, I can look at a chest X Ray and kind of know what's going on, but I couldn't really intelligently talk with a patient about that. The inverse might be someone that's really good at looking at that chest X Ray might not be able to have the same conversation about the unique aspects of the different quinolones in therapy and why it would be different and translate that to a patient.

Coming at it from different perspectives, we need to be really solid in understanding that value and not being afraid to move that forward and to tell other people about that.

Paul Abramowitz (18:10):

Something that I know we all as pharmacy professionals struggle with, particularly in the area of ensuring patient safety, is that we oftentimes always try to be perfect. And that's good. How do we ensure that attempting to be perfect doesn't become the enemy of being better?

Tom Johnson (18:46):

Yeah, that's a great point, Paul. We need to be as close to perfection as we can get in a lot of situations in our profession. For example, chemotherapy is a pretty exact science. We need to be at a pretty exact dose.

I think understanding where to apply that perfection issue is really the component we need to work on. I used to tell students all the time that they were not going to get a very good grade if they gave me a creatinine clearance that had three or four decimal places on it when they estimated it from data that was just not that precise. Yes, your calculator will get you to four decimal places, but that's not accurate. It's precise, but it's not that accurate. We need to understand the difference and know when to apply that dichotomy of perfection and when you need to have which one.

There's that law of diminishing returns that I can work on a project literally forever. I can continue to edit and continue to move through. And probably what will happen is that variables will change and I'll have to go back and redo it. And we just can't do that. So I think that that's a place to find balance for us.

We need to have that conversation within the profession, within ASHP, within strategies that we're doing within our own departments and understand how we need to move forward, and when it's okay to move forward quickly—when we need to think about it some more and that it's okay to more of a consensus in a middle ground. So to me, it's that dichotomy

Paul Abramowitz (21:12):

Tom, one of the reasons that I think you're inaugural theme of transformation is so, if I were to use a British term, "on spot," is that each one of us is facing some sort of the transformation at any given moment.

Now we've already talked a lot about how ASHP is committed to supporting pharmacy professionals advancing the profession in this era of COVID change and transformation. Is there anything else you'd like to add about how ASHP is supporting our members in today's ever-changing healthcare landscape?

Tom Johnson (21:50):

Well, I think one of the big things is understanding your own professional journey. It's an important component of what you need to do as an individual and what we need to do as a profession. Sometimes you just have to go look for the resources that are available. Sometimes you have to challenge yourself with how you've always done something and see what else might be out there.

I am the president of ASHP, and yet every time I go to the website, I find something else I didn't know it was there. I need to continually strive to keep getting better, to learn about what's available, and to find things like certificate programs and publications, virtual meetings, and how I can be better involved in advocacy.

I can't do all of those things every day, but I can do pieces of those and continue to look for them and try to get a little bit better. I think that's an important message for everybody to just think about is what are some of those resources are and just go looking for them. They're probably out there.

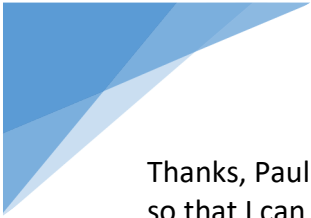
Paul Abramowitz (23:36):

Thanks Tom. Those are great points. You know, we've talked about how we're in this changing environment and some might say there is a need for a new normal. With your discussion of transformation, I think you were a little prophetic when you decided to come up with that topic before a number of these things were beginning to happen. I just might say that ASHP is going to weave transformation into everything that we do.

We've formed our diversity task force and our efforts for innovating pharmacy through PAI 2030. We're going to take looking at things in different ways from simply the basics of how we hold meetings, whether they need to be virtual—and not just can we make them virtual, but how can we transform a virtual meeting, start from scratch, and make it into an exceptional experience. It's different from anything we've ever had.

I would like to ask you to comment, freeform a little bit on anything you would like to add in and around transformation in ASHP.

Tom Johnson (25:09):

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Thanks, Paul. You know, I'm already trying to figure out how I get invites to all of the meetings so that I can sort of pop in and listen virtually to all of these different things. I think that transformation component, the theme of transformation is one that humans strive for all the time. It's how we tell stories. There's interesting components of, if you look at different cultures and how they tell stories, there is almost always a reluctant hero with a guide who is working through a challenge and trying to get to a transformation so that they're a better person. That is almost without exception how effective stories are told.

Amazingly enough, that comes from cultures that were separated by distance and really didn't interact with each other. I think transformation really becomes a human element in something we're looking for and sometimes changes get forced upon us. Sometimes we're the reluctant heroes and we need to find a guide and we need to figure out how to truly transform so that we come out better on the other side.

That's really where we are. We all can individually identify with being the reluctant hero. We can probably identify with being the guide. I don't think any of us would have chosen to go through this COVID pandemic, but here we are and we've had to figure it out.

And we've all individually and collectively been the reluctant heroes. There've been guides available for us as ASHP has been a guide. I've certainly had my own mentors and in working through that process and trying to figure out the best way to go, but that's what we'll be doing.

I think transformation is going to be our theme. How do we come through this and be better for it, even though we're a little reluctant. How do we work our way through and how do we come out better as a profession, as individuals, and as an organization.

So there's my freeform answer for you, Paul. That's what I got today.

Paul Abramowitz:

Thank you, Tom. Well, unfortunately, that's all we have time for today. Thank you Tom, for sharing your thoughts and insights about how transformation creates new opportunities. And again, I'd encourage everyone to read Tom's inaugural address. You can find it on ashp.org. Join us next time for our final episode of *Truth in Transformation* when we'll conclude our conversations about transformation with learning how to act on our truth.

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