Taking Practice to the Next Level: ASHP/ASHP Foundation Pharmacy Practice Model Initiative

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Session Objectives

Upon completion of this session, participants will be able to:
1. State the Purpose of the ASHP Pharmacy Practice Model Initiative

PPMI Vision

The initiative and summit will create passion, commitment, and action among hospital and health-system pharmacy practice leaders to significantly advance the health and well being of patients by optimizing the role of pharmacists in providing direct patient care.
PPMI Objectives

1. Create a Framework - Create a framework for a pharmacy practice models that ensure provision of safe, effective, efficient, accountable, and evidence-based care for all hospital/health system patients;

2. Determine Services - Determine patient care-related services that should be consistently provided by departments of pharmacy in hospitals and health systems and increase demand for pharmacy services by patients/caregivers, healthcare professionals, healthcare executives, and payers;

3. Identify Emerging Technologies - Identify the available technologies to support implementation of practice models, and identify emerging technologies that could impact the practice model;

4. Develop a Template - Support the optimal utilization and deployment of hospital and health-system pharmacy resources through development of a template for practice models that are operational, practical, and measurable; and

5. Implement Change - Identify specific actions pharmacy leaders and staff should take to implement practice model change including determination of the necessary staff (pharmacy leaders, pharmacists, and technicians) skills and competencies required to implement this model.

Imperatives for Practice Model Change

Health System
- Continuing medication safety crisis
- Stressors in hospital and ambulatory care
- Need to reinvent acute care
- Imperative for teamwork
- Healthcare reform
- Economics
- Need for clinical and strategic integration
- Technology
Imperatives for Practice Model Change (Continued)

Pharmacists
• Moral, ethical and social obligations
• Health system changes and opportunities
• Rationale use of pharmacist resources
• Impact of pharmacy technicians and technology
• Value of pharmacists

Profession’s Imperative to Set Our Own Course

• Need to integrate initiatives in light of current health care environment
• Need to respond to members’ demand for concerted evaluation of practice model
• Need to:
  “To bring about change within a diverse profession such as pharmacy, one needs a large number of people pulling in the same direction. Before one can get folks pulling in the same direction, one needs general agreement about the best direction in which to move.” — William A. Zellmer

What is a “Practice Model”?

• Describes how pharmacy department resources are deployed to provide care.
• One size does not fit all.
• Includes:
  ✔ How pharmacists practice and provide care to patients;
  ✔ How technicians are involved to support care; and
  ✔ Use of automation/technology in the medication use system.
PPMI Summit and Recommendations

Translations of Recommendations Into Practice (TRIP)

• Dissemination
• Policy
• Tools
• Research
Pharmacy Practice Model Spotlights

Translation of Recommendations Into Practice - Measurement

PPMI Hospital Self-Assessment Tool & National PPMI Dashboard Measures
The Hospital Self-Assessment (HSA) is designed to assess an individual hospital’s compliance with PPMI recommendations. The HSA consists of five sections: enrolling a hospital in PPMI, identifying and prioritizing goals and measures, determining the system’s current status, and comparing the system to others. The tool will generate a report highlighting strengths areas, and will assist in identifying opportunities for improvement.

The Who: Organizations interested in assessing their current status and comparing themselves to other facilities.

The What: The HSA tool is designed to assess an individual hospital’s compliance with PPMI recommendations. The tool is designed to be used both for self-assessment and for comparison purposes.

The How: The tool is web-based and accessible to anyone who is interested in completing the survey. The tool is designed to be self-administered.

The System: The tool can be completed at any time, but it is recommended that the completed survey be submitted in order to receive progress to the hospital’s national scorecard.

Uses/Purpose: In addition, the tool can be used to identify improvements that can be made and for self-assessment purposes. It can be used to identify strategic areas where improvement is needed.

Reports

• Web-Based Assessment Tool
  – Member Comments on Questions and Scale (June 2011) – Complete
  – Pilot Testing
    • PSW (July 2011)
    • Michigan & Utah (August 2011)
  – General Availability (October 2011)

• Reports and Comparisons
  – Basic Reports for all institutions
  – Expanded reports for members

PPMI Hospital Self Assessment

Hospital Self-Assessment

[Map of the United States]
Hospital Self Assessment Tool Kit

- Developed a comprehensive list of Resources
  - Dissemination
  - Education
- Enable State Affiliates and Groups to conduct
  a state-wide or Health System wide Assessment
  - E-Mail Templates
  - Presentation Templates

PPMI National Dashboard

- Pharmacist roles, practices, and activities will improve medication use and optimize medication related outcomes.
- Pharmacy technicians will prepare and distribute medications and perform other functions that do not require a pharmacist's professional judgment.
- Pharmacies and pharmacy technicians will have appropriate training and credentials for the activities performed within their scope of practice.
- Pharmacy departments utilize available automation and technology to improve patient safety and improve efficiency.
- Pharmacists will demonstrate leadership by exercising their responsibility for medication use systems and will be accountable for medication-related patient outcomes.
Goal 1
Pharmacist roles, practice and activities will improve medication use and optimize medication related outcomes.

Goal 2
Pharmacy technicians will prepare and distribute medications and perform other functions that do not require a pharmacist's professional judgment.

Goal 3
Pharmacists and pharmacy technicians will have appropriate training and credentials for the activities performed.

Goal 4
Pharmacists will demonstrate leadership in exercising their responsibility for medication use systems and will be accountable for medication-related patient outcomes.

Goal 5
Pharmacy departments utilize available automation and technology to improve patient safety and improve outcomes.

Reflect, Decide, and Act

Health System Pharmacy Practice has come a long way!!

- 2002 – 10.4 FTE pharmacists per 100 occupied beds
- 2009 – 50.2% of hospitals bar coded med administration
- 2002 – 1.5% of hospitals bar coded med administration
- 2011 – 17.5 FTE pharmacists per 100 occupied beds
- 2009 – 50.2% of hospitals bar coded med administration
- 2002 – 1.5% of hospitals bar coded med administration

ASHP National Survey 2002 & 2011

Local and State Actions and Activities

- Each pharmacy should assess their strategic plan against the PPMI recommendations.
- Each state should assess their position in managing the barriers and promoting best practices, working with ASHP & the ASHP Foundation as resources.

"Why Innovation is So Hard in Healthcare - and How to Do It Anyway"

"The strategy of more innovation in more places, at every corner of the system and every level of the organization. Of course, we must hold innovators to an evidence standard — but without holding them hostage to resistant establishments. In the U.S., this strategy is being encouraged by the Institute of Medicine and the new Medicare Administrator, Dr. Donald Berwick." (Harvard Business Review Blog 02/22/2011)
What can affiliates do to implement change?

- Diffusion of Innovation
- Play a critical role as champions
- Incorporate education and implementation in strategic planning
- Participate in grants; share outcomes
- Provide sustained interest and support in accomplishing the PPMI objectives
- Encourage coordinated use of PPMI HSA
- Identify what ASHP can do

Leadership and Innovation –

• “We can lead the change that we believe in or we can just position ourselves to be forced to accept the change being put on us by others. The choice is quite clear...We’re going to lead the change.”

  William A. Zelmer, M.P.H.
  November 9, 2010
Beaumont Hospital
Taking the PPMI Local

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Director of Pharmaceutical Services

Beaumont Hospital – Royal Oak

1,061-bed, private, non-profit, academic teaching hospital
– Level 1 trauma center
– Children’s Hospital within the Hospital
Located in Royal Oak, MI
– Northern suburb of Detroit, MI

Department of Pharmacy

2006-2008 – Pharmacy satellites consolidated
June 2010 – Electronic Physician Order Entry
August 2010 – Pharmacy Management Retreat
No longer tied to specific computer locations
Clinical services primarily completed via a dosing service
and clinical specialists in targeted patient populations
Early 2011 – UBS
April 2011 – all technicians PTCB
Early 2012 – revised UBS
Pharmacist Communities
- group of pharmacists with consistent patient care areas
- collaborative strategy to improve medication safety, patient satisfaction and transition of care

UBS Pharmacist Services (Examples)
- Patient education
- Participation in Core Measure Compliance (HF, ACS)
- Inhaler teaching (PMU)
- Access to medications upon discharge

Beaumont Health-System Pharmacy
• February 2012 – ASHP PPMI Self-Assessment
• March 2012 – Health-system Pharmacy Retreat

What should a Beaumont patient expect from a Beaumont Pharmacy?

Lessons Learned
• Not a quick fix/change
• Where you start may not be where you end
• Staff developed and owned
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<th><strong>What are you doing?</strong></th>
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**Examples**
- Participation in core measures
- Participation in HCAHPS
- Unique use of pharmacy technicians
- Use of technology to support practice model changes