

## The Pharmaceutical Care Movement: Opportunities for Collaboration<sup>1</sup>

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This is a unique opportunity for me to be with you in Reno because I believe so strongly in the positive tone which your Meeting theme presents—"Teaching, Practice and Scholarship ... An Unbeatable Combination."

At a time when there seems to be such great frustration and concern in pharmacy, we need to have more people and organizations in our profession who are prepared to see the tremendous opportunities which lie before us—opportunities which will be realized if we embrace the concept and the philosophy of pharmaceutical care.

Additionally, this Meeting's theme speaks to the very essence of what I believe is needed to better position pharmacy for the future—namely a combined effort on the part of practice and education—a collaboration if you will—to ensure the profession's rightful place on the health care team. In this era of dwindling resources, collaboration for our survival is an absolute imperative.

Equally important to what this presentation will cover in the next few minutes, is what it won't cover. In particular, this presentation will not focus on a recitation about the philosophy of pharmaceutical care. The literature and proceedings of several national conferences have already laid a solid foundation for this concept.

Secondly, my remarks today will not address the specifics of curricular reform in pharmacy schools. That's your business and expertise, not mine. While I might offer a few observations about the educational needs associated with a patient-care based practice, it's clear that pharmacy education has already begun the process of incorporating a new paradigm for curricular design, by shifting its focus from a teaching to a learning based environment. If there's anything I could add here, it's that this process needs to pick-up speed because the pace of change in health care has become so significant that pharmacy cannot afford lengthy transitions to new practice and educational structures. We will either get on with it now or face the potential of being left out of the emerging health care marketplace.

### IMPETUS FOR PHARMACEUTICAL CARE

So, pharmaceutical care! Why now? And what's providing the fuel for this major transformation in pharmacy practice.

From my perspective, I see two fundamental forces driving the pharmaceutical care movement—one internal to

pharmacy; and one more global in nature and somewhat external to our profession.

Internally, it should be obvious to all of us that pharmacy's economic and professional future is tied directly to the concept of pharmaceutical care. I see no other alternative. Virtually everyone in pharmacy will agree that there is no lasting future for pharmacists whose principal function is drug distribution. Today's marketplace focus on cost containment has driven the economic margins of drug dispensing to seemingly irreversible levels which will not sustain viable pharmacist practice. Few, if any, payors today have chosen to increase payment to pharmacists. To the contrary, there continues to be a downward spiral in the payment policies of most managed care organizations.

The cost containment imperative in today's marketplace is also giving rise to the growth of automated dispensing systems. While still somewhat on the horizon for community pharmacy, such systems offer the potential for decreasing costs and increasing efficiency. Although it will be important for pharmacy to oversee the use of this technology to ensure the integrity of drug distribution, these systems will also permit pharmacists to focus more of their attention on the patients' medication therapy. Therein, I believe, lies the real value which pharmacists can bring to the health care system. And, that brings us to the external and more significant driving force behind the pharmaceutical care movement—namely, society's need for better drug therapy management.

I certainly don't need to tell this audience about the evidence which has been accumulated over the past two decades documenting the problems caused by inappropriate drug use. Many of you in the room today have been intimately involved in the research which tells the story of drug misadventuring.

The latest of such work now comes to us from the University of Arizona and the *Archives of Internal Medicine* where Bootman and his colleagues tied an estimate of \$76 billion to the inappropriate use of medications. While some may choose to take issue with the actual estimate, it should be beyond dispute that adverse drug effects are a major problem in our society. While the unacceptable level of drug morbidity and mortality has gone largely unrecognized by the purchasers of health care, more and more of these payors are waking up to the realization that the real source of decreased quality of life and increasing health care costs is not the cost of drugs themselves, but rather the cost of drug related problems.

Although managed care administrators have focused their cost containment efforts over the past ten years on

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purchasing drugs as cheaply as possible, the name of the game is beginning to change rather quickly. Tomorrow's focus will clearly become centered on the rational use of medications that can positively effect costs in other areas, such as unnecessary hospitalizations and physician visits.

Increasingly, the message being spread around health care circles is that the system needs someone who can deliver better value by appropriately managing drug therapy. This is the strongest imperative for pharmaceutical care, and it will be an opportunity for pharmacy if we position ourselves accordingly. If we don't, someone else surely will.

In addition to these two fundamental forces, I also see three major trends in health care that provide a favorable climate for the continued development of pharmacy in this area. The first of these is the tremendous level of integration that is occurring in our nation's health care delivery system.

Throughout our country, managed care organizations, hospitals, physician groups, insurers and others are coming together to form new health care systems. As these systems establish themselves, new opportunities will arise for pharmacists and others to redefine their roles in health care delivery. The trend towards increased integration will also bring technological linkages among health care professionals, allowing for significant improvements in communication. As pharmacy and medicine come together to share information, the two professions will help managed care fulfill their ultimate promise to purchasers—namely, to achieve optimal outcomes—the ultimate goal of pharmaceutical care.

That leads to the second major trend favoring pharmaceutical care — an outcomes focus in health care delivery. Without question, the concept of outcomes has become a framework for attention by employer groups and managed care organizations. As the employee health manager for LL Bean said ... “Medical care has been disconnected from health improvement. It's time to reconnect them”... In response to this demand for value, health care systems are increasingly looking for ways to measure and demonstrate the quality of their services. Pharmacy practice which embodies the principles of pharmaceutical care can provide an important resource to both the health care system and to the ultimate purchaser of that service.

Lastly, a third major trend that I believe is supportive of the pharmaceutical care movement is the concept of patient self-care.

The aging of our society is presenting the health care system with a more informed patient population that clearly desires to play a more assertive role in their own care. Pharmacists who individually and collectively have enjoyed a positive and trusting relationship with patients can now offer this growing population base a new value added service to meet their demands—namely, information delivered in a caring, “high-touch” context. Thus, the pharmaceutical care message is a consistent fit with this emerging trend as well.

So, the timing is right for the pharmaceutical care movement, and pharmacy, as a profession of individual practitioners, could be ideally positioned to take advantage of this movement. But, it will be essential for the profession's organizations to effectively pull together the resources to facilitate this professional transition.

#### PHARMACY PRACTICE IN 2006 AND BEYOND

Now, a few observations and predictions about pharmacy

practice and the way in which pharmacist manpower will be used in the future. First, let me draw a distinction between pharmacist practitioners and pharmacy providers. Pharmacy providers are the businesses, institutions and organizations who provide medications to the general public. These providers, namely community pharmacies, hospitals, pharmacy benefit managers and others are important because they will set the tone and create the infrastructure for the implementation of pharmaceutical care.

But most importantly, state pharmacy associations and colleges of pharmacy must be primarily concerned about the survival of the individual pharmacist practitioner and how pharmacists will be utilized in the health care system. That's where our focus should be directed. A year ago at your Annual Meeting in Philadelphia you heard from Howard Bailit of Atena Health Plans, who addressed the impact of managed care on pharmacy practice and education. In his comments, Mr. Bailit predicted that the future role of pharmacists would be directed in three major areas of activity.

- Management of dispensing systems and drug dispensing—20 percent effort;
- Pharmaceutical care at the patient level—30 percent effort; and
- Pharmacy management through MCOs and PBMs at the population level—50 percent effort.

I'd both agree and disagree with this prediction. Certainly, we'd all concur with the fact that drug dispensing activity will consume less and less of the pharmacists' time and attention. In fact 20 percent may be too high by the year 2006. As a result, we should all agree that curricular reform must shift its emphasis away from a product and drug dispensing focus.

As it relates to the other two areas, I believe that the percentage effort devoted by pharmacists to pharmaceutical care at the patient level will outdistance the effort put into pharmacy management at the population level. While I strongly believe that there will exist positive opportunities to care for groups of patients by pharmacists working in HMOs and PBMs, I also believe that pharmacists can and will play a significant role in the direct care of individual patients. Increasingly, health care is becoming a local issue where positive outcomes from care will be achieved by physicians and pharmacists working closely together at the patient level, not from a central office in Scottsdale, Minneapolis or New York. It is at the patient level where pharmaceutical care will have its most significant impact.

In addition to the pharmacists' direct involvement in drug therapy management, I see tremendous opportunity for pharmacists in primary care, especially in rural areas. Working cooperatively with physicians and other health care professionals, pharmacists, during the coming decade, will deliver services which include disease state management, maternal and child health, smoking cessation, immunization, family planning, specialty compounding, health prevention screening and self care consulting. These are all potential opportunities which can be fully realized with the profession's commitment to pharmaceutical care.

#### CRITICAL COLLABORATIONS FOR PHARMACEUTICAL CARE: EDUCATION & PRACTICE

Now then, what will it take to facilitate this paradigm shift in our profession? Fundamentally, I believe, that it will require a collaborative effort on the part of education and practice. And I'd like to suggest today an agenda of cooperative work

for pharmacy associations and colleges of pharmacy.

Before outlining this action plan, two prefacing comments. First, I cannot overstate the sense of urgency which our profession faces today. We need to mobilize now because time simply is not on our side. As Joe Oddis, ASHP's Executive Vice President said recently: "The health care environment is like a fast moving train; there are two choices; either we get on board or we get out of the way."

Certainly, we cannot wait for a market to be created before we move ahead. Instead we must create the market by shifting it from one of managed cost to one of true managed care.

Secondly, I recognize that many colleges of pharmacy are already moving ahead on the transition to pharmaceutical care. They should be applauded and recognized in some formal way by our state and national organizations. The leadership demonstrated by many of our colleges of pharmacy is beginning to produce positive results. But, we just need to do more of it and a whole lot faster.

So, here now is a suggested action plan for cooperative work between pharmacy associations and colleges of pharmacy.

1. Together we should formally establish state and regional based centers dedicated to the goal of operationalizing the concept of pharmaceutical care.

A commitment to building the capacity in the health care system to provide pharmaceutical care should be the goal of this collaborative effort. These centers should focus their efforts first on creating an awareness among both pharmacists and pharmacy students about the profession's imperative for pharmaceutical care. Then the centers should begin immediately with plans to transition a critical mass of pharmacists to pharmaceutical care based practice.

2. Together we should provide pharmacists in all settings with training programs and implementation strategies for pharmaceutical care.

The American Center for Pharmaceutical Care (ACPC) has been created to provide a developed programs and initiatives that could easily be incorporated into a state's overall effort.

3. Together we should establish formal resource programs to provide pharmacists with information on patient care support systems.

Without question, pharmacists and pharmacy students need reliable information on software programs, patient documentation systems, drug information resources and compensation models. This could prove to be an invaluable resource for practitioners and students alike.

4. Together we should establish research advisory boards to identify and prioritize practice based research opportunities.

It's critical for us to apply sound research expertise to demonstration projects in order to document the value which pharmacists bring to the health care system. Support is needed in areas related to outcomes research, pharmacoconomics and pharmacoepidemiology, if we are to gain compensation for the pharmacist's contributions to health care. We should work together

to establish priorities for practice based research initiatives.

5. Together we need to educate the public about the value and positive impact of pharmaceutical care based practice.

Pharmacy as a profession must effectively tell its story to consumers, health policy makers and the media. Collectively we can package and deliver a persuasive message about our professional role on the health care team. This will significantly move the agenda forward on pharmaceutical care.

6. Together we must work to educate and build strong ties with the medical community.

Many physicians and other health care professionals believe that pharmaceutical care represents a threat and an intrusion into medical practice. We need to dispel this myth and convince them that pharmaceutical care represents a collaborative approach where health care professionals work together to achieve optimal results for the patient. This interprofessional tie and interdisciplinary focus is critically important to the future of the pharmaceutical care movement.

7. Together we should educate the pharmaceutical industry on the concept of pharmaceutical care.

It's clear that the industry does not yet fully understand this concept. To many drug company executives the term pharmaceutical care is synonymous with therapeutic substitution and therefore it presents itself as a threat. We should use our collective efforts and relationships to educate the industry on the value which pharmaceutical care holds for it—namely, the ability to prove the effectiveness of their products. Properly informed, the pharmaceutical industry could become a powerful partner with pharmacy and medicine.

8. Together we should combine efforts and resources regarding continuing education.

Pharmaceutical care based practice will place huge demands on those who provide continuing education to pharmacists. Greater depth and clinical applicability to practice will be sought by those pharmacists who have successfully made the transition. We can no longer afford a passive, fragmented approach in our continuing education programming.

9. Together we must engage in discussions with managed care administrators and collectively market to them the pharmaceutical care concept.

For too long, managed care has been viewed as the enemy. This, I believe must change. We can learn a great deal from them about the health care marketplace and they can come to understand that our aspirations for pharmacy are consistent with their long term goals. Working cooperatively, we can turn this relationship into a positive one.

10. Together, we should work to develop positive experiential sites for pharmacy

A more concerted effort needs to be advanced to improve the overall quality of the practical experience

which students receive during their professional education. Future sites should be evaluated for their patient care focus and philosophy. In exchange, such sites will also benefit from students who can help pharmacists through their transition process.

11. Together we should examine our admission methods for pharmacy students.

Although difficult to measure, the humanistic aspects of potential students needs to be factored into admission policies. Students should also be exposed early in their professional program to the patient caring experience. I believe that associations can and should offer the Colleges major support in this area, through access to mentors in these practice environments.

12. Together we should engage in collective long range planning for our profession.

Both associations and colleges need to develop a patient focus to their mission statements as well as their various programs and activities. Coordinating our planning efforts can serve to facilitate the pharmaceutical care movement. Additionally, these planning efforts should include discussions with the state boards of pharmacy to ensure practice act modifications which will compliment the transition in pharmacy practice.

## CONCLUSION

Well, these are my suggestions for a collaborative pharmaceutical care agenda. In bringing this presentation to a close, I'd like to offer one more challenge for both the association and college of pharmacy community. I believe that we must all be prepared to reject the status quo and challenge our outmoded beliefs and traditional systems. Status quo is not an option for either pharmacy practice or pharmacy education. Perhaps we should "out pew" the Pew Commission and recommend that all associations and colleges of pharmacy should close, only to reinvent themselves anew, without the

baggage that blocks their path and the path of the profession to success. Although most pharmacy associations and colleges of pharmacy in this country have turned the century mark in their existence, now is not the time to celebrate our legacy. Now is the time when we need to focus our energies on building the capacity to deliver pharmaceutical care, so that the future for practicing pharmacists will be more secure and rewarding.

For all of us in the profession, now is the time for us to lead, follow or get out of the way. We can not afford to become barriers to the pharmaceutical care movement. If the profession is to survive in a viable fashion we must make the commitment now to help transition pharmacy practice. We need an excitement for the challenge, an investment of resources and a celebration of each incremental step which moves us closer to our ultimate goal.

As a guide for helping us develop "Change Ready" organizations, I'd suggest that we all acquire the best seller—*Sacred Cows Make the Best Burgers*—I believe that this publication could help us all through these times of unprecedented change. It should be required reading for all deans, faculty and key association staff.

Now to close, let me use a quote which I believe, will end this presentation on a positive note. From an anonymous author, it reads:

"This is the past that someone in the future is longing to go back to"

I truly believe that these are, in fact, the best of times for our profession and the most exciting times to be a pharmacist. These are times when pharmacists will become recognized for the true value they bring to patients and the health care system. These are times when our education will be more fully utilized and applied in the care of people. And these are times when we will renew the strong bond which should exist between Teaching, Practice and Scholarship ... truly an unbeatable combination.

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