Pharmacists Must Be Leaders
Perspectives on Leveraging Leadership to Improve Patient Care
Paul W. Abramowitz
Pharm.D., Sc.D. (Hon), FASHP
Chief Executive Officer

Objectives

• Describe contemporary leadership perspectives applicable to colleagues and patients
• Identify essential leadership knowledge, skills, and attributes to advance practice and impact care
• Describe strategic leadership imperatives in the current environment
• Illustrate examples of leadership excellence across the pharmacy enterprise

Disclosure Information

ASHP creates and provides products, services, and programs in the following areas:
• Accreditor of pharmacy residency and technician training programs
• Developer of drug information and related publications
• Publisher of the peer-reviewed scientific journal, AJHP; member magazine, InterSections; and consumer website, SafeMedication.com
• Convener of national and international educational conferences, meetings, and workshops
• Developer of pharmacist and technician certification resources
• Provider of pharmacist and pharmacy technician continuing education
• Provider of pharmacy practice and medication-use process consulting services
• Supporter of the ASHP Research and Education Foundation and ASHP Political Action Committee
• Other products and services related to the practice of pharmacy

NAME: Paul W. Abramowitz, Pharm.D., Sc.D. (Hon), FASHP
TITLE: Chief Executive Officer, ASHP
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Contemporary Leadership Perspectives

• Authenticity
• Importance of Individuality: Chess vs Checkers
• Constructive Dissatisfaction
• Disruptive Innovation

Authenticity

• Possesses self-knowledge: knowledge of one’s own strengths and weaknesses
  – Views oneself as a “work in progress”
• Creates a sense of belonging-inspires followers
• Represents True North-alignment of values, purpose and motivations
• Demonstrates transparency
  – Open communication
  – Shares “why” to help colleagues and patients understand reasons for change

Importance of Individuality

Ex., Checkers vs Chess

• All the pieces are uniform and move in the same way
• They are interchangeable
• They all move in the same pace, on parallel

• Each type of piece moves in a different way
• You can’t play if you don’t know how each piece moves
• You won’t win if you don’t think carefully about how to move the pieces to work together
What Do Great Leaders Do?

- Great leaders **discover**, **develop** and **celebrate** what is different about each individual and what works for them by:
  - Turning one person’s particular talent into performance
  - Identifying and deploying the differences among people
  - Challenging each person to excel in his or her way
  - Finding ways for individuals to grow


Leadership: Why Each Individual Matters

- **Big L**: individuals with a leadership title
- **Little l**: individuals who demonstrate leadership in their practice
  - Positively influences peers
  - Has initiative: volunteers to try new roles and responsibilities
  - Takes ownership

“Every pharmacist must be a leader in their practice or on their shift. Each must connect with their inner drive, their passion for what they do and for making things better.”- Sara White


Constructive Dissatisfaction

A term coined by United Parcel Service (UPS) Founder & CEO, James E. Casey, 1907-1962

Lessons from UPS, D. Scott Davis (current CEO)

- Constant evolution to advance
- Adapt to conditions
- Remain nimble and agile
- Evaluate situation (context) to support decision-making
- Never being satisfied and looking for ways to improve


Disruptive Innovation

Clayton Christensen

- Process by which a product or service begins with simple applications at the bottom of a market and then aggressively moves up the market, eventually displacing established competitors. Examples:
  - Steel industry
  - Mainframe computers → Personal Computers
  - Traditional Healthcare Providers → Retail Health Clinics
  - MeMD®, Amwell®, and others
  - Mobile Health APs
- Maintaining status quo → embracing change
  - Supports “out of the box” thinking, productive conflict and testing new ideas to drive advances


Disruptive Innovation in Pharmacy

- **Unit Dose**: Change from bulk bottle of floor stock to unit dose to improve medication safety
- **Clinical Pharmacy**: Transition from dispensing role to using pharmacist’s knowledge to improve medication therapy
- **Pharmaceutical Care Framework** to evaluate and optimize medication therapy based on a comprehensive methodology
- **Comprehensive Medication Therapy Management**: Responsibility for ensuring optimal, safe and effective medication use across all healthcare settings
Disruptive Innovation: Advances in Pharmacy Practice

- Satellite Pharmacies
- Ambulatory Clinics
- Vaccinations in Community Pharmacies
- Collaborative Practice
- Interdependent Prescribing


Disruptive Pharmacy Leaders

- **Harvey A.K. Whitney**
  - Established first hospital pharmacy internship now known as a residency program in 1927 at University of Michigan
  - Led establishment of a hospital division of the American Pharmaceutical Association, which became ASHP in 1942
  - Co-founder of The Bulletin of the ASHP, which in 1958 became the American Journal of Hospital Pharmacy (AJHP)

SOURCE: http://harveywhitney.org/hak.php

The ASHP Bulletin

- **Michael Cohen**
  - Working as a clinical pharmacist in late 1960’s identified medication errors as a concern and began a regular column in Hospital Pharmacy
  - Established voluntary reporting of medication errors 35 years ago
  - Established Institute for Safe Medication Practices, which has international divisions in countries such as Spain, Canada and Australia


Disruptive Pharmacy Leaders

- **Joseph A. Oddis**
  - ASHP CEO from 1960-1997
  - Helped build a strong foundation for health-system practice
    - Established ASHP as the international source of drug information and pharmacy practice literature
    - Led the development of ASHP Best Practice Standards including the hospital formulary system
    - Envisioned and led creation of ASHP Residency Accreditation
  - Created the ASHP Midyear and Annual meetings
  - Created ASHP Research and Education Foundation

SOURCE: [http://www.ajhp.org/content/54/16/1815.full.pdf](http://www.ajhp.org/content/54/16/1815.full.pdf)

Disruptive Pharmacy Leaders

- **Mary Anne Koda-Kimble**
  - Dean Emeritus, University of California, San Francisco (UCSF)
  - Dedicated to the advancement of clinical pharmacy, which began at UCSF with the first satellite pharmacy
  - Collaborated with other editors to put together the world’s first clinical pharmacy therapeutics textbook, *Applied Therapeutics*, based on patient case histories

Pharmacy Leadership Knowledge, Skills and Attributes

Attributes of a Leader: What Does Leadership Look Like?

• Creating a Nurturing Environment
• Positivity
• Mentoring
• Team Skills
• Transformational Leadership
• Emotional Intelligence

Attributes

• “Positivity”: belief that change and challenges create opportunities
  – “Yes, and vs. Yes, but”, language of leadership

• Mentoring
  – Traditional: Supports growth of the protégé by coaching, listening and guiding individuals
  – Reverse mentoring: Protégés and patients also provide mentoring to individuals in leadership roles

Knowledge and Skills

- Operations
- Financial Management
- Clinical Practice
- Human Resources

Pharmacy Leadership Responsibilities

- Regulatory
- Technology
- Quality and Safety

Attributes

• Creating Nurturing Relationships
  – Active listening
  – Displaying understanding by mirroring ideas
  – Welcoming feedback and honest exchange of ideas
  – Being accessible
  – Expressing gratitude for hard work
  – Sharing with and opening up to others

Leadership is a balance between achieving goals and caring about staff, colleagues, and patients


Mentor and Protégé
Mutual Growth

M ↔ Mp ↔ MP ↔ mP ↔ P


Mentor and Protégé (Patient) - 2 Way Interface
Attributes

- **Team Skills**
  - Create a team environment
  - Support growth of skills needed to work successfully with intra- and interdisciplinary teams
    - Respectful interactions
    - Listening skills
    - Positive interpersonal skills
  - Value of collective wisdom

- **Transformational Leadership**
  - Intellectual stimulation – challenging assumptions, soliciting ideas, taking risks
  - Inspirational motivation – articulating future visions
  - Individualized consideration – attending/listening to the needs of colleagues (and patients)
  - Idealized influence – behaving in a way an individual can identify and possessing shared values

- **Emotional Intelligence**
  - Twice as important as technical skills and IQ
  - Essential attribute that must be cultivated in pharmacists
  - Improves communications skills and professionalism
  - Critical element in creating a culture of safety
  - Five Components:
    - Self-awareness
    - Self-regulation
    - Motivation
    - Empathy
    - Social skill

Leadership Excellence

**Paul Pierpaoli**

- “Individual pharmacists need will as well as skill for advancing practice.”
  - “The ultimate determinant of our progress is the strength and persistence of will of each individual practitioner”
- “Leaders and practice innovators from every era of hospital pharmacy have been iconoclasts” – challenging the current state
- Leaders need bilingual skills to effectively navigate organizational priorities and lead the pharmacy enterprise

Leadership Excellence

**RADM Pamela Schweitzer**

- The first woman to become the USPHS’s Chief Pharmacy Officer
- Responsible for providing leadership and coordination of USPHS pharmacy programs and professional affairs for the Office of the Surgeon General and the Department of Health and Human Services
- “My goal is for the profession not to be left behind”
- “We need to inspire and support leadership development among pharmacists to assume leadership in all of its aspects across all programs”

Importance of Teamwork

My supervisor told me that teamwork depends on the performance of every single member on the team. I had trouble understanding it until my supervisor showed me how the office typewriter performs when just one key is out of order. All the other keys on the typewriter work just fine except one, but that one destroys the effectiveness of the typewriter. Now I know that even though I am only one person, I am needed if the team is to work as a successful team should.
Leadership Excellence
Burnis Breland

• Learning how to adapt to rapid changes while providing a vision for staff
• Meeting patients’ needs, organizational needs, and the needs of other professionals
• Advancing the profession through building a practice model that enables pharmacists to provide safe, effective, and efficient use of medications
• Assuming responsibility for drug therapy outcomes
• Providing optimum clinical value to the patient and economic value to the institution

SOURCE: Adapted from: Breland B D. Believing what we know: Pharmacy provides value
Am J Health-Syst Pharm. 2007; 64:e18-29.

Pharmacy Strategic Leadership Imperatives

• Patient-Centered Care
  – Ensure safe and effective medication use in and across all sites of care
• Interprofessional Care
  – Respect for each member’s role in patient care, “practice at top of license”
  – Create new models of care
• Change Management
  – Leverage changes in healthcare environment to create new opportunities for pharmacy practice
  – Engage student pharmacists, residents and staff in piloting new programs and services

SOURCE: Abramowitz PA. The evolution and metamorphosis of the pharmacy practice model.

• Optimizing Medication Use
  – Develop patient-specific comprehensive, inter-professional, and transferable pharmacotherapy plan for each patient
  – Monitor and follow up to ensure therapeutic endpoints and goals are met
  – Involve pharmacists in interdependent prescribing as part of team-based care
• Reducing Overutilization (“deprescribing”)
  – Develop and implement clinical guidelines
  – Consolidate drug therapy
  – Sustained effort to reduce unnecessary drug use
  – Ensure that the most cost-effective medications are utilized
  – Examples: antimicrobials and opioids, Choosing Wisely


Pharmacy Strategic Leadership Imperatives

• Demonstrating Value
  – V (Value) = Q (Quality) + S (Satisfaction) / C (Cost)
  – Create Medication Effectiveness Dashboard (MED) of indicators to measure the effectiveness of the medication use system including outcomes, safety, cost and productivity
  – Improving patient experience
• Prepare for the Future Now
  – Population health
  – Pharmacogenomics
  – Application of new technology
  – Digitalized/virtual information
  – Envision changes to the profession

Leadership Excellence Across the Pharmacy Enterprise: Improving Patient Care

Pharmacy Practice Model Leadership

**Code Sepsis: Improving Sepsis Care; Saving Patients’ Lives**
Wake Forest Baptist Hospital, NC

**Code Sepsis Program**
Pharmacist led code-sepsis interventions as part of a team approach
Baseline: Sepsis screen to antibiotic administration: 427 minutes in ICUs
After Code Sepsis Program established: 31 minutes in ICUs
Mortality Index: 1.65% → 0.8%
Saved 200 lives/yr

ASHP 2013 Best Practice Award

**Antimicrobial Optimization**
St. Luke’s Episcopal Hospital, TX

**Antimicrobial stewardship service**
Pharmacist led antimicrobial stewardship service in the ED
Baseline: Physicians intervened on 50% of positive cultures for inappropriate therapy
Post-Pharmacy service initiation: 80% intervention rate by pharmacists

**Advancing Pharmacy Practice through the Implementation of a Heart Failure Medication Management Clinic**
Brookdale Hospital, NY

**Heart Failure (HF) Medication Management Clinic**
Pharmacist-led HF clinic staffed by interprofessional team
Baseline 30 day HF readmission rate: 29.4%
After HF Clinic established: <3%

ASHP 2012 Best Practice Award

**Safe Medication Transitions Program**
Cedars-Sinai Medical Center, CA

**Safe Medication Transitions Program**
Pharmacist post-discharge follow up of high risk patients with focus on those with low medication adherence and literacy (MedAL) using a pharmacist-developed algorithm.
Readmission rate: 2.8 times higher in pts with low MedAL Medication-related readmissions prevented: 16%

2014 Hospital Hero Award, National Health Foundation
Comprehensive Models of Pharmacy Leadership: Veteran’s Health Administration (VA)

VA is the largest integrated health care system in the United States
• 1,233 health care facilities, 168 medical centers
• Serves more than 8.9 million patients a year
• Pharmacy Services
  – Approx 9000 pharmacists, 600 residents/fellows, 4,500 technicians
  – Approx 3600 clinical pharmacy specialists with scopes of practice to manage multiple chronic disease states
    • One CPS for every three patient panels in primary care

SOURCES: http://www.va.gov/health/aboutVHA.asp

Comprehensive Models of Pharmacy Leadership: Veteran’s Health Administration (VA)

Pharmacists are credentialed based on licensure, post-graduate training, experience
• Privileges are granted at the facility level and provide authorization to provide patient care services
• Extensive primary care provided, but also have clinical pharmacy specialists in many outpatient settings including: endocrinology, cardiology, infectious diseases, mental health, hepatology and pain management, etc.

SOURCES: http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1732
http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=4055#sthash.ABYvosVM.dpuf

Comprehensive Models of Pharmacy Leadership: Kaiser Permanente

One of the nation’s largest, not-for-profit, non-governmental health plans, serving over 10 million members via 38 hospitals and 618 clinics
• Interprofessional healthcare teams with pharmacists in inpatient, ambulatory and home care settings

http://share.kaiserpermanente.org/article/fast-facts-about-kaiser-permanente/

Comprehensive Models of Pharmacy Leadership: Kaiser Permanente

• Beginning in 1992, Kaiser Colorado established model for advanced pharmacy practice
  – Clinical Pharmacy Anticoagulation Service established in 1996, one of the largest in the nation
  – Specialty clinical pharmacy services: asthma, diabetes, nephrology, cardiology/heart failure diseases, international travel, long term care
  – Established Clinical Pharmacy Call Center to support nurses with medication-related questions

http://www.ashp.org/menu/News/PharmacyNews/NewsArticle.aspx?id=4055#sthash.ABYvosVM.dpuf

Putting it All Together

• Leadership is a continuous learning process
• Individual performance impacts institutional/organizational performance
• Focused and effective leadership is central to pharmacy practice advancement:
  – At the bedside
  – In the pharmacy
  – In the clinic
  – In the administrative office
• Pharmacists must be adequately prepared to take on the leadership roles that will:
  – Help drive practice change
  – Optimize patient care across the entire spectrum of care
Post-Assessment Questions

1) Great pharmacy leaders:
   a) Turn performance and creativity into improved patient care outcomes
   b) Are constructively dissatisfied
   c) Capitalize on uniqueness
   d) Hold individuals and teams accountable and celebrate their successes
   e) All of the above

2) Disruptive Innovation is a process by which a product or service begins with simple applications at the bottom of a market and then aggressively moves up the market, eventually displacing established competitors.
   a) True
   b) False

3) Which pharmacy leader co-founded The Bulletin of the ASHP, which in 1958 became the American Journal of Hospital Pharmacy (AJHP)?
   a) Mary Ann Koda-Kimble
   b) Michael Cohen
   c) Harvey A.K. Whitney
   d) Joseph A. Oddis

4) Attributes of transformational leadership include all except:
   a) Idealized influence
   b) Intellectual perception
   c) Inspirational motivation
   d) Individualized consideration