

2010-2011 Argus Commission Report

Roles of the Pharmacy Academy in Informing Consumers about the New American Pharmacist

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INTRODUCTION

The AACP Argus Commission is comprised of the five immediate past AACP presidents and is annually charged by the AACP President to examine one or more strategic questions related to pharmacy education often in the context of environmental scanning. Depending upon the specific charge, the President may appoint additional individuals to the Commission.

The 2010-2011 Argus Commission was charged to examine how AACP and its members can engage with appropriate consumer and payer groups to increase awareness of “the new American pharmacist” and the pharmacist’s role and value in patient-centered care. President Carter emphasized that although increasing public awareness will require broad action by all pharmacy organizations, the Argus Commission was to focus their discussions on the unique roles of the Pharmacy Academy in increasing public awareness about “the new American pharmacist” as compared to what other professional organizations may contribute.

The following individuals were invited to participate in the discussions with the Argus Commission: Artem Gulish (Citizen Advocacy Center), Marsha Henderson, MCRP (Office of Women’s Health, Food and Drug Administration), and Karen Williams (Office of Women’s Health, Food and Drug Administration). In preparation of the Argus Commission meeting, these participants were informed that pharmacist roles have changed and that pharmacy educators need to identify the Academy’s role in increasing consumer awareness.

In preparation of the meeting, Commission members read the article by Worley, et al., which reported the results of a study that investigated both patient and pharmacist views about what patients and pharmacists expect of each other in the patient-pharmacist relationship.¹ This study reported that both patients and pharmacists have similar views about the pharmacist’s role in sharing information such as how to watch for medication side effects and whether a medication should be taken with over-the-counter products. However, patients agreed less about pharmacist behaviors such as showing interest in working with patients to meet their health needs and communicating a desire to help patients with their medication concerns. Patients also had less agreement about the pharmacist’s role in providing a patient-centered relationship such as being approachable when a patient wants to discuss medication concerns. There was also less agreement among patients about the pharmacist’s role in interpersonal communications such as greeting patients at the prescription counter and taking prescription information. Furthermore, patients had less agreement about the role of the pharmacist in general healthcare communications such as pharmacist availability when patients call the pharmacist via phone to discuss a new medication question.

Argus Commission members also reviewed resources from the Patient Safety and Clinical Pharmacy Services Collaborative which included documents communicating the new roles of pharmacists and patient-focused information.² Articles summarizing the current roles of pharmacists and the value they bring to patient care were also reviewed. Specifically, the 2009-2010 Professional Affairs Committee Report provided a summary of evidence supporting pharmacist integration in primary care practice

within community settings where there were also partnerships with patients and other healthcare service providers.³

The recent study by Kassam et al. stimulated Argus Commission members to think about the role of practice experiences in helping the profession increase consumer awareness about the roles of the pharmacist.⁴ This study compared patients' expectations and experiences at pharmacies offering traditional APPE learning opportunities to APPEs which provided pharmaceutical care learning activities and found significantly higher in-store satisfaction and fewer service gaps in the later.

Several other publications that highlighted the value of pharmacists were also reviewed. A report by the National Association of Chain Drug Stores provided a review of how pharmacies are improving health and reducing costs.⁵ The recent article by Chisholm-Burns et al. which provided evidence that pharmacists positively impact patient care also provided the Argus Commission with insights.⁶ The Commission noted this article was published in *Medical Care* and provided readers such as health systems leaders, payers, health-care CEOs and CFOs with greater awareness about the role of the pharmacist. As the Argus Commission members read this article, they realized the importance of informing healthcare leaders outside the pharmacy profession and the value of having faculty write publications outside the pharmacy profession as a means for communicating to others about the role of "the new American pharmacist."⁶

The Argus Commission meeting initially focused on the roles of "the new American pharmacist" and reasons why the public has a low awareness about the value of pharmacists in improving medication therapy outcomes of patients. Discussions then addressed how pharmacy educators can promote greater awareness among consumers, healthcare payer groups, and other stakeholders.

THE "NEW AMERICAN PHARMACIST"

In 2004, the Joint Commission of Pharmacy Practitioners (JCPP) communicated a future vision for how pharmacy will be practiced in 2015 and this vision statement established how pharmacists will be responsible for providing patient care that ensures optimal medication therapy outcomes.⁷ This 2015 Vision Statement portrays pharmacist responsibilities that characterize the "the new American pharmacist." AACP, the American Society of Health-System Pharmacists (ASHP), the American Pharmacists Association (APhA), the National Association of Chain Drug Stores (NACDS), and the National Community Pharmacists Association (NCPA) have all established initiatives to accomplish this vision.⁸

Current Pharm.D. curricula have been designed with a goal of preparing graduates who can fulfill the responsibilities and roles of the "the new American pharmacist." Specifically, the Accreditation Council for Pharmacy Education (ACPE) standards and guidelines for professional programs leading to the Pharm.D. degree now require a curriculum that prepares graduates to: 1) provide patient-centered and population-based care that optimizes medication therapy, 2) manage healthcare system resources to improve therapeutic outcomes, and 3) promote health improvement, wellness, and disease prevention.⁹

The 2015 Vision Statement will be fully achieved when policy makers, consumers, and healthcare payer groups see the pharmacist as having the authority, autonomy and expertise to manage medication therapy and they hold pharmacists accountable for patients' therapeutic outcomes. This responsibility requires pharmacists to communicate and collaborate with patients, care givers, healthcare professionals and qualified support personnel. Pharmacists will also achieve public recognition that they are essential to the provision of effective healthcare when the public sees pharmacists who : 1) provide Medication Therapy Management (MTM) that is readily available to all patients, 2) assure that desired

patient outcomes are more frequently achieved, 3) and minimize overuse, underuse, and misuse of medications.⁷

The Medical Home model is an example of a practice by “the new American pharmacist.” This model is gaining broad adoption in the U.S. healthcare system as a way to provide patient-centered care that is accessible, coordinated, continuous, and comprehensive.¹⁰ The Medical Home is centrally managed by a primary care physician who works with a healthcare team that usually includes a pharmacist who is responsible for providing the three pharmacist responsibilities cited above.^{11,12} The Medical Home pharmacist must be skilled in interprofessional collaboration. This skill is also important for pharmacists who provide patient-centered care in other delivery models.

Since 2004, strides have been made toward achieving the 2015 Vision, largely within the pharmacy profession. However, consumers, healthcare payer groups, and policy makers lack awareness of these new pharmacist activities and responsibilities. Therefore, the Argus Commission sought input from the invited guests about reasons for this lack of awareness. The invited guests also provided examples of patient-care needs that are often unmet. During discussions the group also took time to reflect on pharmacist care that has resulted in consumer awareness about what a pharmacist can do for patients. The following section highlights these conversations.

WHY CONSUMER AWARENESS IS A PROBLEM

Reasons for Low Awareness. A major factor contributing to a lack of patient awareness about MTM services is that pharmacists have given inadequate attention to public relations and marketing of these services. The group noted that our pharmacy curricula effectively prepare student pharmacists for the clinical aspects of providing MTM but are not as effective in inculcating how to market services such as MTM and how to increase public awareness using public relations. During conversations, the group emphasized the difference between marketing and public relations.

According to the American Marketing Association, “Marketing is the activity, set of institutions, and processes for creating, communicating, delivering, and exchanging offerings that have value for customers, clients, partners, and society at large.”¹³ Marketing typically involves: 1) identifying, selecting and/or developing the product, 2) determining the product’s price, 3) determining how to best channel the product to the consumer, and 4) developing and implementing a promotional strategy. When marketing is done, there is short-term value (often financial) to the organization. McDonough advocates that in pharmacy practice, “relationship marketing” promotes the pharmacist-patient bond.¹⁴ Relationship marketing involves “all marketing activities which are directed toward establishing, developing, and maintaining successful relationships.”^{14,15}

In contrast, according to the Public Relations Society of America, “public relations helps an organization and its publics adapt mutually to each other.”¹⁶ Therefore, public relations efforts lead to mutual benefit for both an organization and the public. Public relations efforts by pharmacists typically involve providing verbal presentations or preparing written documentation for the public to help them understand pharmacist delivered patient care such as MTM and how patients benefit from this care. Our student pharmacists need to learn not only the difference between marketing and public relations, but also how to successfully accomplish each when offering MTM and other types of patient care.

Another factor contributing to the public’s low awareness of the pharmacist’s role in providing patient care that ensures optimal medication therapy outcomes is that some pharmacies discourage communications with patients. The group noted that some community practice settings deter communications between the pharmacist and patient by having the patient sign a counseling waiver.

The inconvenience of waiting for a prescription to be filled makes patients feel hurried and they often do not realize that they are signing away their rights for counseling.

A third factor that has compromised public awareness about the patient care a pharmacist can offer is the scarcity of “stories” that convey how a patient’s health and/or quality of life was improved by pharmacist care such as MTM. Because the sciences are driven to be evidence-based, pharmacists often want to use data as a means to prove the effectiveness. However, the invited guests reinforced that stories are much more powerful than data in helping the public understand the value of patient care such as MTM.

Unmet Patient Needs. The invited guests pointed out areas where patient needs are unmet and the group deliberated about ways that pharmacists could address these needs. First, the invited guests shared how difficult it is for patients and caregivers to understand what is happening when the patient has a serious illness. Healthcare professionals use language that is not easily understood by the public and communication is particularly difficult when the patient interfaces with multiple health providers. This is especially problematic when the patient has a serious disease such as cancer or organ failure. Geriatric patients often have multiple chronic medical problems and their caregivers frequently face challenges in understanding how to care for their elder. Increasingly, management of chronic care involves technologies such as glucose meters and sometimes these technologies are too complex for the patient to understand. The group deliberated these examples and realized that when providing MTM, the pharmacist could serve as a navigator and assist the patient in understanding the complex language and treatment options that are encountered in today’s healthcare environment. Although skills such as observing nonverbal behaviors and listening with empathy are now taught, graduates need more advanced communication abilities. For example, student pharmacists must learn how to proactively greet and communicate with patients, empower patients, manage patient expectations, and provide more information to patients within a limited timeframe.

Insights From Success. To better understand factors contributing to why patients have been slow to seek out MTM services, the group reflected on instances where patients have sought pharmacist-delivered patient care. One area of success has been pharmacy-based immunization delivery programs where pharmacists assess what immunizations a patient needs and administers the immunizations. The group noted that during the last few years, pharmacies have had influenza vaccines when they were not yet available in physician offices. In addition, the pharmacy hours were convenient to patients. The group attributed the public’s quick awareness about the pharmacist’s ability to provide immunization therapy and use of the services to these patient conveniences.

The invited guests noted that convenience is important to patients, often more so than financial considerations. Therefore, as pharmacists develop strategies for providing MTM, attention should be given to making and promoting access that is convenient to patients. Realizing the importance of convenience to patients, the group envisioned the availability of communication tools that allow patients to efficiently interact with their pharmacist. For example, email and smart phone applications (e.g., “PharmTweet”) may be a potential way to promote closer interaction between pharmacists and patients. Meditech has a product (well@home Telehealth), which allows healthcare professionals to remotely monitor a patient’s chronic condition and can also remind patients of their therapy.¹⁷ Use of such products is likely to grow. Andreassen has proposed that email and other e-health technologies have the potential to facilitate patients’ moral and social performance of health and illness.¹⁸ However, the Argus Commission and invited guests noted that such applications need to be user friendly, consumer-oriented, and individualized to the needs of patients. Also, other similar technologies should also be explored and evaluated for ease of use by patients.

The Affordable Care Act includes use of Accountable Care Organizations (ACOs) which are teams of doctors, hospitals, other healthcare providers, and suppliers that work together so that patient care is coordinated and improved.¹⁹ ACOs would also likely benefit from the technologies envisioned to enhance convenience and improve communication with patients and other health professionals.

Reflecting on pharmacist successes, the group noted that pharmacists have had greatest impact on MTM that focuses on chronic rather than acute diseases. Therefore, graduates need both competence and confidence in managing a variety of chronic diseases. Given the growing population of geriatric patients and the needs of caregivers who are responsible for assisting these patients in managing chronic disease, pharmacists must be able to identify and address the additional needs of caregivers. The pharmacists should also be aware of the resources that are available to pharmacists and caregivers that can promote collaborative care of the patient.²⁰

CALL TO ACTION BY THE ACADEMY

The Argus Commission identified five main strategies by which Academic Pharmacy could promote increased awareness of the public about “the new American pharmacist” and the pharmacist’s value in providing patient-centered care. These strategies are: 1) partner with other professional organizations to increase consumer awareness, 2) emphasize curricular content that is needed so that graduates can contribute to increasing public awareness, 3) develop and evaluate innovative technologies that increase patient convenience when communicating with a pharmacist, 4) collaborate in public relations efforts by the profession, and 5) collaborate in legislative advocacy.

Engage all Professional Organizations

Academic Pharmacy can contribute in many ways to promote public awareness about the roles and responsibilities of pharmacist. However, successful achievement of public awareness will require a concerted effort by all professional organizations. JCPP is an organization consisting of chief elected officers and chief executive offices of the national pharmacy organizations and was established so that organizations can work collaboratively in efforts that benefit the pharmacy profession.⁸ Since greater public awareness about pharmacist roles and responsibilities is important to the pharmacy profession, AACP should bring this issue to JCPP so that concerted efforts can be planned and implemented. The nursing profession has been transforming their profession and engaged the Robert Wood Johnson Foundation and the Institute of Medicine (IOM) in a two-year initiative that addressed the roles of nurses. JCPP may want to consider asking the IOM to address the role of the pharmacist.

Recommendation 1:

AACP should bring to JCPP the need to increase public awareness about the roles and responsibilities of pharmacists and recommend that all pharmacy professional organizations develop a concerted plan for achieving this goal.

Enhance Curricular Content

Based on the meeting deliberations, the Argus Commission identified four major needs for Pharm.D. education. First, Pharm.D. graduates need more advanced communication abilities so they can more effectively help patients navigate complex medical information. For example, graduates need competence in helping patients take an active role in their care (e.g., greater skill in motivational interviewing and other empowerment strategies), managing situations where patients are overwhelmed with medical information and therapy decisions, and in providing more information to patients within a short time. The findings by Worley et al. should be considered in designing curricular revision.¹ Second, although graduates are well prepared to provide the patient care aspects of MTM more attention needs

to be given to marketing and public relations. Competency in developing marketing strategies can be accomplished by exposing student pharmacists to model MTM practices where pharmacists are involved in marketing. Also, learning activities or competitions which involve student pharmacists in developing marketing plans could facilitate achievement of this competency. Emphasis should be placed on relationship marketing so that the pharmacist-patient bond is maintained and enhanced. Pharm.D. graduates should also have competency in public relations so that they can effectively speak in public and prepare written communications that help the public understand pharmacist services such as MTM and how patients benefit from these services. This competency should be accomplished both by exposing student pharmacists to faculty and practitioners who are role models in communicating with the public about MTM and by engaging student pharmacists in public relations initiatives. Student professional organizations should be encouraged to participate in activities that promote public relations about MTM and other pharmacist roles and responsibilities.

Third, Pharm.D. programs should continue to strengthen interprofessional education across the curriculum. By including learning activities that involve health professional students in learning about the roles and responsibilities of each other, student pharmacists have the opportunity to convey the pharmacist's role in providing MTM and responsibilities.²¹ Interprofessional education should also equip graduates to help patients with complex medical issues navigate decisions about their care. For example, experience in establishing collaborative-care goals and in team-based decision-making will better prepare graduates to help patients navigate the information that is provided by multiple clinicians.

Fourth, efforts should continue to focus on improving the quality of Introductory Pharmacy Practice Experiences (IPPEs) and Advanced Pharmacy Practice Experiences (APPEs) so that students are exposed to sites that provide patient care which ensures optimal medication therapy outcomes. AACP should lead the Academic-Practice Partnership Initiative in revising the Exemplary Pharmacy Practice Experiential Site criteria so there is a criterion that patients are not encouraged to naively sign a patient-counseling waiver. Innovative practice experience initiatives such as that described by Kassam et al. are encouraged.⁴

As noted in the recently updated ACPE Guidelines and Standards, graduates should also be prepared for new models of care such as the Medical Home model.⁹ To successfully accomplish this, colleges and schools of pharmacy should identify practice experience sites where this model exists and/or encourage faculty to become involved in such models. Practice sites that involve pharmacists in promoting health/wellness should be selectively recruited for APPEs.

Recommendation 2:

Colleges and schools of pharmacy should facilitate public awareness about pharmacist roles and responsibilities by revising Pharm.D. curricular content to include: advanced professional communications, marketing, public relations, and interprofessional education, and also by revising the criteria used for selection of IPPE/APPE sites to assure these sites engage in progressive professional practices.

Recommendation 3:

AACP should facilitate revision of the Exemplary Pharmacy Practice Experiential Site criteria so there is a criterion that patients are not encouraged to naively sign a patient-counseling waiver.

Innovate to Promote Convenience

Technologies are quickly evolving which promote efficient communications between individuals.

Examples of technologies include collaboration tools to promote communications with patients and interprofessional healthcare teams including applications for phones and other smart devices. Because convenience is important to patients, these technologies need to be explored as a way to encourage the patient to communicate with the pharmacist. Faculty in both the clinical and the social and behavioral sciences are encouraged to collaborate with experts in medical informatics in developing and evaluating technologies that promote patient-pharmacist and interprofessional team communications.

Recommendation 4:

Colleges and schools of pharmacy should encourage interdisciplinary faculty members including informatics experts to develop and evaluate the effectiveness of technologies that efficiently promote communication between the pharmacist and the patient and also the pharmacist and other health professionals.

Promote Public Relations

Grassroots efforts are essential for increasing the awareness of the public about the pharmacist's role in providing patient care which ensures optimal medication therapy outcomes. Colleges and schools of pharmacy should partner with regional, state, and national professional organizations in public relations efforts so that messages are consistent and concerted. As noted above, pharmacy faculty should serve as role models and student pharmacists should become more engaged in public relations efforts. Faculty members should also engage patients to share their stories. Colleges and schools of pharmacy should reward faculty for their public relations efforts.

The Argus Commission also discussed the potential value of pharmacy educators in supporting Public Relations efforts. Pharmacy education could promote messages about "the new American pharmacist" by engaging public relations experts at the national, regional, and/or individual college/school level.

Recommendation 5:

Colleges and schools of pharmacy should partner with regional, state, and national professional organizations in communicating the roles and responsibilities of "the new American pharmacist" and promote faculty and student pharmacist involvement in these efforts.

Recommendation 6:

AACP should explore the provision of funding to support an external public relations firm that can assist in developing messages that educate the public about the role of "the new American pharmacist."

Recommendation 7:

Colleges and schools of pharmacy are encouraged to have a staff member with public relations expertise and involve this individual in assisting with local and regional efforts to communicate about the role of "the new American pharmacist."

Collaborate in Legislative Advocacy

As consumers are empowered to seek MTM and other models of pharmacist delivered patient care, there will be much greater awareness of the pharmacist's ability to ensure optimal therapy outcomes. However, this goal will be fully achieved only when enabling legislation is in place. The College (Dean, Faculty and Students) should participate in legislative advocacy so that this becomes a reality.

Recommendation 8:

Colleges and schools of pharmacy should participate with professional organizations to enact legislation that allows the pharmacist to assume responsibility for ensuring optimal therapy outcomes.

CONCLUSION

The 2015 Vision Statement characterizes the roles and responsibilities of “the new American pharmacist.” However, there is low public awareness about not only these roles and responsibilities but also the value of the pharmacist in ensuring optimal therapy outcomes. Academic Pharmacy can help increase the awareness of the public by: 1) partnering with other professional organizations to increase consumer awareness, 2) enhancing curricular content, 3) developing and evaluating innovative technologies that promote patient-pharmacist communication, 4) collaborating in public relations efforts by the profession, and 5) collaborating in legislative advocacy. The Argus Commission identified eight recommendations for accomplishing these endpoints. The Class of 2015 will be entering our colleges and schools of pharmacy in 2011-2012.⁷ The 2010-11 Argus Commission therefore contends that the Academy needs to quickly implement these recommendations so that the Class of 2015 accepts the pharmacist roles and responsibilities that are envisioned by our profession.

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