AACP as Catalyst for Accelerating Change in Pharmacy Education and Practice
A Proposal to the AACP Board of Directors
February 2016

Background
In order to achieve the improvements in quality, access and affordability envisioned in health care reform efforts, all stakeholders must work individually and collaboratively. AACP is well-positioned to take a leadership role, in partnership with its member institutions, to improve the safe, effective, and affordable use of medications. This collaboration has the potential to create a national model through which colleges and schools of pharmacy advance the contributions of pharmacists to high quality care through changes in both Pharm.D. education and pharmacy practice in local communities and nationally. Capitalizing on these opportunities will require a commitment on the part of academic pharmacy to:

- Work collaboratively with partners and key stakeholders inside and outside of pharmacy who will influence change;
- Transform pharmacy education in order to best prepare pharmacists for the priorities and subsequent rapid adaptations of the U.S. health care system;
- Develop, implement, evaluate, and bring to scale best practices in optimizing medication effectiveness and safety;
- Collaborate with other health care professional organizations to establish team-based models of care and the payment systems and regulatory changes that will allow this approach to sustain and thrive.

The urgency for markedly enhancing AACP’s role in accelerating change is based on needs in health care noted above, opportunities available to pharmacists with a shift to value-based payment models that emphasize measurement of quality, the trend of decreased applications to pharmacy schools, and competition from other health professions in the delivery of medication management services. This urgency points to needs for innovation in both education and practice. Schools must adopt curricula that are focused on the contemporary skills required for pharmacists to deliver services that will be valued in an evolving health care system. Schools must also play a leadership role in practice development, both for the purposes of informing the progression of curricula as well as establishing roles that will utilize the advanced skills of their graduates.

Creation of Accelerating Change Task Force
A joint COD/COF task force was convened in June 2015 to explore, critically review, identify and propose strategies that could be employed by AACP and its member schools to accelerate the implementation of change within pharmacy curricula and practice innovation. The purpose of this work is to allow AACP and its member schools to be more responsive to the rapidly evolving opportunities and challenges present in today’s health care.
environment, most of which have been stimulated by the passage of the Affordable Care Act. The Task Force met at the July 2015 AACP Meeting and held bi-weekly conference call meetings between August and December 2015.

Task Force Members
Council of Deans  Council of Faculties
Patricia Kroboth (Pitt), Co-Chair  Marie Smith (UConn), Co-Chair
Eric Boyce (U of Pacific)  Mary Roth McClurg (UNC)
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Leigh Ann Ross (Mississippi)  Susanna Wu-Pong (VCU)
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Sources of Inspiration
The Task Force reviewed and considered several resources and change management models in its deliberations. These included, but were not limited to the following:
- Kotter’s 8-Step change model
- Appreciative Inquiry
- Disruptive innovation
- SWOT Analysis
- Social marketing

Proposal to the Board of Directors
The proposal presented is centered on the opinion of the Task Force that AACP should assume a bold and stronger strategic position as a champion and facilitator for the accelerated spread of innovations in education and practice across the academic pharmacy community (referred to as the “academy”).

As the Task Force explored both how and why AACP should assume this bolder role and considered documented principles for effectuating change across the academy, four core strategies emerged.

1. **Establish the required infrastructure to name and lead “change campaigns”** in priority areas aligned with emerging opportunities for pharmacists in the health care system. These campaigns should be designed to inspire academy engagement and create the urgency that will prioritize resource allocation. This would be led by a new leadership entity within AACP, the “Accelerating Change and Transformation Team” (ACT²).

2. **As a community convener, adopt principles demonstrated to accelerate change across communities**, embracing social marketing strategies and building action and learning collaboratives. These efforts will rapidly test and share innovations, measure and report academy-wide progress, and celebrate the successes of leading edge performers to further inspire progress of the academy as a whole.
3. **Align relevant existing AACP operations and processes** to support the campaign, engage member schools and drive change locally and nationally.

4. **Increase the development of tools and resources that will build the leadership abilities of school-level change champions**, recognizing that innovation occurs locally and the ultimate key to academy-wide success rests with the actions and engagement of faculty and administrators at individual member institutions.

Figure 1 illustrates the Task Force’s vision for the relationship between the four strategies outlined above.

**Figure 1: Strategies for AACP’s Role as a Catalyst for Change in Pharmacy Education and Practice**

**Review of Four Strategies for Leading Change**

The 8-step model for leading change described by Harvard Professor John Kotter (Figure 2) is the resource that produced the most influence with the Task Force. It is believed that the steps outlined in this model have great relevance for AACP in its convening role, as well as with change champions at individual institutions. The Task Force is following this model by first indicating the urgency for AACP’s enhanced role in accelerating change. AACP should build coalitions with colleges and schools of
pharmacy, other pharmacy organizations, and other health care organizations. AACP, through these partnerships, would champion a vision for innovation in pharmacy education and practice. Additional steps in Kotter’s model will then be applied as AACP convenes and coordinates the work of its member schools to accelerate transformation. These steps are clearly embedded across the four strategies highlighted. A brief description of the four strategies and their relationship to Kotter’s model is presented below.

**Strategy 1: Establish the required infrastructure to name and lead “change campaigns.”**
The need for change in health care and education, and the future roles of pharmacists, must be the driving force for AACP to accelerate change in practice and education. AACP has an important opportunity to build an awareness among the academy that the need for change in education and practice is critical to the success of schools and the profession. AACP and its member institutions must adopt a shared philosophy for accelerating transformation to enhance pharmacy practice and education. In Kotter’s model, this is described as **creating a sense of urgency for change**. Building a bold, public campaign that inspires commitment, engagement and action across the academy in an area deemed a priority for innovation is an initial component of building urgency.

We believe that pockets of innovation and opportunities for transformation exist within groups within the organization and within member schools; however, these opportunities are not fully realized throughout the organization or utilized/acted upon or scaled in ways to accelerate change in curricula or practice. AACP’s current infrastructure and ways of working could be modified to drive innovation and transformation. While the current infrastructure has important functions operationally to meet the needs of the organization and can be enlisted to support the change champion work envisioned by the Task Force, it is proposed that AACP should establish the **needed infrastructure** (separate from the existing operations of the organization) and **processes** (ways of working) to drive organizational change (See Note #1).

To accomplish the goal of creating the infrastructure to drive change in the academy, the Task Force proposes that AACP establish a new “think tank” entity that is core to the organization (tentatively titled **Accelerating Change and Transformation Team or the ACT**2) to:

- Identify and outline priority areas in which accelerated approaches to innovation and change are critical (in practice and education) and present these to the Board of Directors for endorsement;
- Design and facilitate a campaign that establishes urgency within the academy and inspires engagement and action (see Strategy #2);

Note #1: The Task Force discussed the current structure and function of the Board of Directors, the Argus Commission, the Council of Faculties, the Council of Deans, the Council of Sections; House of Delegates; Special Interest Groups, and Organizational-Level Standing Committees. It was felt that the current infrastructure serves the organization in important functional and operational ways, but is not currently designed, structured, or coordinated to accelerate innovation and transformation or ensure alignment between and among groups or connection back to the Board in a way that facilitates change and improvement.
• Identify pockets of excellence throughout the organization and throughout member schools that can be highlighted and serve as a source of influence within the academy;
• Present recommendations to the Board regarding alignment and mobilization of existing AACP infrastructure to support efforts to accelerate change (see Strategy #3).

In Kotter’s model, this group would act as a guiding coalition for change. ACT² would be comprised of thought leaders who will:
• Engage in efforts to accelerate transformation and change in health care and education;
• Commit to ensuring a process of collaboration, communication and transparency;
• Identify opportunistic initiatives and adapt accordingly to ensure AACP can best capitalize on the opportunity; and
• Guide and inspire teams toward change.

The Task Force envisions a group no larger than 8 individuals appointed for a three-year terms, with terms staggered to ensure continuity, sustainability and focus.

**Strategy #2: Adopt principles demonstrated to accelerate change across communities.**
The Task Force considered how the work of accelerating change across the academy of AACP member institutions. Kotter’s model was developed largely in the context of leading change within an organization. The lessons learned from groups that have lead national efforts producing extraordinary changes in health care delivery and quality were reviewed (see Appendix 1). These lessons reflect principles associated with social marketing, which seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good. It suggests that success in leading wide-scale change across a community is dependent on realizing that the leadership work is rooted in a social intervention, not a technical intervention.

AACP cannot be the primary source of innovation. It can facilitate an environment that accelerates innovation and facilitates adoption across the academy. This is a key role of ACT² - positioning AACP as a convener and facilitator, applying principles of social marketing to produce important innovations for the good of pharmacy practice and education. We envision this work being comprised of two broad roles: 1) building a campaign for change and 2) facilitating a learning and action community that produces academy-wide collaboration. In doing so, ACT² will address several of Kotter’s 8 steps, including:
• Establish a strategic vision and initiatives that will produce the desired change;
• Communicate the vision across the academy for buy-in and action;
• Empower individual entities across the academy to act;
• Plan for, create and celebrate short-term wins.

Through its research, the Task Force became aware of an initiative of the American Medical Association that appears to be focused on work similar to that outlined in this proposal – an initiative to accelerate change in medical education. Full evaluation of the design and current performance of the AMA initiative was not possible in the time frame available to the Task
Force, so this is highlighted as an important area of investigation for AACP should it adopt its own plans for accelerating change in pharmacy education and practice.

**Strategy #3: Mobilize existing AACP operations and processes.**

Once priority areas for innovation are established and a guiding coalition is in place to lead a campaign that includes specific aims for change, AACP should provide a means to rapidly test and share innovations and is committed to measuring and reporting academy-wide progress, AACP’s existing infrastructure can be mobilized to support the campaign from multiple angles and across many venues. The Task Force envisions that ACT² will produce a set of recommendations for the AACP Board and staff that will align existing activities with the efforts of the campaign (Note #2).

While the scope of the Task Force’s work was not to delve deeply into specific operations of a change campaign, a number of examples were identified where existing AACP infrastructure could be mobilized to support efforts to produce innovations in education and practice. Examples included:

- Use of existing communication platforms, such as list serves, social media, school mailing lists to achieve frequency of messaging;
- Employ communications expertise to engage storytelling shared through videos or other dynamic media to enhance clarity and impact of messaging;
- Strategically align programming at meetings, institutes or expanded use of webinars, or other venues and platforms that engage stakeholders;
- Seek to establish small grant programs that stimulate rapid testing of innovations;
- Align awards and recognitions with themes of the change campaign;
- Enhance the advocacy ability of administrators and faculty within colleges and schools of pharmacy.

**Note #2:** Recommendations for the organization could include directed work or charges for committees or work groups, considerations for strategic plan and/or organizational initiatives, planning for the annual and interim meetings, changes in governance, structure, process, and services provided by AACP. Presidential initiatives may be influenced by and aligned with the environmental scan and subsequent recommendations of the ACT².

**Strategy #4: Produce tools and resources that will build the leadership abilities of school-level change champions.**

The success of change efforts in education and practice are ultimately tied to the commitment and action of faculty and administrators across AACP’s member institutions. AACP’s efforts can establish priorities for innovation, provide inspiration for action, and connect the community to facilitate adoption and scaling of successful practices. The degree of action and commitment achieved at the local school-level is highly dependent on the leadership abilities of local change champions and supportive structures and processes. Kotter’s 8-step change model can guide AACP’s academy-level efforts, but it is equally important that local leaders understand and apply the model within their own institutions.
Thus, the Task Force proposes that AACP seek to collect, develop and distribute resources that will enhance the leadership skills of local change champions. It is envisioned that these efforts may include, in part, the Academic Leadership Fellows Program, but that additional opportunities and programming needs to be in place to increase accessibility and focusing specifically on traits, skills and strategies required to successfully lead change.

**Brining It All Together – An Illustration**

To assist the Board with envisioning the work of the proposed ACT², school-level activities and the national facilitation of a learning community, the Task Force has outlined a specific example in Appendix 2. This illustration includes a potential priority area for innovation (adoption of the JCPP Pharmacist’s Patient Care Process by AACP schools), a measurable aim to drive change, descriptions of local institutional activities, and description of a national learning and pacing structure that would engage member schools and faculty to accelerate change across the academy.
Appendix 1
Principles for Accelerating Change Across a Community

Source: The following principles have been gleaned and adapted from lessons shared by individuals recognized for leading national campaigns that achieved extraordinary changes in health care delivery and quality. These lessons are shared via the book *All In: Using Healthcare Collaboratives to Save Lives and Improve Care* by Bruce Spurlock and Patricia Teske. While the principles presented have come from initiatives specifically focused on improving health care outcomes, they are reflective of principles associated with the broader work of social marketing. Social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good.

Key Concept: Success in leading wide-scale change across a community is dependent on realizing that the leadership work is rooted in a social intervention, not a technical intervention.

Principles for Success – These are presented as distinct principles and are not intended to represent a sequential process, although some will be more critical for kicking off a change process and others are more relevant when the community is actively working towards its stated vision.

1. **Convene the community and employ quantifiable aims that all participants can share.** Convene leaders who can produce an expectation for meaningful participation across the entire community. The convening entity needs to establish a critical mass of influential leaders at the community level who are engaged and visible. Success is dependent on producing action at all levels of the community – the entire community is focused on the same aim. This aim will be a quantifiable statement of the desired change and be bound by time. Naming the change in a quantifiable manner is essential to clarity. Placing a parameter of time around the named change creates urgency and raises the stakes on progress.

2. **Make the change urgent by linking it to a core value.** Without linking the change to a core value, the community’s entities may produce effort that temporarily achieves a metric but doesn’t achieve changes in the underlying systems and culture that will create permanence of the desired change after the energy of the campaign wanes.

3. **Expect authorities to actively remove barriers.** The campaign must engage positional leaders within the campaign’s convening organization and within the community-level participants. These leaders must demonstrate commitment in voice and action in order to inspire the “front line” participants that will carry out the work of identifying and testing strategies that will achieve the aim. Positional leaders cannot distance themselves from the work through traditional progress reporting activities – they must be in collaboration with front-line participants so that they can understand barriers to progress and remove those barriers to the full extent of their ability.
4. **Rapid iterative testing and adjustment.** Creating innovation and spreading it across a community is challenging because, by nature, it is work that has not been done before. A blueprint for success doesn’t exist. Thus, participants must experiment in order to identify strategies that will make progress to the aim. These tests of change need to be systematic and subject to frequent analysis to rapidly identify those which hold promise while quickly rejecting those that do not.

5. **Use data to see and compare change as it happens.** Producing data that compares the current reality against the bold vision is critical to maintaining accountability. Reporting must occur in real time, as the community is engaging in its work. This is true for measurement at the local level as well as data that describes the currently reality across the community as a whole. Real time measurement and reporting allows conveners to quickly identify high performers, explore “what is making it work” for those participants and then disseminate successful strategies across the community. Likewise, real-time measurement can assist in identifying low performers, providing an opportunity to identify support strategies important to the challenges faced by those participants.

6. **Facilitation of tacit knowledge exchange.** Often knowledge is not fully valued if it has not been vetted through a rigorous process of review, categorization and cataloguing before being widely disseminated to a community. In a rapidly changing world, it is critical to not lose sight of the value of practical knowledge and experience and how it can stimulate and support progress toward an aim. Conveners seeking to accelerate change across a community need to invest in and facilitate strategies that put the community in action together, building a dynamic exchange of ideas and experiences.

7. **Pace the community and count commitments.** To keep a focus on the desired aim and maintain energy and enthusiasm during the difficult work of producing change, conveners must create pacing activities for participants. These should be high energy events that reinforce sharing and learning across the community. These pacing events should generate public commitments for the next action period until the next pacing event. Counting and tracking commitments is the foundation for producing accountability for testing, learning and measuring progress on the part of individual participants in the community.

8. **Acknowledge leaders and regularly celebrate progress.** To keep the community engaged in producing change positively energized, conveners must regularly and strategically celebrate progress publicly through the stories that describe progress and successes. This provides venues through which participants who have had success can share their leadership concepts for change. Regularly celebrating successes and those that have produced changes that are achieving the aim achieves three important goals – acknowledging high performers, spreads successful innovations across the community and inspires all participants to continue to adapt, test and share through periods when energy may wane.
Figure 3 provides an overview of the national and local actions that will result in an environment that accelerates change. The narrative details how a specific Change Campaign could be identified, build momentum and produce adoption of innovations across the academy within a defined period of time. In this scenario, accreditation systems are already established to require schools to create curricular changes within the area identified for innovation. However, left only to the accreditation process, achievement of the stated aim may require 6-8 years to accomplish. The Task Force proposes that with leadership from AACP, the stated aim could be achieved in 2.5 years or less.

**Figure 3: Overview of National/Local Actions to Produce Rapid Change**

**Create Urgency Nationally**
- Set a national aim for change. Multi-faceted communications plan to share vision (alerts, video, local discussions).
- A national kick-off starting with a special meeting—thought leaders, data, emotion, call to action.
- Track and report engagement from influential individuals and entities in academic pharmacy.

**Produce Innovations Locally**
- Local champions identified and prepared to lead local campaigns.
- Establish Dean commitments.
- Curriculum or practice innovations aligned with campaign.
- Adoption of systems and reward structures to promote change within institutions.
- Engage community in creating a change vision and plan.

**Share/Learn/Grow Nationally**
- ACT Team oversight of Community of Learning
- Leading Edge innovation and parallel prototyping
- New platforms to communicate progress, wins and ideas - depth, breadth, and action
- Measure and report change

**Innovation and Spread of Change – Pharmacists Patient Care Process Illustration**

**Urgency Building and Enrollment (Spring/Summer 2016):** The ACT² convenes and identifies 2-3 areas of high priority in which it is envisioned that a coordinated effort focused on innovation and rapid adoption of promising changes could propel pharmacy practice or education forward. The AACP Board, through conversations with the ACT² and AACP staff select one aim that will be the focus of the change campaign.

_Aim:_ All schools of pharmacy will teach and assess competencies associated with the JCPP Pharmacist’s Patient Care Process (PPCP) across classroom, simulation and experiential education settings by Annual Meeting 2018.

A series of steps focused on **building urgency, creating a guiding coalition** and **communicating a vision** will occur over Phase I:
• The ACT² will lead efforts, with AACP staff, to communicate a vision for change through a variety of communication strategies over the two-month period prior to the 2016 Annual Meeting.

• The ACT² will recruit a national faculty of thought leaders with expertise in curricular change and experience with integration of the JCPP Pharmacist’s Patient Care Process (PCPP).

• ACT² and National Faculty identify existing best practices with curricular integration of PPCP and produces resources to share existing experience with participants.

• Schools will identify a faculty lead for their local effort and formally enroll in the campaign. The CEO Dean of the school will formally pledge support for the institution’s participation.

• A kick-off event will be held during the 2016 AACP Annual Meeting to establish a common vision, create energy for the campaign and establish an “all teach, all learn” environment among the participants.
  o Employs high-energy, positive visioning systemic change processes, which may include Appreciative Inquiry, Open Space, or other engagement strategies.

• The ACT²/Campaign faculty establishes measures of success on which institutions will regularly report. Examples could include:
  o Hours of instruction/assessment focused on PPCP
  o # of experiential education sites with PPCP integrated
  o # of faculty integrating PPCP into coursework

• Parallel presidential charges and community work in AACP that support the continuing of themes of work related to addressing change in health care, market, finances, and post-secondary and possibly graduate education.

Local Innovations and Action (Fall 2016 - Spring 2017) – Action periods producing local innovation and testing (Figure 4).

Engaging institution level activities that establish a local vision for change, establish buy-in with faculty, establish strategies to create and test innovations, and create short term wins that can be leveraged for greater success.

• National Faculty facilitate understanding of Kotter’s model and other strategies to lead change in their organization with local campaign leads.

• Local performance measures of progress on PPCP implementation are defined and vetted with the institution’s senior leadership team.

• Each action period begins with the local team engaging in planning for producing curricular innovations and changes and testing those changes in real time. This may include:
  o Identifying courses that will teach foundations of the PPCP;
  o Development and testing of simulation assessment strategies measuring competence with the PPCP;
  o Selecting a small number of practice sites to model adoption of the PPCP and integration into experiential learning
• Each action period ends with progress reporting to institutional senior leadership team (local measures) and to Campaign Faculty on nationally defined measures.
• Annual and Interim meetings bookend each action period, creating opportunities for in-person events for participants that create energy and facilitate greater sharing across the community. Small teams from participating organizations attend for inspiration, learning and dedicated planning time.

**National Learning, Sharing and Scaling (Fall 2016 - Spring 2017) – Building a national community of learning with frequent learning events and reporting points framing action periods (Figure 4).**

National efforts that reinforce the organizational change principles of maintaining a **vision for change**, provide a pacing structure that ensures development of **strategies for innovation and adoption**, providing support to **enable local leaders to act, share short term wins** that can be leveraged for greater success and **keeps the momentum of the community present**.

• Annual and Interim meetings bookend each action period, creating opportunities for in-person events for participants that create energy and facilitate greater sharing across the community.
  o ACT² organizes a “meeting within the meeting” focused on PPCP innovation and spread.
  o Keynote for learning community and release of National Performance Report on community progress.
  o Poster session for participants reporting local efforts with PPCP.
  o Celebration of high performing organizations.
• Between live events, ACT²/Faculty facilitates monthly webinars to highlight local successes, surface questions from the community, and connect participants.
• Reporting of local results rolled up into a national performance report on a bi-annual basis.
• Employ use of list serves or other communication strategies to link participants and create continuous dialogue within the community.

Figure 4: National Action and Learning Community Supporting a Change Campaign
Adjourning the Community (Summer 2017)
As the community accomplishes its aim, the focus of efforts shifts to ensuring that the culture around teaching and practicing in a way that is consistent with the PPCP becomes *embedded in the culture* of AACP and its member institutions.

- The ACT² prepares recommendations for PPCP-related activities to live on through other AACP policies and programs.
- Adjourning event creates an opportunity for member institutions to define ongoing actions beyond the close of the campaign.
- Celebration of national progress and acknowledgement of the impact on pharmacy practice created through the academy’s efforts.
- ACT² identifies the next priority area for a Change Campaign.