

“Postcards from the Road”

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2009 Address to the AACP House of Delegates

July 22, 2009

Delegates, alternates, colleagues and friends, you know the end of an AACP annual meeting is upon us when it is time to hear the report of the executive vice president! Thank you all for making this a fantastic annual meeting and a memorable year. My sons and husband who traveled to Boston with me for part of the meeting will tell you it has been a year of numerous postcards sent by a Mom on the road! That is what I've elected to title this morning's presentation – my notes or Postcards from the Road.

President Yanchick last year challenged us all to think off the map, to think globally and make a difference locally. His challenge took me to Switzerland in August, Ethiopia in May and Canada in June, with many more domestic stops in between. He went to Dubai and has almost forgiven me for letting him take the trip to Libya. I feel fortunate to still have my job after that really “interesting” international meeting adventure! Our global staff consultant, Rosalie Sagraves, was also in Switzerland and added Uruguay, Kuwait and Malaysia to cap off our 5 continent exploration of global pharmacy education this past year.

I have not previously done extensive international travel, either personally or professionally. It is actually still a little intimidating to me as I hand my US passport to the customs official, whether on entry to my own country or a new one. They just make you feel so warm and welcomed! I speak just one language and don't have as deep an appreciation of other cultures as I should as an educated citizen of the 21st century.

Despite my own limitations, the lessons gleaned on these interesting trips are clear and compelling. The most and the least

developed countries across the globe share three important priorities pertinent to pharmacy education: aligning the vision for the needs of the local people with the capabilities of the pharmacists that serve them; determining the curriculum that prepares the pharmacists and scientists to meet those needs; and, assuring there is a faculty adequately prepared to deliver that curriculum. Yes, we have to be sensitive to the local health priorities and resources, but these are the three basic questions that frame the agenda, no matter whether the citizens live on one dollar a day or the vast resources most Americans enjoy, even in these difficult economic times.

My travels affirm that AACP can add substantial value to other country's work to address the medication concerns of their health systems. It seems that no matter what the resource picture looks like, the safe and effective use of the medications available to treat the prevalent conditions of the people demand that pharmacists assume patient-centered caregiving roles and accept more responsibility for patients' health outcomes. This is the direction we in the US have been heading towards for 60 years.

In Ethiopia I participated in a national conference on pharmacy education and celebrated the opening of the country's first drug information center with their twinning partners from Howard University. In preparation for my trip I began to re-read the story of AACP and pharmacy education published in 1999 on our 100th anniversary. I marveled at how early in the 20th century thought leaders identified that pharmacists really needed to be educated to do more than compound and distribute product. Pharmacists needed to be drug information specialists and apply their unique knowledge of how medications work to enhancing patient outcomes from rationally prescribed and managed therapy.

I get frustrated sometimes that it has taken us so long to get pharmacists and other key stakeholders to embrace the vision of

the visionaries like Brodie, Francke, Hepler and Strand. Working with the five national student leaders and the Argus Commission this year on the topic of creating agents of change provided a terrific opportunity to think hard about what stands in the way of meaningful progress. I've participated in state and national strategic planning efforts for more than 20 years that have reached the same conclusion – the mission of pharmacy is to help patients make medicines work. It is so simple to say, yet seemingly so very hard to do. The report identified 5 things that are key to creating leaders of change; I think three of them are especially important. As academicians we have a great responsibility and signature opportunity to “model the way”. In academia we do that when we create exemplary practice sites and conduct research that affirms the value of pharmacists' patient care roles.

Second, we must inspire a shared vision. This is where I think we as a profession have truly come up short. The pharmacist taking care of your father or your grandmother in somewhere USA must have the same vision of her role in practice as the one we attempt to impart on our students. The focus of the practice must be on patients and their unique medication needs. In this regard we have a very, very long way yet to go.

Third, we must celebrate our success and hold up those that make a difference. We can do that in many ways – by identifying schools and student projects in community engaged service, through a national preceptor recognition process, through closer collaboration with our state association partners who share our commitment to meaningful change in pharmacy practice. We can also do it another way, by helping to define measures of quality pharmacy practice and holding practitioners accountable to meeting those expectations.

This will be critically important if we are to embrace incoming president Jeff Baldwin's 20/20 vision for pharmacy education and

practice. The other road that you sent me on this past year was the road to interact meaningfully with our partners in other health professions. This one has been a long and bumpy road, not so much for me but for the pioneers that have worked to create innovative roles in patient care side by side other health professions colleagues. Even though pharmacy educators might have long been prepared to collaborate with physicians and nurses and others to improve the medication use process, getting the others to appreciate the value of this to their practice has been hard. Scope of practice battles, lack of insight and indifference team up to blunt progress.

I believe we are at the tipping point in pharmacists' integration into the team. Our work with academic medicine, nursing, dentistry and other disciplines moved forward in many ways this past year. The profession's vision for 21st century pharmacy practice is embedded into health reform proposals. 2010 will truly be a breakthrough year as we work to interpret whatever the legislation on health reform delivers and get to the truly significant work of rebuilding the framework for better, safer and more efficient health care that reaches significantly more people in the most developed nation in the world.

Those of you that know me well know me to be an optimist. I see a brilliant year ahead, one that brings us closer to the vision that the profession's leaders have articulated clearly and advocate for ardently. A reformed health system, whether in the US or Africa, needs a cadre of professionals equipped to serve as the medication use specialists for society. We produce them. Our faculty model the way and lead the effort to evaluate and document the value of these services. AACP will work collaboratively and without stopping to insure that our colleagues in other health professions fully appreciate why integrating pharmacists into patient care teams and health care homes produces better quality health and patient outcomes, typically at lower cost.

We have a lot of work to do but I close with the assurance that the leaders and staff of your association leave Boston with the passion to lead the revolution for change in pharmacy and health care. Thanks again for affording us the opportunity to do so.