

Vision 20/20: Expanding Pharmacy's Educational Horizons

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Last year, President Yanchick challenged us to “Think Off the Map.” Like many of you, my academic career has largely focused on doing just that. In my case, it involved helping to define and improve pediatric pharmacotherapy practice and education and in addressing the issues of substance abuse education and assistance. I was part of what many considered a radical group of thought leaders who developed the entry-level PharmD program at the University of Nebraska in 1976. Along the way, I have found that questioning convention and challenging faculty and students to become agents of change is vital to our ongoing growth and development. I am **pleased and excited** to lead AACP and use this national platform to continue the development and implementation of key priorities.

Those of you who know me know that a passion I have is how we educate our students and practitioners about substance abuse and provide prevention services and assistance to those who are impaired. I recently attended a Citizen Advocacy Center conference in San Francisco, which reminded all participants that our core responsibility is protecting the public from harm caused by health professionals impaired by substance abuse. This is a challenging and complicated issue that local, state and national organizations all struggle to address adequately. This year, I am appointing a Special Committee on Substance Abuse to be chaired by Dr. Paul Jungnickel. This Committee will be charged to examine and recommend how pharmacy colleges should prepare all pharmacy students to appropriately assist those who are addicted or affected by others' addiction and help support addiction recovery with an emphasis on public safety. The Committee is directed to include recommendations on core curricular content and delivery, both for pharmacy students and continuing education for pharmacists, and of prevention and assistance processes within our colleges.

I believe the time is right for us to think **boldly** about the future of pharmacy. I have chosen as my presidential theme “20/20 Vision: Expanding Pharmacy's Educational Horizons.” I will use Initiatives X, Y, and Z as a planning model for the Association in keeping with President Yanchick's very successful reintroduction of this model during the past year. To bring this vision and our priorities into proper focus, I will describe 3 major initiatives that we will pursue. In the coming year Issue Z will be faculty recruitment and retention and assessment services, Issue Y will be the maturation of globalization of pharmacy education, and my Issue X will be maximizing pharmacists' contributions to primary care.

You heard Vic report earlier this morning on the excellent progress we have made in the areas of faculty development, assessment and global alliance development. Initiatives “Z”, were introduced by Past-President Raehl. The faculty development component addresses our long-standing concern of the faculty shortage and from where the next generation of well-qualified faculty members will be coming. This is an issue that will continue to face us in the years ahead. To this end, I am delighted that, in the coming year, we will see American Pharmacy Educators Week come to fruition in this important area. I am directing the Association to continue the other important work, including the joint taskforce with AAPS, AFPE, and APhA's Academy of Pharmaceutical Research and Science. The Association will also continue our exhibit programs at key national meetings. Reports of the success of college career fair booths promoting

academic pharmacy as a career where materials supplied by AACP have been utilized as promotional materials are encouraging. I direct AACP to continue to actively encourage such “academic detailing” by member colleges.

Vic also described our efforts during the past year to champion the development of the Global Alliance for Pharmaceutical Education. Many countries have expressed interest in jointly launching the Alliance. Dialog has also been ongoing with the International Pharmaceutical Federation concerning pharmacy education issues of mutual interest. The Research and Graduate Affairs Committee, chaired by Dr. Kenneth Audus, will examine the role that AACP and its member institutions do and should play in the development of pharmaceutical sciences and pharmacy practice educators and researchers in developing and developed countries.

So, why have I chosen preparing pharmacists as primary caregivers as my **Issue “X?”** This is a valid question given the many issues facing academic pharmacy.

As late as the 1970s, pharmacists were not permitted to counsel patients and could not put the name of the medication on the label. All questions about the medication were to be referred to the prescriber. Through the 80’s, 90’s and into this decade we’ve labored hard to affirm pharmacists’ clinical roles and their place in the patient care team.

What will pharmacists do professionally in 2020 and 2030 that they are not doing as the standard of care today? What sort of practice model should we be preparing our students to embrace in 2020 and beyond? I believe that health care reform, concerns about medication safety, and current shortages in primary health care providers offer pharmacy a significant opportunity to evolve as important contributors to the provision of primary care, working collaboratively with other health professionals. AACP has commissioned Patti Manolakis and Jann Skelton to develop an issue brief on “Pharmacists’ contributions to primary care in the U.S. – Roles for pharmacists to address unmet patient care needs.” This report, which will be disseminated this week, and used in AACP’s advocacy efforts, discusses the emerging role for pharmacists to address the shortage of primary care providers.

Consider this; chronic diseases consume **75%** of the Nation’s annual \$2 trillion health expenditure. Many of these diseases are preventable and are priorities of the U.S. health care system reform legislation. Prevention and wellness are hallmarks of primary care, yet a disproportionate number of the elderly, low income, minority, and rural populations have very limited access to primary care services. The need for greater access to primary care is further complicated by trends away from inpatient management of many conditions. This has created a demand for more intensive primary care services, including medication management. In 2000, approximately 10% of the nation’s health care costs were related to drug-related illness and death in ambulatory care settings.

Can medicine alone address the primary care shortage? I don’t think so, given that there has been a 50 percent decline in the number of U.S. medical students electing primary care careers and organized medicine has recognized that other primary care providers are needed to meet the demand in this area. This occurs at a time when the U.S. population continues to increase by about 1 percent per year and the baby boomer generation will double the number of Americans over 65 years of age by 2025. Even factoring in physician assistants, who typically practice under collaborative agreements, and nurse practitioners, who, depending on the state, practice either with physician collaborative agreements or independently, the existing and projected supply of primary care providers is insufficient to provide access to primary care services in all parts of the country. It is estimated that over 56 million Americans lack primary care access in their communities. This has resulted in overwhelmed emergency rooms and crisis

health management for conditions that could have been avoided with regular preventive and primary care.

Can and should pharmacists be involved in meeting the primary care needs of the U.S. population? Many national health care reformers embrace the role of the pharmacist as a medication therapy manager. The VA provides more than 100 million prescriptions per year. In addition to dispensing roles, VA pharmacists are involved in: clinical collaboration with inpatient and ambulatory health care teams; prescribing under protocol, including direct patient management through pharmacy clinics such as anticoagulation, hypertension, and diabetes management; provision of preventive medicine services such as immunizations, polypharmacy assessment, and medication reconciliation; home-based care programs; health information technology related to medication safety; and formulary management. The economic benefit of clinical pharmacy services in the VA system has been estimated to provide **\$4 in benefit** for every **\$1 invested**. The Kaiser Permanente Colorado Region Pharmacy Department anticoagulation management program has saved over 300 lives over approximately 10 years and a coronary artery disease prevention program has saved more than \$9 million in hospitalizations and procedures over a 6 year period.

Pharmacists are the public's most accessible healthcare professionals. A comparison of the educational competencies of physician assistants, nurse practitioners, and PharmDs reveals much commonality, with a greater emphasis on pharmacotherapy for pharmacists and diagnostic skills for NPs and PAs. I do not suggest that all pharmacists will be motivated to become a primary care practitioner, nor do I suggest a global shift away from pharmacist medication therapy management. I do suggest that enhanced pharmacist skills in physical assessment and diagnosis may enhance medication therapy management.

The most significant barrier to such a change is imbedded in our pharmacy practice laws and regulations. Forty-five states authorize pharmacists to enter into collaborative drug therapy management agreements with physicians, and a few states give pharmacists some degree of prescriptive authority. One example of the potential power of changes in pharmacists' scope of practice is the impact of the pharmacist immunization programs across the country.

Given the importance and timeliness of this primary care agenda, the Argus Commission, chaired by Dr. JoLaine Draugalis, will consider the pharmacist's contribution to primary care delivery in the context of national health care reform and will identify the resources of the academy and the profession needed to engage in the national conversation.

An examination of the evidence for pharmacists' integration in primary care practice in the community in partnerships with patients and health care service providers and the analysis of current and potential care delivery models will be undertaken by the Professional Affairs committee under the leadership of Dr. Seena Haines. The Policy and Advocacy Committee, chaired by Dr. Nancy DeGuire, will examine the academy's ability to align education to support and enhance the strategic goals of the Government's agencies focused on meeting the public's primary health care needs.

The Institute of Medicine has called for primary health care teams to play a central role in the care of patients. The IOM's Health Professions Education: A Bridge to Quality report advocates that all health professionals should function as members of an interdisciplinary team, emphasizing evidenced-based practice, quality improvement, and informatics. To that end, AACP will also increase its work this year on inter-organizational collaboration with medicine, nursing and other disciplines to advance interprofessional education.

Boston is an historic cradle in the development of an independent United States of America. It is appropriate, then, that I utilize this Boston venue to challenge the pharmacy academy to embrace a “Declaration of Interdependence” as a major route on our roadmap to the future. Let us focus clearly on what is best for the public. We hope to sharpen our vision to 20/20 for the class of 2020 and beyond. I encourage you all to join us as we venture to extend our map to explore opportunities and expand our educational and professional horizons!