

AACP: Embracing the PBRN Model to Improve the Medication Use
Process
Friday, February 23, 2007

Welcome

Lucinda Maine, Ph.D.
Executive Vice President
American Association of Colleges of Pharmacy

Earlene Lipowski:

Good morning, everyone. My name is Earlene Lipowski and I'm an associate professor of pharmacy at the University of Florida. But my other hat that I've been wearing in the last year and a half has been a scholar in residence at AACP and it's been a great experience sort of culminating in this gathering. I can hardly believe that we're all here.

Last night you were welcomed by Ken Miller. And Ken took the prerogative of making a few extemporaneous remarks and stole everything, I think, I was going to say. But I get a chance to rebut now and to correct maybe some misinterpretations. One of the first things he said is, when he acknowledged me, he said, "Earlene has done a lot of practice-based research." And I could just imagine what was going through the minds of people who know me, saying, "She has?" And the truth is, yes, I have. It's still in my filing cabinet, in the drawer, in my desk. And one of the things I'm really anxious to learn is all the wisdom that all of us collectively have gathered over the years and we've only shared a small part of it. John Hickner was right. The amount of information being carried around in the hearts and the minds of practitioners is infinite. And we haven't been able to tap into it. There's gold in them there hills. And we really need to mine that kind of information and we need to find out—one of the problems I have is of the information I've gathered, which of it is of interest to fellow practitioners and what would help improve healthcare for patients? I'm trying to decipher the difference.

So now that we've corrected that bit, I would like to acknowledge that I had a co-PI writing the grant with me and that was Ken Miller. And he's great. If any of you have ever worked with Ken, I think it's a trait—I had a conversation with Lyle Bootman over breakfast and there are other "dean" types here and Ken being in the same mold as most deans, I always cringe when they're starting to ask me a question because I know they're going to ask the zinger question. You know, when you prepare and you work for something, you have this one question you're hoping nobody asks that question because you don't have a good answer. And Ken was always that person. I'd leave the office with a whole list of questions and things that I had to do to correct because he always asked the question that really went to the core and the heart of the matter. And I think you'll hear that Lyle has asked a few of those too and will share them with us.

But there's an awful lot of people who haven't been acknowledged. And I don't want to wait until the end of the meeting to tell you who they are and how all of these people

have come together to put on this meeting and make it a success. I would like to acknowledge, first and foremost, Patty Manolakis and Jann Skelton. I hope they don't calculate their salary on dollars per hour because it's not going to wash. They have put an incredible amount of time in on this project. And both being pharmacists and having the background that they do, it's been extraordinary working with them. And I think you're going to find out through their activities that they're leading us through this afternoon, that they have some talents that I wasn't aware of when I first started working with them; and they have recruited two additional facilitators, Dana Purkerson and Liz Keim, who are going to be with us. And they have really been working to make this the most productive meeting they could possibly make it for us. They're so dedicated to this. Dana even brought two of her students from the University of Washington, so I'd like to thank Christie and Melanie for taking time out and coming and Dana went and raised the money to bring them here. She deserves a round of applause and all the facilitators. Thank you so much.

Barb Gustis was the person who checked you in. Barb has made sure that the hotel's on target and everything is working superbly. She's asking questions and taking care of things that I wouldn't have ever thought to do. So be sure to thank her. There are a couple of folks back at the AACP office. Sarah Matthews, who took all the registrations and kept everybody's monies coming in, and keeping track of who we had heard from and who we hadn't. And Chandra Gilmore, who's working through the web page and then had to work through the attack of a virus from an unknown IP address in China, which attacked their system. So she's gone above and beyond the call of duty. And everybody has really put out an extraordinary effort. If you'd like to know anything about the 50-mile-long traffic jam in Pennsylvania you can ask Jan because she's been on her cell phone working through that. So thank you, each and every one of you, the people who are sitting here because I know that this represents two things that are in short supply, time and money. And so you had to raise some funds to get here and you're taking some precious time to share. So let's move forward and have a great meeting.

Last night we heard from colleagues in medicine and dentistry who are involved in practice-based research through networks. PBRN101 as John Hickner labeled it. Our colleagues from pharmacy shared some pearls and some of their experiences and challenged us to find ways to make practice-based research work systematically and to make them a reality. We are very appreciative of your input ahead of the meeting because you told us what things it was that you were particularly keen to learn and to do. We have a sense that there's a need for collaboration, of reaching out, so many of us are doing things and we didn't know that somebody else was doing something very similar who could collaborate with us, who could share their experiences. And so we have people here from 28 states and Puerto Rico. We have 30 schools and colleges of pharmacy represented. We have seven pharmacy foundations and associations, the NIH, AHRQ represented here. We have practitioners from every part of pharmacy from very specialized practices and long-term care to the traditional community pharmacy practice. And it truly is a pregnant moment. We have so much here that we have to tap into, I think there's no way we can fail.

It's my pleasure now to turn over the microphone to Lucinda Maine, who is executive vice president of AACP, who's going to provide opening remarks and talk about how AACP sees practice-based research and why they're committed and dedicated to this session.

Lucinda Maine: Thank you. Good morning. I am Lucinda Maine. I was delighted to get on the plane to get here, but when I went to bed last night I have to honestly tell you I was ecstatic. The energy that was palpable from the moment people checked in at the desk was simply accelerated by the fabulous presentations last night. And we haven't even started yet, which is so amazing.

So I'm going to start with three questions. And if you raise your hand to the first question, keep it up, and then second question, third question. So at the end I want to see essentially every hand raised. If you have ever been in a situation where you were proposing to a decision maker a new professional service and encountered the question, where is the evidence that this will either save us money or improve care? -- please raise your hand. Keep it up. If you ever in your practice found yourself wondering, is anyone else experiencing this with their patients or their practice? - , please raise your hand. And/or if you're a faculty member who has ever dreamt of or actually built perhaps a network of practitioners who were motivated and connected to investigate questions, big and small, in a scholarly way to advance the quality of pharmacy and/or your role as a researcher, please raise your hand. Ladies and gentlemen, that's why we're here. Thank you. All of the hands in the room were raised if you were sitting in the front.

As I looked at the list of attendees for this conference, two thoughts struck me. The first was that perhaps we were bringing coals to Newcastle. There was a lot of really excellent resident talent, excited people. But then I looked at it again and I said, "Wow, there's also a generational thing happening here that was really amazing." Max, this has got to have a lot of the same feel as the Hilton Head conference, I have to imagine. And there are several people in the room who were at Hilton Head in 1985 and helped this profession truly begin to imagine itself as a patient care providing profession. Then there's the Barry Carters, the Tim Ives, I characterize them (and Barry thanked me) as the second generation. The group that caught the imagination of Hilton Head and went out, fortunately, almost always on a college of pharmacy platform to actually build it and do it, and to begin researching the fact that when you do it, it makes a difference. And then there's the Andy Traynors in the world who are just beginning. And I envy that generation more than I can possibly tell you because I think that the possibilities before Andy and Terri Jackson and the others of you who are really just beginning your careers is nothing short of amazing.

And so if you asked the question, you know, why is AACP doing this? that's what it's all about. It's honoring the vision of those people who have been here forever trying to get this work forward and recognized and respected. And it's also honoring the capability that's coming and the enormous opportunities that stand before us. I'm not going to tell you what AACP's role in this is because that's Marilyn Speedie's responsibility after she's listened to the amazing work that's going to unfold in the next 24 to 30 hours.

I want to talk a little bit more though about context. I'm going to do it in the context of giving some thanks. I want to thank IOM for the entire quality chasm series that allowed the American public to acknowledge, and the health professionals within it, to be able to admit that we have work to do to improve the quality of healthcare in the United States; and thank Lyle Bootman and his colleagues for bringing that by July and August of 2006 to the crystal clear acknowledgment that medication use is a fairly substantial contributor to the chasm of quality in the United States.

I want to thank CMS for Medicare Part D. Now the practitioners in the room are probably going to stone for me that. And for bringing to light the need for the Pharmacy Quality Alliance that Kelly Goode talked about last night because within that, within those two programs are the millions of researchable questions that well-constructed practice research networks with pharmacy talent in them can begin to identify and to answer with data. And I'm fascinated, Cindy Raehl, with the notion that every IPPE student could go out and collect the same information from five patients and that a data system could be created that you would have 50- 60,000 patients worth of data on a question almost overnight. What power that has and potential that has.

And then I want to thank Commissioner von Eschenbach, the FDA commissioner, who met with pharmacies' leaders at the Joint Commission of Pharmacy Practitioners' table just Wednesday and acknowledged openly, and welcomed warmly, the collaboration with pharmacy practice to help the agency construct the better models for really ensuring the safe and effective use of medications. Not just to the point of approval where they would throw them over the side into the great practice environment and hope that everything that they did in those pristine randomized, controlled clinical trials could be replicated in actual practice when we know that it can't and it won't. And he acknowledged that too. And so there's fantastic potential right now at this particular point in time.

And so in comparison to 10 and 20 and 30 years ago when, yes, the profession of pharmacy said all of this stuff was important and needed to happen, what I want to close my remarks with is the notion that the time is simply now. And if we don't act on identifying the ways to make medication use better, safer and more effective, we will all lose. But we can do it now because the public gets it, the public understands the importance to them and to their mother and to all of the other people about whose medications they have this concern that we know and acknowledge.

Again, I'm not going to steal Marilyn's thunder by telling you that AACP is going to do this and that and the other thing. The most important thing that AACP could do was bring the talent in this room together to do the work that you're going to do in the next couple of hours and to not let the recommendation from the research and graduate affairs committee sit in its pristine and well-written report on the shelf like we know many recommendations and so many reports have been known to do.

It is the power that Earlene described: the powers of a really highly motivated academician, scholar, not often in residence, but often in residence enough, to get the

conceptualization work of this done. We found that that along with some really talented professionally motivated consultants like Patty and Jann and the platform of a national organization like AACP who simply understands from time to time the right things to do - is this recipe for success. Ken made the point last night that at some point I said, I don't care whether AHRQ brings forth a small conference grant or not, this is the right thing to do and we need to do it. But when it did come to fruition I said to the team, "It's not the cash that's important, it's the cachet." And the fact that now PBRNs world might expand a little further and involve the medication use questions that are so central to so many people's medical care and in the existing networks that just has me 'twitterpated', to use a *Bambi* word, about what's going to unfold. So I'm going to get out of the way and thank everyone again for your participation and tell you that I just simply can't wait to find out what comes out as a result of your work. Thanks.

This project was supported by grant number 1 R13 HS016844 from the Agency for Healthcare Research and Quality.

Funding for this conference was made possible, in part, by a grant number 1 R13 HS016844 from the Agency for Healthcare Research and Quality (AHRQ). The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.