



The Evolution of a Caring Profession

One pharmacist's perspective on the pioneering of pharmaceutical care

by Brian Jensen, RPh, FACA

Twenty-five individuals gathered at the PSW headquarters in December, united in their commitment to expand the pharmacist's role in improving the health of Wisconsin citizens. As stakeholders in the Wisconsin Pharmacy Quality Collaborative (WPQC) they represented five diverse pharmacy practices and project partners willing to test the WPQC framework and ready it for broader implementation. As I looked at my colleagues in this room, the realization came to me that most represented a younger generation of pharmacists. A new generation of pharmacists, trained to practice in this manner, now has a sustainable practice model prepared for their use. The torch had been passed.

While all present understood the enormity of the task before them, I believe it critical for all to understand what we are building stands on the shoulders of those who have come before. It is for this reason that I wish to share my impression of this threshold and how the pharmacy profession has evolved. These impressions are by no means complete or exhaustive, but represent the reflections of a Wisconsin pharmacist who was privileged to have participated on the frontlines of this transformation.

A HISTORY OF TERMS

As I entered the profession in the late '70s, I was drawn to a practice labeled as clinical pharmacy. Initially restricted to organized health care settings, it tested and expanded the traditional roles of the pharmacist to include increased accountability for patient drug therapy outcomes. These were exhilarating times for a young practitioner as we worked to provide a wide array of "clinical services" using a de-

centralized pharmacy platform. We were innovators and driven to improve care and expand the pharmacist's role in this care. Throughout the '80s, clinical pharmacy matured and made great strides in defining and validating the hospital pharmacist's central role in the drug use process.

Clinical pharmacy, as well as my career path, transitioned to a new term — pharmaceutical care — in the early '90s. Recognizing the value of these pharmacist-provided services in an inpatient setting, there emerged a growing push for expanding the pharmacist's role to include all practice settings as central to the profession's mission. This practice philosophy was captured by Hepler and Strand as "the responsible provision of drug therapy for the purpose of achieving definite outcomes that improve the patient's quality of life," and provided a conceptual basis for service expansion. While we could define "it," the challenge before us was to describe just what pharmaceutical care was. How would we recognize "it" when we saw "it" or did "it?" Shortly after this term was coined, an APhA-appointed task force was formed for this purpose. The resulting document, *Principles of Practice for Pharmaceutical Care*, attempted to explain to the pharmacy profession just what "it" was. I was privileged to have been a part of this process as it allowed me to develop a keen sense of the tasks required for practice transformation.

Many programs and projects have spun

off this landmark report from the Concept Pharmacy Project to the American Center for Pharmaceutical Care initiatives. Seeking to define and describe the pharmacist-patient encounter, these programs focused on the component parts of the process, rather than the outcomes desired. In addition, the payer community was largely ignored in the discussion since our task was identified as one of defining the component parts of the process. In short, if you build it, they (the payers and patients) will come. The Wisconsin Phar-

macists Association also recognized the need for practice change and developed the Wisconsin Center for Pharmaceutical Care to identify a practice model and assist Wisconsin pharmacists in the change process. Over 100 pharmacists were trained over a two-year period. Only a handful sustained this change.

Much was learned from this evolutionary phase. Practice change is difficult, requiring ongoing support to overcome barriers with sufficient financial incentives needed to sustain the process. The formal training was simply too short and the payment mechanisms not sufficiently developed for this process to move forward.

Several converging initiatives emerged from the late '90s on, all setting the stage for the WPQC program today. As one of those pioneering sites, we recognized the need for more intensive training. Community pharmacy needed to train residents as leaders and agents of change similar to programs developed in the '80s

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advancing hospital practice. Community pharmacy practice residencies were developed and accredited in Wisconsin with leadership from PSW and the UW School of Pharmacy. Payer support emerged as there was a growing awareness for the need to shift focus from component cost reduction strategies and to unite as providers and payers around the concept of outcomes. The Asheville Project was born and brought to Wisconsin with its message that by aligning incentives, we can all move in the desired direction. Quality care does indeed cost less.

Recognition of the pharmacist as a provider under the Medicare Modernization Act of 2003 used a new term to describe our role: medication therapy management (MTM). Broad consensus of its definition and description was achieved in 2004. For the first time, the pharmacy profession had a payer-defined and recognized term. This represented a paradigm shift in thinking. Given a set of minimum requirements for facility design, technology and skills, payers are more concerned by what we can do and how we perform, NOT by what we look like or the components of any program. When viewed from this perspective, WPQC is the right approach at the right time.

Much is expected from the pilot pharmacies and WPQC MTM program. This is reflected in the program's objectives which embrace the position and skill set of pharmacists, focusing on ensuring best pharmacy practice and collaboration among patients, providers AND payers. To realize its potential, we must practice a present-focused viewpoint with a preferred future outlook from a strength built on the past. This is the challenge before us.

Shortly before the beta-test training session in December, we approached our local media to write a story featuring this program. Marv Moore, one of this new generation of pharmacists and my business partner, and I were interviewed for almost two hours explaining MTM concepts and their impact on the community. The final question, posed to Marv, asked what he saw himself doing in 20 years. Marv responded, "I plan on doing this – providing services along the lines of the WPQC model – on a full time basis" It is my hope that this vision becomes a reality. ●

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Safe Care Wisconsin

The importance of a current medication list

by Bradley Schermetzler

Safe Care Wisconsin is a collaboration of organizations, including the Pharmacy Society of Wisconsin, formed in 2005 to "improve patient safety by giving patients and their families tools they can use to ensure their own safety." The first statewide project for the group was launched on Jan. 16, 2008, at a news conference held at St. Mary's Hospital in Madison.

The "List It. Don't Risk It." initiative asks all patients to keep in their wallets or purses an accurate list of all medication names, doses and directions. The initiative includes an ad campaign broadcast over the Wisconsin radio network.

Pharmacist Mike Flint from Mallatt's Pharmacy in Madison spoke at the news conference in support of the pharmacist's role in the initiative. "Ask your pharmacist to print out a list of medications that you take, and use that list to fill out your own list. Don't be shy about asking for help completing your list. It becomes even more important that you show your pharmacist the list if you pick up prescriptions from more than one pharmacy or if you order prescriptions through the Internet."


Flint was joined by several other health care professionals at the news conference. Kathy Leonhardt, MD, MPH, is the patient safety officer for Aurora Health Care and spoke to the importance of the medication lists. Leonhardt pointed out that many patients have multiple providers writing many prescriptions and that it can be a challenge for patients and caregivers to remember all of their medications. Keeping the medication lists updated and accurate can help patients when filling out medical histories at clinics and hospitals. Leonhardt also advised patients to talk with their health care professionals about their medicines and to ask questions when directions may not be clear.

Heather Grant, RN, works in the emergency department at the University of Wisconsin Hospital and Clinics. Grant asked patients and families to always be prepared for the unexpected. "We try to find out as much about our patients' health history as we can in just a matter of minutes so that we do not have to delay treatment. Knowing what medicines you take, the dosage, your allergies, and your physician's name helps us determine what to do, but more importantly, what not to do when we treat you."

A list of all medications a patient is taking should be shared with prescribers and pharmacists to help them recognize and prevent potential problems in both emergency and non-emergency situations. Pharmacists can assist patients by providing updated medication profiles and offering the rewritable "My Medication List" available on Safe Care Wisconsin's website. The form also contains important contact information as well as an area dedicated to the listing of allergies and adverse drug reactions. Pharmacists can also utilize medication lists currently available to patients in their pharmacies. The intent of the campaign is not to standardize a medication list across the state, but to focus on the importance of all residents learning to keep an updated, accurate list on them at all times. Pharmacists can help to improve the safety of Wisconsin residents by encouraging all patients to carry an accurate list of their medications and to update it after any change in their medications. ●

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