Three signals from the Pharmacy Practice Model Summit

Health-system pharmacy’s agenda for change is embodied in the proceedings of the November 2010 Pharmacy Practice Model Summit in Dallas, Texas, published in this issue of AJHP. It is a large agenda, well matched to the challenges of the times. As readers of the proceedings decide how to connect with the best thinking from the Dallas event, we offer our synthesis of three urgent signals from the summit.

**Signal 1: Make a bold commitment.** Every health-system pharmacy department should make a bold commitment to become more thoroughly accountable for medication-use safety and outcomes. There is immense potential in our field to better align the expertise of pharmacists with the clinical needs of patients and the strategic needs of institutions. This potential will be met if every pharmacy department assesses, with the engagement of all staff members, where it stands in its transformation to a full-fledged clinical service and then resolves to close the gaps with focus and speed.

The summit proceedings make clear the imperative for pharmacy departments to reform their deployment of pharmacist, technician, and technology resources. If practice leaders hesitate, they risk being forced to make changes that are shortsighted or that are based on antiquated beliefs about what pharmacists can contribute to the quality and sustainability of care provided in hospitals and health systems.

The Dallas conferees went well beyond addressing only the easy changes that are needed in health-system pharmacy. They envisioned a pharmacy enterprise in which

- Most pharmacists spend a majority of their time as members of patient care teams handling complex medication-use issues and being accountable for the outcomes of their work,
- Technicians have the necessary competence to manage the preparation and distribution of medicines, and
- Medication-use-supporting technologies are applied effectively to ensure patient safety and to identify patients that need the priority attention of a pharmacist.

**Signal 2: Reach out internally.** Every pharmacy department should engage the institution’s executives, physicians, and nurses in creating the department’s bold vision and in making bold plans for achieving it. If this process is done correctly, these key stakeholders will understand and support how

- Pharmacists will contribute to patient care teams and improve the quality of care,
- Pharmacists will be accountable for patients’ medication-related outcomes and for all aspects of the medication-use process that may affect patient care,
- Pharmacy residency training and specialty certification relate to the development of pharmacist competence,
- The pharmacy department will help the institution and its clinicians meet their strategic objectives,
- Information technology resources are required to support the medication-use process, and
- Technicians will be prepared for a significantly larger role in the distribution of medicines.

**Signal 3: Reach out externally.** Pharmacy practice leaders around the country should advocate for practice model reform at local, regional, and state levels. Using the ideas presented at the summit, they should stimulate a groundswell of bold commitments among their peers. Summit participants and early adopters of patient-centered practice models have a special obligation to take on this missionary role.

This type of advocacy should extend to health-system executives, who could catalyze pharmacy practice model reform if they begin talking with their peers about the contributions of pharmacists to institutional sustainability. Health-system executives could also be influential allies in improving state laws and regulations regarding pharmacy technicians.

State societies of health-system pharmacists can play a vital role in organizing and synchronizing outreach efforts designed to foster practice model change.

While practitioners pursue the hard work at the frontlines of practice reform, ASHP and the ASHP Research and Education Foundation will continue to do their parts, including the development of evidence-based practice standards and guidelines, forceful advocacy of professional policies, creation of new tools and resources, support of research, and development of consensus on unsettled issues.

The signals from the Pharmacy Practice Model Summit resound. Pioneers in pharmacy practice model reform point the way. Support systems for practice change are in place. Patients and patient-care teams are waiting. Health-system executives are open to new ideas. Health-system pharmacists: Listen to the call and accelerate your response.

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