

USPHS & IHS Pharmacy: Leading & Transforming **Initiating Change; Improving Outcomes**

Ty Bingham, Pharm.D.
Rear Admiral, U.S. Public Health Service
Chief Pharmacy Officer
Assistant Surgeon General

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Disclosures

Under guidelines established by the Accreditation Council for Pharmacy Education, disclosure must be made regarding financial relationships with commercial interests within the last 12 months.

I have no relevant financial relationships or affiliations with commercial interests to disclose.

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Learning Objectives

At the completion of this activity, pharmacists and pharmacy technicians will be able to:

1. State key initiatives and their impact on pharmacy operations and patient care services
2. Discuss strategic goals and the impact their implementation will have on the delivery of care
3. List examples of pharmacy programs that improve access and quality of care to our I/T/U populations

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Pre-Assessment Questions

Which of the following is not a driving force for change for the pharmacy category?

- A. Aging population
- B. Post-graduate education and certifications
- C. Technology, data and automation
- D. Fewer pharmacy graduates

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Which of the following would not offer future opportunities/areas of focus?

- A. Build relationships
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Current Practice and Predictions

312,500 pharmacists
U.S. Department of Labor
predictions for 2016 to
2026:

- 6% growth for pharmacists
- 16% growth for health
diagnosing and treating
practitioners

Traditional retail roles are
projected to decline



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Driving Forces of Change

- Aging population
- Costs
- New drug products
- More pharmacy graduates
- Post-graduate education and certifications
- Technology, data, and automation

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Future Opportunities and Focus

- Highly trained clinical pharmacists can improve healthcare value and quality as providers 30.2%
- Transition from palliative to preventative healthcare 28.8% 22.7%
- Wearable technology 37.0% 23.7%
- Remain adaptable and embrace change
- Build relationships
- Take initiative as leaders

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Improving Patient and Health System Outcomes through Advanced Pharmacy Practice

- A Report to the Surgeon General 2011
 - *Office of the Chief Pharmacist*

“report demonstrates through evidence-based outcomes, that many expanded pharmacy practice models (implemented in collaboration with physicians or as part of a health-care team) improve patient and health system outcomes and optimize primary care access and delivery.”

Letter from the U.S. Surgeon General Regina Benjamin, MD, MBA, 12-14-11

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Improving Patient and Health System Outcomes through Advanced Pharmacy Practice (cont.)

“Under Collaborative Practice Agreements, pharmacists work in collaboration with physicians and primary care clinicians to help patients, particularly those with chronic conditions, manage their medication regimens by:

- Performing patient assessments and developing therapeutic plans;
- Utilizing authorities to initiate, adjust, or discontinue medications;
- Ordering, interpreting and monitoring appropriate laboratory tests;
- Providing care coordination and other healthcare services for wellness and prevention; and
- Developing partnerships with patients for ongoing and follow-up care.”

Letter from the U.S. Surgeon General Regina Benjamin, MD, MBA, 12-14-11

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General Guidelines

- Don't waste time; improve efficiency; embrace change/innovation
- Make a difference; collect data and record it
- Keep things as simple as possible; establish guiding processes
 - Do what you are able; don't burn yourself out
 - Block out time for patient care
 - "Don't hold back my pharmacists" RADM John Babb
- Other providers must come to the conclusion that we can not do without the pharmacist on the team
- Create your own certificate program

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Identify a Patient Care Problem and Suggest Pharmacists as the Obvious Solution

- Study a process you know most pharmacist can improve.
- Must know what is truly causing the problem to offer a solution.
- Study the current process carefully (MUE, disease state reviews – national if possible)
- What improvement steps will provide the highest impact for change?

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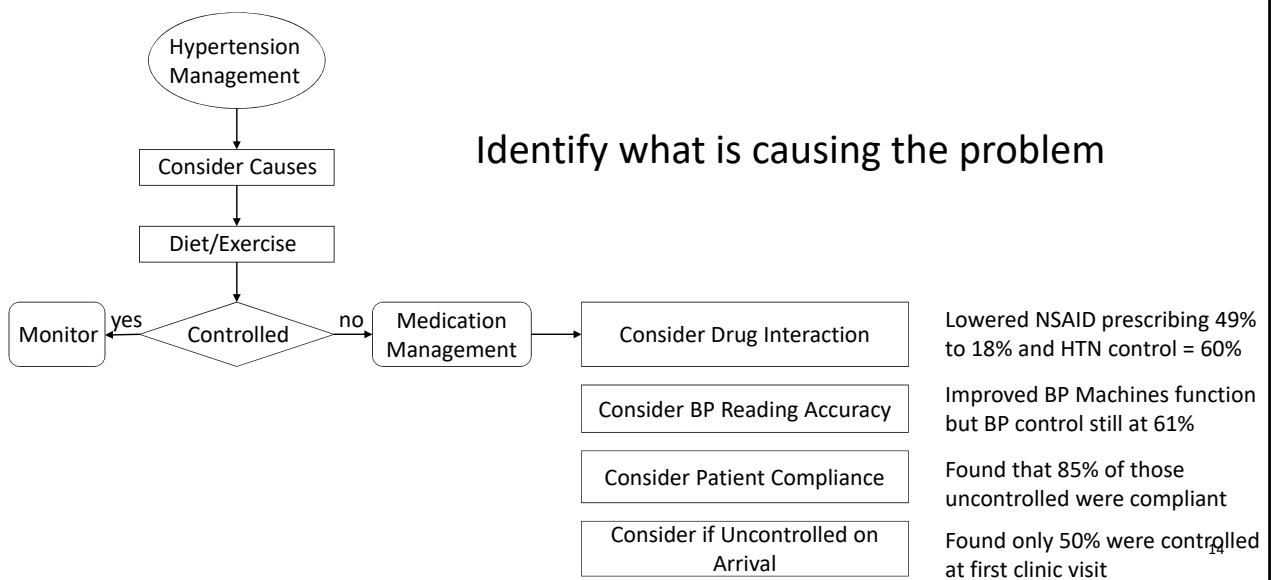
Example of Local Process (HTN)

BOP (Safford) Control of Hypertension 2002

Month	Percent controlled
June	59
July	38
August	68
September	82
October	45
November	68
December	52
Totals	60

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PLAN



Process Analysis

Factors found contributing to uncontrolled hypertension

1. Noncompliance: 15% of uncontrolled patients were not compliant with treatment
2. Chronic Care Clinics: Prolonged time between dosage adjustments
3. New Arrivals: 50% of new arrivals were uncontrolled
4. Blood Pressure Machines: Manual BP readings result in 3% better control
5. NSAIDS: Decreased our NSAID prescribing from 35% to 18% over one year (BP change negligible)

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Process Improvement

Implement a multidisciplinary process (if that happens, this must also happen)

Develop a multidisciplinary plan to monitor and treat HTN patients from initial intake until blood pressure is controlled

Utilized staff doing what they do best; expect them to do it to the best of their ability (PHARMACISTS)

HTN Monitoring and Medication Adjustment Form

Patient Name _____			Registration Number _____		Referral Date _____	
Referring Clinician _____						
Nursing Counselled on Smoking, Diet and Exercise. Date ____ Staff ____			Pharmacy Medication Management		Medical Patient Status Review	
Blood Pressure Monitoring Date Blood Pressure Staff Sig.			Current Meds		Changes	
Recommendations						
1						
2						

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Outcome

New Treatment Plan started in January 2003

Month/Year	% Controlled
Jan	50
Feb	62
Mar	68
Apr	80
May	88
2004	92
2005	93
2006	92

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National Hepatitis C Review

Clinical Care Subcommittee – Reviews areas of care and submits proposals of possible improvements steps

Hepatitis C Treatment Identified (basic finding was that we had identified patients that needed to be treated but we simply did not have the medical staff necessary to reach our treatment goals)

Two of the 5 goals based on study findings: (ADD PHAMACISTS TO THE SOLUTION)

1. Hepatitis pharmacist consultants provide oversight of hepatitis patients in their respective regions in relation to the items in the clinical care review.
2. Train more pharmacists on hepatitis treatment to assist providers locally

Plan Ahead

In the mean time we developed our own BOP HCV Certificate program for presentation during our biennial residential training

Give pharmacists a challenge

Reach BOP treatment goal by the end of the year (can we start treatment on 600 patients in 2 months)

Practice becomes policy

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Motivational Leadership Priorities

- Don't waste anyone's time; including yours
- Whenever you are in charge of something participants should leave saying, "Thank goodness I didn't miss that"
- Dignify the ask and double the performance.
- Make sure those you are asking know your expectations/objectives; "going to be the best... yet"
 - At the conclusion of your participation the audience will want to do...
- Success is a great motivator and you must get things started
 - Find the real problem and fix it; as things improve others will want to be involved
- Resist the urge to retaliate – use conflict resolution to your advantage
 - Recognize don't criticize; know what motivates individual you interact with
- Constantly applied gentle pressure
- If they know it is important to you it will be more important to them.
 - "I set myself on fire and people come to watch me burn" John Wesley???

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Contact Information

Ty Bingham, Pharm.D.
Rear Admiral , U.S. Public Health Service
Chief Pharmacy Officer/Assistant Surgeon General
tybingham@bop.gov
(928) 348-2131



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