

## Growing the Profession for Now and Later

Virginia Pharmacists Association Convention  
August 1, 2010

1

## Agenda

1. Forecasting the future of pharmacy practice
2. Roles & responsibilities of schools to prepare students for practice in the future
3. How experiential education rotations prepare students for practice
4. How to work with students to ensure meaningful 'real life' experiences
5. Getting started as a preceptor
6. Benefits of and motivations for being a preceptor

2

## School Faculty

- Appalachian College of Pharmacy
  - Tonya Noel Buchanan
- Hampton University School of Pharmacy
  - Patricia Richards-Spruill
- Shenandoah University School of Pharmacy
  - Wanda Coffey
- Virginia Commonwealth University School of Pharmacy
  - Phylliss Moret

3

## 1. Forecasting the future of pharmacy practice

4

## JCPP Vision of Pharmacy Practice in 2015

- Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

➤ Joint Commission for Pharmacy Practitioners, 2004

5

## JCPP Vision of Pharmacy Practice in 2015

- As experts of medication use, pharmacists will be responsible for:
  - rational use of medications, including the measurement and assurance of medication therapy outcomes
  - design and oversight of safe, accurate, and timely medication distribution systems
  - promotion of wellness, health improvement, and disease prevention

6

## JCPP Vision: Pharmacists will achieve public recognition by ensuring ...

- Medication therapy management is readily available to all patients
- Desired patient outcomes are more frequently achieved
- Overuse, underuse, and misuse of medications are minimized
- Medication-related public health goals are more effectively achieved
- Cost-effectiveness of medication therapy is optimized

7

## Healthy People 2010

### 10 Leading Health Indicators

- Physical Activity
- Overweight and Obesity
- Tobacco Use
- Substance Abuse
- Responsible Sexual Behavior
- Mental Health
- Injury and Violence
- Environmental Quality
- Immunization
- Access to Health Care

8

## U.S. Population in 2020

- U.S. Population in 2020 may top 350 million
  - 281 million in 2000
- Hispanics & seniors aged 85+ are the fastest growing segments of the population
- Baby boomer generation hits retirement age beginning in 2011
  - 35 million > 65 years in 2000
  - 54 million > 65 years in 2020

Census

> U. S.

9

## Health Care in 2015+

- Impact of health care and insurance reforms
- More effective & efficient? More access? Less costly?
- Push costs down by pushing care down to less expensive level/source
- New medications, biopharmaceuticals, genomics, genetics
- New drug delivery vehicles w/ special safety and handling procedures

10

## Pipeline: 2,000+ Medicines for Chronic Diseases and Conditions of Aging

- 169 for pain
- 166 for lung/respiratory disorders
- 150 for diabetes
- 91 for Alzheimer's/dementias
- 86 for rheumatoid arthritis
- 69 GI disorders
- 62 for eye disorders
- 56 for depression
- 30 for osteoporosis
- 32 for Parkinson's disease
- Others to target bladder and kidney disease, osteoarthritis, prostate disease, sleep disorders, musculoskeletal disorders, epilepsy, and skin conditions

> PHRMA 2008 Report

11

## National Quality Forum Measures to Improve Medication Safety & Quality

- Adherence to chronic medications
- Coronary artery disease & statin therapy
- Use & adherence to antipsychotics among schizophrenics
- Diabetes Mellitus and chronic medications
- Ace inhibitor/angiotensin receptor blocker use among patients at high risk for coronary events
- Care of older adults and medication review
- Medication reconciliation post-discharge
- INR for patients on warfarin & interacting anti-infective medications

12

## Assessing Care of Vulnerable Elders (ACOVE) – Conditions & Healthcare Processes

Continuity of Care	<b>Ischemic heart disease</b>
Dementia	<b>Malnutrition</b>
Depression	<b>Medication use</b>
Diabetes	<b>Osteoarthritis</b>
End-of-life care	<b>Osteoporosis</b>
Falls/Mobility	<b>Pain management</b>
Hearing loss	<b>Pneumonia</b>
Heart failure	<b>Pressure ulcers</b>
Hospitalization	<b>Screening/prevention</b>
Hypertension	<b>Stroke</b>
	<b>Urinary incontinence</b>
	<b>Vision care</b>

## Assessing Care of Vulnerable Elders (ACOVE) Quality Indicators

- **Medication use was #1** in rank order of 78 medical conditions and healthcare processes
  - impact on functional ability of seniors
  - scientific evidence that changes can indeed result in improved healthcare outcomes
    - Pfizer/RAND Partnership to Improve the Health of Vulnerable Elders

14

## Environments of Care in 2015+

- Culture changes and innovation explosions
- Desire to age in place at home expands community-based care
- Out-patient care: home personal care, home health care, adult day centers, senior centers, congregate care, assisted living, continuing care retirement communities, respite care, area agencies on aging, hospice at home, mental health centers, specialty care, immunization clinics, dialysis centers
- New models?

15

## Environments of Care in 2015+

- In-patient care: acute, acuter, acutest; subacute/step-down, swing beds, surgi-centers, hospice, specialty hospitals, long-term care facilities, long-term acute care facilities, skilled nursing facilities, intermediate care facilities for developmentally disabled, correctional facilities
- New models?

16

## Technology in 2015+

- Integration of HIT, EHR, CPOE, health informatics to improve patient care
- Advanced coding infrastructure that supports billing and payment for pharmacists' services
- Automated dispensing systems, robotics
- Telecommunication infrastructure: IVR, VOIP, remote system access/support
- Central fulfillment center, central processing
- Web-based applications
- More?

17

## Financial Models & Sources

- |                                      |  |
|--------------------------------------|--|
| • Out of pocket                      | • Medicaid                                   |
| • Fee-for-service                    | • Medicaid managed care                      |
| • Per diem                           | • Home and community-based services waivers  |
| • Capitation                         | • CHIP - Children's Health Insurance Program |
| • Evidence-based                     | • Veterans Health Administration             |
| • Evidence-informed case rates       | • Pay-for-performance (P4P)                  |
| • Private insurance                  | • Money follows patient                      |
| • Managed care                       | • New models?                                |
| • Medicare                           |  |
| • SSI – Supplemental Security Income |  |

18

## Healthcare Workforce in 2015+

- Shortage of geriatrics expertise
- Workforce is aging
- Care being pushed down to less expensive person
  - Medication techs & unlicensed personnel will administer more medicines
  - Paraprofessionals will increase in number and roles
  - Personal and family caregivers roles will expand

19

## Pharmacy Practice in 2015+

- More pharmacists provide MTM services and bill using CPT codes ('form follows financing')
- More collaborative practice agreements
- More medication adherence endeavors
- Special packaging for medication adherence
- More medication reconciliation at transitions of care
- More technicians and more automation to free up pharmacists' time to manage meds

20

## Pharmacy Practice in 2015+

- Proper handling, administration, and management of new medicines
- Patient counseling and education
- Simplification of medication regimens
- Medication reconciliation at transitions of care
- MD-referrals of patients for MRR consultation
- Health literacy and health promotion initiatives

21

## Pharmacy Practice in 2015+

- A health center in the community, helping advance the goals of Healthy People 2020
- More special services for home and community-based seniors
- Pharmacist services required by laws and regulations in assisted living, dialysis centers, hospice, home health agencies, etc. to ensure appropriate use of medications and desired outcomes

22

## Pharmacy Practice in 2015+

- Increased safety and accuracy as a result of bar code technology and automation
- Integrated pharmacy management systems, purchase and inventory management, formulary management
- Safe and lean pharmacy operations employ certified pharmacy technicians and automation for cycle fills, central filling, and central billing

23

## JCPP Vision of Pharmacy Practice in 2015+

- As experts of medication use, pharmacists will be responsible for patient care that ensures:
  - rational use of medications, including the measurement and assurance of medication therapy outcomes
  - design and oversight of safe, accurate, and timely medication distribution systems
  - promotion of wellness, health improvement, and disease prevention

24

## JCPP Vision of Pharmacy Practice in 2015

- Pharmacy education will prepare pharmacists for now and later to
  - provide patient-centered care that optimizes medication therapy
  - manage health care system resources to improve therapeutic outcomes
  - promote health improvement, wellness, and disease prevention

25

- ## 2. Roles & responsibilities of schools to prepare students for practice in the future

26

## Curriculum

- Class (2/3 didactic) and practice experience (1/3 rotations)
- ACPE Standards require that IPPE and APPE rotations comprise no less than 5% and 25% (300 hours and 1440 hours) respectively for PharmD curriculum.

27

## Competencies and Objectives

- ACPE Standards place more emphasis on activities in experiential education centered around patient-care to achieve patient-centered outcomes.

28

## IPPE: Introductory Pharmacy Practice Experience

- IPPE: take place in practice settings; opportunity to interact with patients; experience blending didactic coursework with real-life experiences
  - Community pharmacy
  - Institutional pharmacy

29

## APPE: Advanced Pharmacy Practice Experience

- APPE: more intense; longer duration (typically 5 weeks/40 hours per week); fully immersed in real-life pharmacy practice
  - Ambulatory care
  - Community pharmacy
  - Hospital pharmacy
  - Inpatient/acute care general medicine
  - Other
  - Electives

30

### 3. How experiential education rotations prepare students for practice

31

### Audience Participation

- Tell us about your favorite preceptor from your experiential rotations.
  - What were his best qualities?
  - What made her stand out?
  - How did this relationship affect your future career goals?
  - What was the most important lesson he/she taught you?

32

### Audience Participation

- Tell me about your least favorite preceptor from your experiential rotations.
  - What qualities made you feel negative?
  - Describe your perception of the rotation.
  - How did this relationship affect your future career goals?
  - What was the most important lesson that he/she taught you?

### Audience Participation

- Tell us about your least favorite experience as a preceptor.

34

### Audience Participation

- Tell us about your most favorite experience as a preceptor.

35

### Top 10 Qualities of the Worst Preceptors and Sites

- Lack of communication
- Unfriendly atmosphere at site
- Negative attitude
  - Preceptor and/or staff
- Disorganized
  - Unprepared for students
- Lack of resources at site
- Inaccessible to students
- Unenthusiastic
- Unprofessional behavior
  - Preceptor and/or staff
- Unethical behavior
  - Preceptor and/or staff
- Use of students as free labor/ technicians

## Top 10 Qualities of the Best Preceptors and Sites

- Hands on learning experiences
- Interest in teaching and passion for pharmacy
- Accessible to students
- Organized
- Leadership skills
- Inspiring and enthusiastic about being a preceptor
- Good/ excellent communicator
- Positive role model
- Excellent mentor

## Preceptor Faculty

- Appalachian College of Pharmacy
  - Chuck Price
- Hampton University School of Pharmacy
  - Pat Resto
- Shenandoah University School of Pharmacy
  - Kelly Masters
- Virginia Commonwealth Univ School of Pharmacy
  - Kelly Rea

## 4. How to work with students to ensure meaningful 'real life' experiences

## How to work with students ...

- Describe a typical day at your practice site.
- How did you incorporate students into workflow?
- What are some of the most creative and innovative projects in which you and your students have been involved?
- How do you model professionalism for your students?
- Tell me your favorite anecdote involving a 'real life' situation while precepting a student.

## 5. Getting started as a preceptor

## What's needed to get started as a preceptor ...

- What do you think is involved in precepting?
- What kind of preparation/guidance would you expect to receive from the school?
- Who is held accountable for accomplishing the objectives and meeting competencies of a rotation ... preceptor or student?
- What style of teacher/supervisor best describes you?
- What kind of pharmacy activities would you involve a student in that would make a rotation at your site be a 'cut above' others?

## 6. Benefits of and motivations for being a preceptor

43

## Benefits of and motivations for precepting ...

- How do you describe the benefits of being a preceptor?
- What have you learned from precepting?
- Have you recruited future staff pharmacists from among the students you've precepted?
- If you could go into re-wind to your first time precepting, what would you do differently or sooner about being a preceptor?
- What would you say to encourage a pharmacist to serve as a preceptor?

44

## Pharmacists Wanted

- Be a preceptor
  - Faculty in the field
  - Instructor
  - Role model
  - Mentor
- Help us grow the profession for now and later

45

Comments and questions?

46

Thank you!

47