

Pharmacy practice leadership



LEADERSHIP PRIORITIES FOR HOSPITAL PHARMACY

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Hospital pharmacy managers who are trying to lead pharmacists to a new mission in health care have never had a more difficult time. Although the destination is clear, the trail abounds with obstacles, many of which were not there when the course was first blazed. The march toward pharmaceutical care, a concept born in the era of cost reimbursement, requires different gear in today's environment of entrepreneurism in health care. More than ever, practice leaders need to keep their priorities straight. Four focal points worthy of consideration for the coming year are suggested here.

Priority one: Understand what's going on. Health care delivery is one of many enterprises in society that is undergoing major transformation, stimulated by economics, information technology, and public opinion. In hospital care, the dominant theme is cost reduction, and it is being played out at two levels.

At the macro level, private sector initiatives (as opposed to legislated reforms) are attempting to correct many of the causes of escalating costs, including excess capacity in acute care, overuse of medical specialists, and lack of provider incentives to economize. Hospitals and physician group practices are combining (sometimes also with health insurance or managed care companies) to create integrated health care systems. Integrated provider organizations compete for contracts with employers to provide health benefits at fixed, per capita rates. Under this arrangement, utilization controls by the providers themselves (not imposed by outsiders) become a matter of economic survival.

At the micro level, hospital administrators have recognized that cost reimbursement fostered haphazard and inefficient operations. There was a tendency to create new patient services as islands, squeezing the latest one among the others, with confidence that the money would be there to cover the cost. Serv-

ices were developed primarily from the hospital worker's perspective, not the patient's. Adjusting this perspective is the goal of patient-focused care, a movement that continues to build momentum and has already had a major impact on the hospital industry.

These megatrends portend fewer hospital beds and fewer pharmacists devoted to traditional hospital pharmacy functions. Integrated systems will be shifting resources, including personnel, from acute care to home care and ambulatory care.

Priority two: Identify pharmacy success factors for integrated health care systems. Whether the leaders of integrated health care systems realize it or not, their success will hinge, in part, on how well they deal with many issues related to pharmacy services and pharmaceutical care. Hospital pharmacy managers should bring those issues to the fore. They should show how the expertise in the hospital pharmacy department can help manage these issues for the system as a whole. Hospital pharmacy managers must be prepared to expand their horizons to the needs of all patients served by an integrated network. This will be challenging because many topics familiar to hospital pharmacists (e.g., pharmaceutical purchasing, formulary development, drug-regimen review, and drug-use review) acquire new twists when applied to ambulatory patients.

It is vital that a pharmaceutical care role for the pharmacist be advocated in the front offices of integrated health care systems. Receptiveness toward that advocacy will be enhanced if hospital pharmacy leaders are helpful contributors on systemwide pharmaceutical issues.

Priority three: Speak up for patient safety. There is a danger that hospital cutbacks will put patients at risk on a number of fronts, including medication use. Public worry is already being expressed about hospital reductions in nurse staffing, a concern fomented by nursing associations. Hospital pharmacy leaders, as the experts on preventing drug misadventures, should be especially alert for proposed changes in staffing levels, policies, and procedures (including the introduction of automated technology) that could compromise safe medication use. Although this may result in confrontation with hospital administration, the best interests of the institution will be served by pharmacist vigilance in this arena.

Priority four: Work collectively on advancing pharmaceutical care. The implications of integrated health care systems will be a major subject at local, state, and national gatherings of hospital pharmacists this year, and practice leaders should be ready to use those forums for information sharing and moral support. One of ASHP's major objectives is to help practitioners develop strategies for implementing pharmaceutical care in the new environment. The Society's role, which is one of facilitation, will be carried out largely through the ASHP Center on Managed Care Pharmacy and the ASHP Center on Pharmacy Practice Management. These two resource centers will conduct an educational conference in July on integrated health care systems, which will be an excellent opportunity for pharmacists to advance their knowledge of the subject.