

# ASHP: Its nature and place in pharmacy



## THE DISTINCTIVENESS OF HEALTH-SYSTEM PHARMACY

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It has been five years since the American Society of *Hospital* Pharmacists changed its name to the American Society of *Health-System* Pharmacists, and it is timely to revisit the following questions: What is health-system pharmacy, and why is there a separate national state organizational structure to represent it?

ASHP's roots are in hospital pharmacy practice. Hospitals have changed much since the first state society of hospital pharmacists was created in 1925 and since ASHP was formed in 1942. In 1975, reflecting changes in the hospital field, ASHP shifted its purview from "hospital pharmacy" to "pharmacy in organized health care delivery." In 1995, ASHP changed the "H" word in its name to "Health-System."

Few hospitals in the United States are solitary, stand-alone entities. Two types of integration involving hospitals have occurred — the development of multihospital systems and the development of integrated networks that aim to provide a continuum of care (including acute care, ambulatory care, chronic care, long-term care, home care, rehabilitation, and hospice care).

Pharmacy is organized in various ways both in multihospital systems and in integrated networks. In some cases, individual hospital pharmacy departments have a high degree of autonomy and are affected in only small ways by the fact that the hospital is part of a larger system. In other cases, the system has corporate pharmacy leadership, and the pharmacy departments at individual facilities are connected through a cohesive vision and central policies and management support. Many systems are evolving to some higher level of coordination of pharmacy activities. One important advantage of the corporatewide pharmacy director model is that it offers the potential for the primary incentive for

pharmacists to become the improvement of *overall* patient outcome, not simply making the patient well enough to move from one sector of health care to another.

As ASHP has evolved in parallel with changes in health care delivery, it has remained a specialized pharmacy organization representing the unique interests of pharmacists who practice in hospitals and other components of health systems. ASHP has not become, nor does it aspire to become, an organization for all pharmacists.

Pharmacy practice in health systems is distinguished by complexity of the medication-use process, intensity of medication use, close collaboration of pharmacists with other health care professionals, focus on improving patient outcomes, pharmacist access to patient information, compliance with professional standards of practice (not only legal minimum standards), and specialization.

Stemming from the unique practice in health systems are unique practitioner needs that constitute the *raison d'être* of organized health-system pharmacy (i.e., ASHP and its state affiliates). Here are some examples of those unique needs:

- Pharmacy practice standards to complement broader standards for quality of care (which may be related to institutional accreditation or “public report cards”),
- Tools to help health-system pharmacists lead the reduction in medication errors and other preventable adverse drug events that are fostered by a complex medication-use process,
- Tools to help health-system pharmacists demonstrate their patient care value to administrators at individual practice settings,
- Advocacy to ensure that health-system administrators, physicians, and other decision-makers recognize and use the patient care abilities of pharmacists,
- Communications to pharmacy students about the attractions of careers in health-system pharmacy,
- Drug information reference sources that provide the comprehensive therapeutic knowledge needed in health systems, and
- Educational programs that relate to the intensive drug therapy and to the complex medication-use process of health systems.

This is only a partial list for purposes of illustration. No other area of pharmacy practice has this set of needs, and only ASHP and its state affiliates concentrate on meeting these needs. An organization with a focus other than health-system pharmacy specifically could not deal as effectively with these issues as ASHP and its affiliates. ASHP recognizes that pharmacists in health systems have many roles and that their expectations of their professional society vary accordingly. For that reason, ASHP continues to devote substantial resources to member research and to developing new services based on the findings.