Leadership in the Pharmacy World

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Objectives

Describe the difference between a manager and a leader.

List accelerators in Kotter’s Organizational Change Model

Identify strategies and opportunities to impact the changing roles for pharmacists.
Historic Chilkoot Trail (33 miles): Golden Staircase
Elevator Pitch – HHS/CMS

• Separate product from service
• PBM versus health plan
• Understanding value
• Collaboration with other providers, team-based care
• Pharmacist Practitioner
Ceiling and Visibility Unlimited (CAVU)

Defining the pharmacy profession – need one voice

New business models – value-based payments

Expand collaboration with health care providers; team-based care

Rapid changing medication delivery with technology and automation; expand role of pharmacy technicians.

Opportunities

◦ Primary care and specialty clinical services
◦ Connected health, telemedicine, virtual care
◦ Precision medicine, genomics
◦ Data, population health
◦ Entrepreneurs
◦ Expand visibility outside profession

1. Leaders create a vision - paint a picture of what they see as possible. Managers create goals.

2. Leaders are change agents, innovators. Managers maintain status quo.

3. Leaders are self-aware, willing to be aware, authentic & transparent. Managers copy.

4. Leaders take risks and understand failure is often a step on the path to success. Managers control risk.

5. Leaders are in it for the long-haul and stay motivated. Managers think short-term.

6. Leaders are constantly learning, seek to remain relevant in an ever-changing world, seeking out people to expand their thinking. Managers rely on existing, proven skills.

7. Leaders build relationships. Managers build systems and processes.
Kotter’s Organizational Change Model:

8 accelerators

1. Establish sense of urgency
2. Build a guiding coalition
3. Form a vision and strategy
4. Communicate the change vision
5. Empower action by removing obstacles
6. Create visible, short-term wins
7. Consolidate gains and produce more change
8. Entrench change into culture

Reference: https://hbr.org/2012/11/accelerate#
Potential Threats to Pharmacy Services

- **Push for Physician Dispensing**
  - Already occurring in some states

- **Amazon/PillPack + Walgreens/FedEx**

- **Mail Order**
  - More money leaving the state

- **Get ahead of legislators**
  - Industry should make their own rules

Source: https://sloanreview.mit.edu/article/four-ways-jobs-will-respond-to-automation/
## Dispensing/Product versus Clinical Service

<table>
<thead>
<tr>
<th>Product</th>
<th>Service</th>
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<tbody>
<tr>
<td>Dispensing prescriptions, efficient workflow</td>
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<td>Brief clinical services – public health</td>
<td>Patient advocate - patient knows pharmacists’ name</td>
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<td>statewide protocols, immunizations</td>
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Transforming the profession

Indian Health Service – Veterans Administration CMOP Project – mailing prescriptions

- major resistance from pharmacists
- totally different workflow
- fear of losing positions
- patients leery
- administrative and technological challenges
### Mission/Vision statement

**A mission statement focuses on today;**

**A vision statement focuses on tomorrow.**

<table>
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<tr>
<th>State</th>
<th>Vision</th>
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<tr>
<td>Alaska</td>
<td>To be the resource for and voice of patient-focused pharmacy care in Alaska.</td>
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<td>California</td>
<td>Optimizing the health of all Californians through pharmacist care.</td>
</tr>
<tr>
<td>Indiana</td>
<td>To lead the advancement of Indiana Pharmacy by promoting legislation and innovations that optimize patient care, safety, and the health of our communities.</td>
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<tr>
<td>North Dakota</td>
<td>A profession that is recognized as a primary health care provider capable of responding to society's health care needs.</td>
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<tr>
<td>Washington</td>
<td>Advance pharmacy practice to optimize patient outcomes.</td>
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<tr>
<td>Haven (Amazon)</td>
<td>We believe it is possible to deliver simplified, high-quality, and transparent health care at a reasonable cost. We are focused on leveraging the power of data and technology to drive better incentives, a better patient experience, and a better system.</td>
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Nurses Leading Innovation & Digital Transformation

Four pieces of advice for health systems. They should:

• Get rid of any policy or procedure barriers that discourage nurses from "practicing to their full scope"

• Encourage specific new approaches to nursing innovation, such as design thinking and entrepreneurship skills

• Create enterprise-wide structures and incentives that encourage interdisciplinary innovation teams

• Elevate at least one nursing leader to the C-suite

https://www.bdo.com/insights/industries/healthcare/unleashing-nurse-led-innovation
SWOT Framework
We don’t change culture through emails and memos. We change culture through relationships, one conversation at a time.
Pharmacist Provider Status Bills, 2018 vs 2019

2018: 104 Bills in 26 States
2019: 109 Bills in 34 States

Reference: https://naspa.us/restopic/state-level-provider-status/
Pharmacists Expanding State Scope of Practice

Collaborative Practice Agreements

State-wide Protocol

Pharmacist clinician - other licensed practitioner/provider

Credentialing/Privileging

Reference: https://naspa.us/resource/swp/
Clinical area: Pharmacists Prescriptive Authority*

- Immunizations
- Naloxone
- Hormonal contraception
- Tobacco cessation
- Emergency refills
- Naltrexone
- Fluoride varnish
- Travel medications
- Strep testing/treatment

**STATE-WIDE PROTOCOL**

**COLLABORATIVE PRACTICE AGREEMENT**

Patient assessments, counseling, referrals; select, initiate, monitor, and adjust drug regimen.

Order lab tests

Medication management for chronic disease care (diabetes, hypertension, high cholesterol)

Screenings (social risk factors)

* Examples, partial list

Remote Medication Monitoring and Management Technology Enabled Care

Smart Patch
- Date/time applied
- Duplicate patch?
- Temperature
- Expiration date
- Wireless data transfer

Smart Package
- Pill removed
- Date/time log
- Temperature
- Expiration date
- Wireless data transfer

Data flowing back from “Smart” medications are presented in exception management dashboards for review by Care Team members.
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Medicaid: Other Licensed Practitioner (OLP)

- Collaborative practice agreement/protocol
- Services provided within scope of practice
- 85-100% of physician services fee schedule
- 1115 waiver opportunities


PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Clinical Pharmacist Practitioner Services:

Payments for Clinical Pharmacist Practitioner Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Clinical Pharmacist Practitioner Services Fee Schedule. The agency’s rates were set as of January 1, 2018 and are effective on or after that date. All rates are published on the website at http://www.ncmedicaid.gov/dma-fee/index.htm. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Clinical Pharmacist Practitioner Services are reimbursed at 100 percent of the Medicaid Physician Services Fee Schedule in effect.

Clinical Pharmacist Practitioner Services:

North Carolina licensed and certified clinical pharmacist practitioners employed by North Carolina registered and Medicaid enrolled clinics, hospitals, and pharmacies may provide services within a scope of practice as outlined by protocol and with supervision of an actively licensed physician.

A) Criteria for Medicaid Coverage of Clinical Pharmacist Practitioner Services means that the services are:
1) provided in accordance with the scope of practice as defined by the State Board of Pharmacy;
2) performed by clinical pharmacist practitioners who are duly licensed to practice pharmacy and are approved by the Board of Pharmacy as “Clinical Pharmacist Practitioners”; and
3) performed under the supervision of a physician licensed in the State of practice.
4) Or, performed by pharmacists employed by a federally recognized tribe.

B) Coverage Limitations for Clinical Pharmacist Practitioner Services:

Medical services must be performed in accordance with the clinical pharmacist practitioners scope of practice and signed protocols, as follows:
1) By Clinical Pharmacist Practitioners in practice
2) For DMA approved procedures developed for use by Clinical Pharmacist Practitioners.
Building a Culture of Health

Primary Care
2019 Advanced Alternative Payment Models (APM)

Bundled Payments for Care Improvement (BPCI) Advanced
Comprehensive ESRD Care (CEC) – Two-Sided Risk
Comprehensive Primary Care Plus (CPC+)
Next Generation Accountable Care Organization (ACO)
Total Cost of Care Model (e.g. Maryland Primary Care Program)
Telling our story – primary care
Look for funding opportunities

May 16, 2019 - HRSA Awards $24 Million To 120 Rural Organizations For Opioid Response. This week, the Health Resources and Services Administration's (HRSA) Federal Office of Rural Health Policy awarded $24 million for the second round of Rural Communities Opioid Response Program (RCORP) planning grants. Recipients across 40 states will receive $200,000 for one year to formalize partnerships with local stakeholders, conduct needs assessments, and develop plans to implement and sustain substance use disorder (SUD), including opioid use disorder (OUD), prevention, treatment, and recovery interventions.

Opportunity - Rural Leadership Pathways Learning Initiative

SYNTHESIS OF PROMISING AND EMERGING APPROACHES, PRACTICES, MODELS, AND CONDITIONS THAT SUPPORT AND ADVANCE DIVERSE AND ROBUST RURAL LEADERSHIP TOWARDS ADVANCING SOCIAL AND ECONOMIC OPPORTUNITY THAT IN TURN LEAD TO IMPROVED HEALTH AND WELLBEING OF RURAL COMMUNITIES

IDENTIFICATION OF BARRIERS TO OPPORTUNITY FOR DIVERSE RURAL LEADERS TO EMERGE, CONNECT, ACCESS RESOURCES OR POWER, AND SUPPORT THE LEADERSHIP OF OTHERS

IDENTIFICATION OF INNOVATIONS AND EMERGING OPPORTUNITIES IN LEADERSHIP DEVELOPMENT AND NETWORK LEADERSHIP HAPPENING ACROSS RURAL COMMUNITIES

INCREASED VISIBILITY AND NEW NARRATIVES ABOUT RURAL LEADERS (PEOPLE) AND RURAL LEADERSHIP AND NETWORKING APPROACHES, STRUCTURES AND CULTURES AMONG LEARNING PARTNERS
Ideas to consider (strategic planning)

- Pharmacist Practitioner
  - Primary Care First models
  - Physical assessment skills

- Relationships with:
  - Payers, including Medicaid
  - Physician and other provider groups
  - Hospital – transitions of care, pharmacy & professional schools

Forming and joining networks – identify services that can be provided across the network – quality; beneficiaries need to find pharmacy services

How to address networks that cross state lines – e.g. Health Partners, MN, WI;

- Partnering with community organizations, Social risk factors or social determinants of health, how to best address the needs of the community; stigma

- Health revolving around sustaining well-being rather than responding to illness. Prevention and early diagnoses will be central to the future of health.
Ideas to consider (strategic planning)

Finding pharmacy deserts – help provide solutions to address, expand access

Rural health strategy

Hire a grant writer

Own public health

Information technology – interoperability, maximize robotics, technology in pharmacy, e-care plan

Innovative models, e.g. Concierge pharmacy – collaboration with physician offices

Medication Therapy Management (MTM) program changes

Community-based residency program

Media training – Decide what your message is going to be. Have “sound bites” ready to go for interviews and when quoted for articles. Find way to get media to pick up story.
COMING TOGETHER IS A BEGINNING.

KEEPING TOGETHER IS PROGRESS.

WORKING TOGETHER IS SUCCESS.