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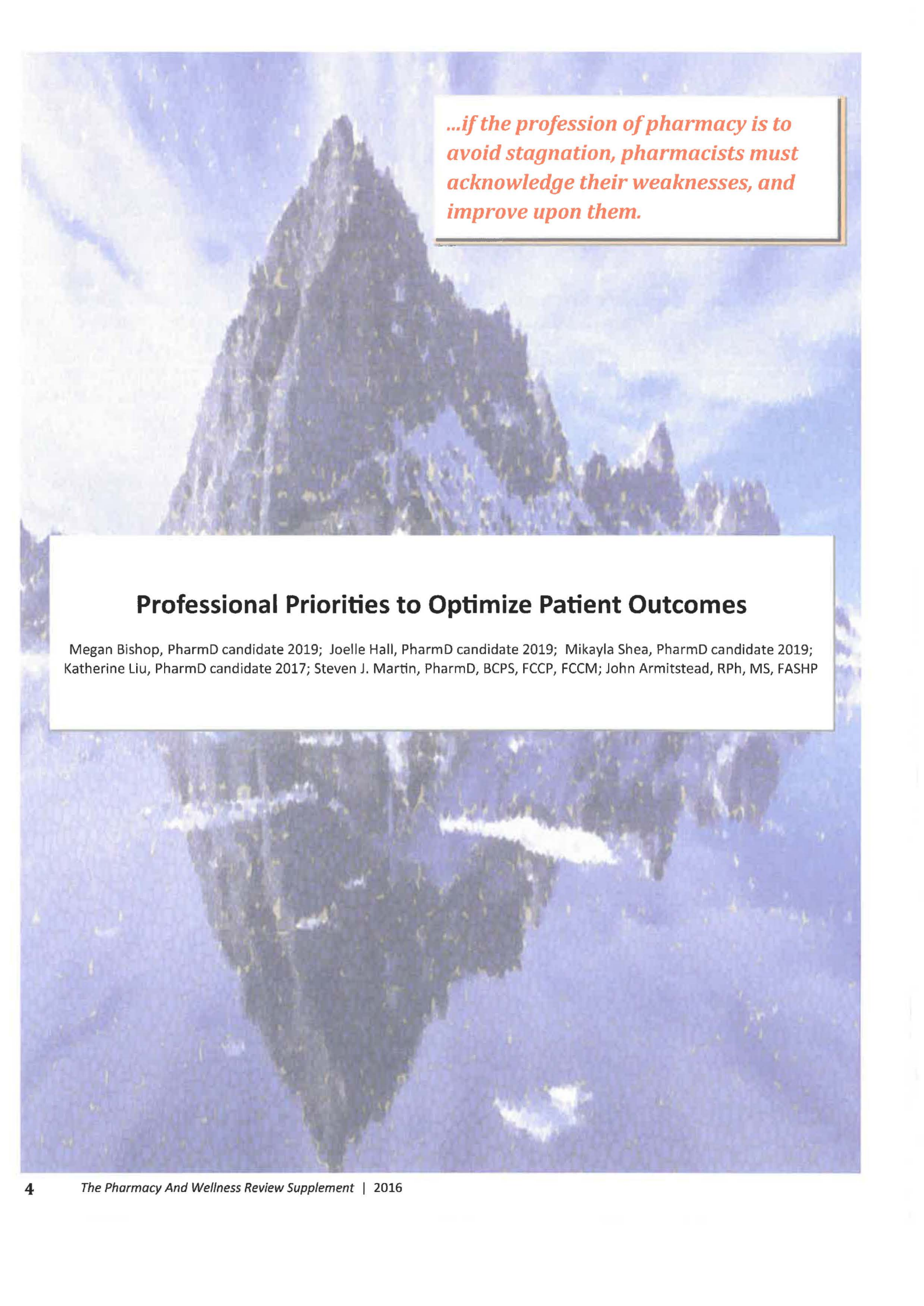
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Professional Priorities to Optimize Patient Outcomes

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Professional Priorities to Optimize Patient Outcomes

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John A. Armitstead, RPh, MS, FASHP

John Armitstead is the current president and chair of board of directors of the American Society of Health-System Pharmacists (ASHP) as well as the system director of pharmacy services for Lee Memorial Health System. Armitstead also currently serves as the Health System Pharmacy Administration (HSPA) PGY2 residency program director and cochair of the preceptor development committee for Lee Memorial Health System.

Armitstead received his bachelor of science degree in pharmacy from Ohio Northern University and earned a master's degree in hospital and clinical pharmacy from The Ohio State University while completing a hospital pharmacy residency certificate program from Riverside Methodist Hospital. Additionally, Armitstead has work experience in community, hospital and administrative pharmacy.

Armitstead continues to engage in teaching and educational efforts in addition to his administrative position. Currently, he is a visiting lecturer and preceptor for the college of pharmacy at the University of Florida. He is also a preceptor for the Lake Erie College of Osteopathic Medicine school of pharmacy. Armitstead participated in a number of team taught courses in pharmacotherapy and health-system pharmacy at the University of Cincinnati and University of Kentucky during his career.

In the past year, Armitstead has been honored with the Florida Society of Health-System Pharmacists (FSHP) 2015 Excellence in Leadership Award, the Jack Beal Postgraduate Award from The Ohio State University and has been inducted into Phi Lambda Sigma, a pharmacy leadership society at the Lake Erie College of Osteopathic Medicine. With more than 35 years of pharmacy experience, Armitstead has made numerous contributions to the profession, which include seven years on the advisory board for Micromedex and work with the Regional Pharmacist Counter Terrorism Proficiency Program. Armitstead's vast knowledge in pharmacy has also been expressed through his numerous national publications, presentations and research.



John A. Armitstead

The Pharmacist's Patient Care Process

To create change, one must be aware that change is needed. Thus, if the profession of pharmacy is to avoid stagnation, pharmacists must acknowledge their weaknesses and improve upon them. Armitstead was aware of the need for change and used his presentation to create this moment of epiphany for the attendees of the Summit.

Armitstead began his presentation with the foundation of the practice of pharmacy, which is common knowledge within the profession. Per Armitstead's presentation, pharmacists are already aware that their profession involves commitment to patient-centered care, optimizing medication therapy, improving therapeutic outcomes, promoting health improvement, wellness and disease prevention, and in-depth knowledge of medications. In other words, pharmacists are aware of what they should be doing, but not necessarily committed to doing it.

Armitstead also presented the Joint Commission of Pharmacy Practitioner's Pharmacists' (JCPP) Patient Care Process¹ and outlined a scale to grade the performance of the profession on this process. After presenting the scale (see below) to the attendees, Armitstead asked the question, "To create change, as a whole, are we as pharmacists performing at the level that we should be?"

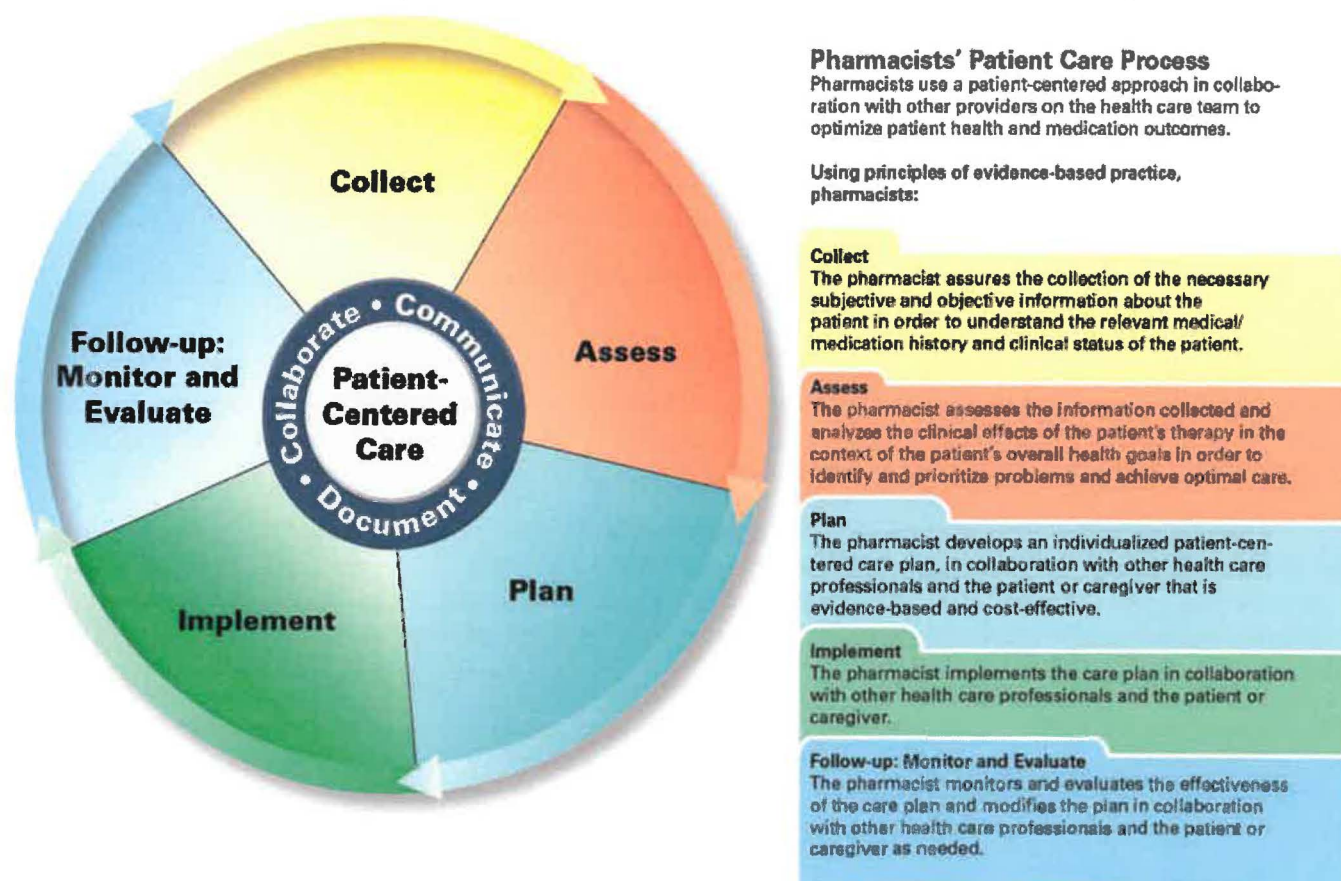
Grading Scale	Description
A	Consistently achieving excellence with no improvement necessary.
B	Solid performance and a strength for pharmacy practice.
C	Fair performance with plenty of room for improvement.
D	Weak performance and goals clearly are not being met.
E	Failing and we should be embarrassed by our efforts and outcomes.

Professional Opinions on Areas of Improvement

Armitstead took advantage of the Summit's interactive setting while presenting his topic of Professional Priorities to Optimize Patient Outcomes. Armitstead chose to evaluate the entire profession of pharmacy and discuss the areas in which pharmacists are performing optimally and also performing minimally. This led to the opportunity for input from the audience about how pharmacy practitioners can capitalize on their strengths and improve on their weaknesses. During the discussion, it was clear that each pharmacist's performance will fall along a spectrum on the scale. For each stage of the process, some pharmacists may be performing better than the average for the profession while others may be performing worse than the profession. It is important to look at the average performance of pharmacists when considering the standard of care and patient outcomes.

To illustrate the professional priorities within pharmacy practice, Armitstead described the JCPP's Pharmacists' Patient Care Process (Figure 1) which is a five-stage model.¹ Each stage pertains to a specific area of care provided by a pharmacist. The first stage of the model is "Collect" and includes all duties performed by a pharmacist to gather background data and compile a comprehensive patient profile. When the audience was asked their opinion on the profession's performance in the area of collection, they graded it a "C." While performance at this grade may be minimally acceptable, it suggests that changes can be made to reach a higher performance level. One suggested reason for the C grade is the lack of consistent and well-developed information systems to share patient data between institutional and community pharmacy settings. Although institutions have made significant progress in this area over the past decade, many community settings have not yet been included in this growth. Creating a uniform patient interview and comprehensive medication review (CMR) may be a mechanism to improve the collection stage.

Figure 1. Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. 2014 May 29.¹



The second stage of the model is "Assess" which includes analyzing the clinical therapy the patient is receiving and ensuring that the treatment is aligned with the patient's personal health goals. Finding appropriate and affordable care for each patient is included in this function. The majority of the audience graded pharmacy's performance on assessment as "C." Improving performance in this stage could involve the use of objective testing whenever possible. Documenting the patient's health goals in pharmacy records would advance this aspect of care delivery. Allowing for measurable severity of illness, and linking this to patient outcomes would assist in assuring quality outcome results from pharmacist care. Expanding objective testing would permit the pharmacist to prioritize health conditions according to illness severity.

"Plan" is the third stage within the pharmacists' patient care process and refers to the steps of care that will help the patient meet his/her health goals. Performance on this stage was graded as either "C" or "D." This low score could be attributed to the lack of time that pharmacists dedicate to develop a specific plan for each patient. Given other responsibilities, the pharmacist may not have adequate time to create unique care plans for every patient in the current workflow system. Participants suggested that employing a pharmacist for creating patient-specific plans could be beneficial as could changes in health record systems that allow development of care plans through intelligent software programs.

The next step of the pharmacists' patient care process is implementation of the care plan ("Implement"). This area of the process received the lowest grade, with the majority of the audience grading it a "D" suggesting that the goals in this process are clearly not being met. Poor performance on plan creation could also be a leading cause of ineffective plan implementation.

The final step of the pharmacists' patient care process is "Follow-up: Monitor and Evaluate" and includes assessment of the efficacy and safety of care interventions and altering the plan in partnership with the patient and other healthcare professionals. This stage received mixed evaluation from the participants with a grade of either "C" or "D." Marianne Ivey expressed that patient monitoring may be more successful on an individual patient basis as compared to across the healthcare system. Ivey stated, "I think that our pharmacists are doing a good job of evaluating individual patients' response to a plan; but we aren't, as a profession, doing a good job of looking at trends of outcomes and having clear metrics."

Upon finishing the evaluation of the pharmacists' patient care process, the floor was open for discussion on areas requiring improvement and priorities. Lack of resources and staffing within health systems was identified as a barrier to improving the patient care process. Armitstead agreed with this potential obstacle and suggested that the increase in pharmacist personnel could be a solution. Armitstead explained, "There is greater need for more pharmacists if we have the data to validate that we truly are improving the care and don't have enough time or resources to do it." This concept was Armitstead's final point, and left room for further discussion of this idea throughout the rest of the Summit. The suggestion to simultaneously improve the profession while creating more jobs was an appropriate conclusion for Armitstead's discussion.

Existing Trends in the Profession

Armitstead's final point about the potential for an expanded need for pharmacists is supported by the 2016 ASHP Pharmacy Forecast.² The forecast predicts numerous outcomes by the year 2020 that support the creation of more positions for pharmacists. The forecast reported that 70 percent of survey respondents agreed that it is at least "somewhat likely" that there will be formalized levels of responsibility applied for pharmacists to handling medication use management.¹ Eighty percent of respondents thought it "somewhat likely" that at least 25 percent of health systems would have a formal plan that includes pharmacists in advanced roles by 2020. These responses support Armitstead's prediction that additional pharmacist jobs will be created in the future to address the demands of improved patient care.

Future Advancement

In summary, Armitstead challenged the audience of pharmacists, pharmacy students and faculty to think thoroughly on pharmacy as a profession and consider practice areas in need of improvement. The Summit created a baseline assessment by pharmacy thought leaders on the profession's performance in each of the five stages of the pharmacists' patient care process. The five stages (Collect, Assess, Plan, Implement and Follow-up) resulted in votes from the audience on perception of performance of the profession. Their assessment suggested that the profession is performing from "C" to "D" in all stages. Although the practice of pharmacy will not reach an "A" or "B" overnight, there are various ways pharmacists can start improving performance within the model. The session emphasized stages of practice in which the profession must improve and identified barriers and created strategies to make this happen.

The session concluded by recognizing that change is not only necessary, but inevitable, especially with the practice of pharmacy advancing so quickly. Although change will not happen instantly, it is vital that pharmacists be aware of their performance "grades" and how to improve them. With time there will be a greater demand for pharmacy services, and the profession must continually strive for high quality practice performance to maximize the benefit for our patients.

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