Shaping the Future of Your Pharmacy Practice Enterprise: Making the Most of the Pharmacy Forecast Reports

Presented as a Midday Symposium at the 49th ASHP Midyear Clinical Meeting and Exhibition

Sunday, December 7, 2014
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Shaping the Future of Your Pharmacy Practice Enterprise: 
Making the Most of the *Pharmacy Forecast* Reports

Please be advised that this activity is being audio and/or video recorded for archival purposes and, in some cases, for repurposing of the content for enduring materials.
## Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>2:00 p.m. – 2:10 p.m.</td>
<td><strong>Welcome and Introduction</strong>&lt;br&gt;William A. Zellmer, B.S.Pharm., M.P.H.</td>
</tr>
<tr>
<td>2:10 p.m. – 2:30 p.m.</td>
<td><strong>Pharmacy Forecast: A Key Ingredient in the Strategic Planning Efforts of Health-System Pharmacy Departments</strong>&lt;br&gt;Rita Shane, Pharm.D., FASHP, FCSHP</td>
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<tr>
<td>2:30 p.m. – 3:05 p.m.</td>
<td><strong>Using the Pharmacy Forecast in Strategic Planning Efforts in a Large Academic Setting: Successes, Challenges, and Lessons Learned</strong>&lt;br&gt;Pamela K. Phelps, Pharm.D., FASHP</td>
</tr>
<tr>
<td>3:05 p.m. – 3:40 p.m.</td>
<td><strong>Using the Pharmacy Forecast in Strategic Planning Efforts in a Small Community Hospital: Successes, Challenges, and Lessons Learned</strong>&lt;br&gt;Vanessa Freitag, Pharm.D.</td>
</tr>
<tr>
<td>3:40 p.m. – 4:00 p.m.</td>
<td><strong>Refreshment Break</strong></td>
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<tr>
<td>4:00 p.m. – 4:20 p.m.</td>
<td><strong>Pharmacy Forecast 2015-2019: Sneak Peak</strong>&lt;br&gt;William A. Zellmer, B.S.Pharm., M.P.H.</td>
</tr>
<tr>
<td>4:20 p.m. – 4:45 p.m.</td>
<td><strong>Roundtable Breakout Session: Positioning the Pharmacy Department for Success</strong>&lt;br&gt;All Faculty</td>
</tr>
<tr>
<td>4:45 p.m. – 5:00 p.m.</td>
<td><strong>Panel Discussion: Questions and Answers</strong>&lt;br&gt;All Faculty</td>
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</table>
Shaping the Future of Your Pharmacy Practice Enterprise: Making the Most of the *Pharmacy Forecast* Reports

**Faculty**

**William A. Zellmer, B.S.Pharm., M.P.H., Activity Chair**
President
Pharmacy Foresight Consulting
Bethesda, Maryland

**Vanessa Freitag, Pharm.D.**
Vice President Clinical Services, Ministry Saint Joseph Hospital
Marshfield, Wisconsin
Hospital Administrator, Ministry Our Lady of Victory Hospital
Stanley, Wisconsin

**Pamela K. Phelps, Pharm.D., FASHP**
System Director for Clinical Pharmacy Services
Fairview Health Services
Clinical Associate Professor
University of Minnesota College of Pharmacy
Minneapolis, Minnesota

**Rita Shane, Pharm.D., FASHP, FCSHP**
Chief Pharmacy Officer
Cedars-Sinai Medical Center
Assistant Dean, Clinical Pharmacy
UCSF School of Pharmacy
Los Angeles, California
Disclosure Statement

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- The faculty and planners report no financial relationships relevant to this activity.
Activity Overview

This educational activity will provide a practical, hands-on approach to implementing the Pharmacy Forecast, a strategic planning tool, in pharmacy departments in the hospital and health-system settings. Components of the Pharmacy Forecast will be reviewed and practical opportunities for incorporating it into the pharmacy department’s strategic planning process will be explained. Small-group discussions will allow participants to identify key challenges pharmacy leaders can expect in the future and to discuss opportunities for meeting those challenges.

Learning Objectives

At the conclusion of this application-based educational activity, participants should be able to

- Review the Pharmacy Forecast’s components and its role in the strategic planning process for pharmacy departments in hospitals and health systems.
- Discuss key trends that affect the imperative and prospects for practice model change.
- Discuss the value and opportunities for incorporating the Pharmacy Forecast into the pharmacy department’s strategic planning efforts.
- Predict key challenges that pharmacy practice leaders can expect to face in the future, as identified by the Pharmacy Forecast.
- Utilize key findings of the Pharmacy Forecast with various stakeholders to aid in planning for the future.

Your educational opportunities related to the Pharmacy Forecast Reports extend beyond today’s symposium…

- Available in 2015
  - On-demand activity based on today’s live symposium (3.0 hours of CPE, please note that individuals who claim CPE credit for the live symposium are ineligible to claim credit for the on-demand activity)

For more information and to sign up to receive e-mail updates about this educational series, visit

http://www.ashpadvantage.com/forecast
Continuing Education Accreditation

The American Society of Health-System Pharmacists is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. This activity provides 3.0 hours (0.30 CEUs – no partial credit) of continuing pharmacy education credit (ACPE activity # 0204-0000-14-713-L04-P for the live activity and ACPE activity #0204-0000-14-713-H04-P for the on-demand activity).

Complete instructions for receiving your statement of continuing pharmacy education credit online are on the next page.
Online CE Access: Conferences with Attendance Codes

Pharmacists and Technicians:
Per ACPE, CPE credit must be claimed **no later than 60 days** from the date of the live activity or completion of a home study activity. All ACPE accredited activities which are processed on the eLearning site will be reported directly to CPE Monitor. To claim pharmacy credit, you must have your NABP e-Profile ID, birth month, and birth day. If you do not have an NABP e-Profile ID, go to www.MyCPEmonitor.net for information and application. Please follow the instructions below to process your CPE credit for this activity.

Please follow these instructions to view your session material and claim CE:

1. The **ASHP eLearning** site allows participants to obtain statements of continuing education credit conveniently and immediately using any computer with an internet connection. Type the following link into your web browser to access the e-Learning site:
   [http://elearning.ashp.org/my-activities](http://elearning.ashp.org/my-activities)

2. If you already have an account registered with ASHP, log in using your username and password.

If you do not have an account with ASHP, you will need to set up an account. Click on the **Register** link and follow the registration instructions. You do not have to be a member to create an account.

3. Once logged in, click on the name of the conference under **Your Conferences**.

4. At the top of the page is a field for redeeming Attendance Codes (formerly called ‘CE codes’). Enter the attendance code that was announced during the activity, and click **Submit**.

Helpful Tip: If your code is not redeeming successfully, verify that you have clicked on the title of your conference in order to access the Attendance Code field, not the Enrollment Code field.

5. Each session will be listed under **Your Sessions**. Click **Claim Credit** for a particular session.

6. Complete any requirements for each session by clicking on the name of
that activity and following the instructions.

7. Click **Claim Credit**.

8. Review the information for the credit you are claiming. If all information appears to be correct, check the box at the bottom and click **Claim**. You will see a message if there are any problems claiming your credit.

9. After successfully claiming credit, you may print your statement of credit by clicking on **Print**. If you require a reprint of a statement of credit, you can return here at any time to print a duplicate. Please note that for CPE credit for pharmacists and technicians, printed statements may not be necessary because your credit is reported directly to CPE Monitor.

**NEED HELP? Contact eLearning@ashp.org**

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<th>Date of Activity:</th>
<th>Code:</th>
<th>CPE Hours:</th>
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<tr>
<td>Monday December 7, 2014</td>
<td>————</td>
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Shaping the Future of Your Pharmacy Practice Enterprise: Making the Most of the *Pharmacy Forecast* Reports
William A. Zellmer, B.S.Pharm., M.P.H
President
Pharmacy Foresight Consulting
Bethesda, Maryland

William Zellmer, B.S. Pharm., M.P.H. currently serves as a consultant, writer, and speaker on strategic and professional issues in pharmacy practice and education. He holds appointments as Contributing Editor, *American Journal of Health-System Pharmacy (AJHP)*, and Historian, American Society of Health-System Pharmacists (ASHP); and he serves as project director for the annual *Pharmacy Forecast* report issued by the ASHP Foundation. He is also President of the American Institute of the History of Pharmacy, an elected volunteer position.

Mr. Zellmer is a native of Wisconsin and a pharmacy graduate of the University of Wisconsin–Madison. He completed an ASHP-accredited pharmacy residency in the U.S. Public Health Service, and he holds a Master of Public Health degree from The Johns Hopkins University.

Mr. Zellmer served for nearly 40 years on the staff of ASHP in various capacities, including Deputy Executive Vice President and, earlier, as Editor of *AJHP*. Some of his *AJHP* editorials were compiled in 2002 in a book entitled, *The Conscience of a Pharmacist—Essays on Vision and Leadership for a Profession*. In 2011, he co-edited a book of essays by pharmacists entitled, *Nourishing the Soul of Pharmacy—Stories of Reflection*. He recently served as co-chair of the Working Group on Pharmacist Ethics and Professional Autonomy of the International Pharmaceutical Federation (FIP), which produced the report, “Pharmacist Ethics and Professional Autonomy: Imperatives for Keeping Pharmacy Aligned with the Public Interest.”

Among his recognitions, Mr. Zellmer has received an honorary Doctor of Science degree (Northeast Ohio Medical University, 2011), an honorary Doctor of Humane Letters degree (Western University of Health Sciences, 2011), the Harvey A. K. Whitney Lecture Award (ASHP, 1996), and the Donald E. Francke Medal (ASHP, 2009).
Rita Shane, Pharm.D., FASHP, FCSHP
Chief Pharmacy Officer
Cedars-Sinai Medical Center
Assistant Dean, Clinical Pharmacy
UCSF School of Pharmacy
Los Angeles, California

Rita Shane, Pharm.D., FASHP, FCSHP, is Chief Pharmacy Officer at Cedars-Sinai Medical Center, a 950-bed acute, tertiary care, teaching institution in Los Angeles, California, and Assistant Dean, Clinical Pharmacy Services, at the University of California, San Francisco (UCSF), School of Pharmacy.

Dr. Shane has been recognized for her passion for the profession. Most recently, she received the 2012 Harvey A. K. Whitney Award. She is also the recipient of the 2007 California Society of Health-System Pharmacists (CSHP) Pharmacist of the Year Award and the 2007 Distinguished Service Award from the American Society of Health-System Pharmacists (ASHP) Section of Pharmacy Practice Managers. Dr. Shane was the 2005 recipient of the ASHP Distinguished Leadership Award and the 1995 recipient of the John Webb Visiting Professorship in Hospital Pharmacy for management excellence.

Dr. Shane is a co-investigator in two research studies in collaboration with the UCSF School of Pharmacy and approved by the California State Board of Pharmacy to demonstrate the safety and importance of allowing technicians to check technician-filled medication cassettes in hospitals. She also worked collaboratively with CSHP to author language in support of this regulatory change which was approved by the State of California effective in January 2007. Dr. Shane was co-investigator of a 2000 National Patient Safety Foundation Research Award to study the impact of dedicated medication nurses on the rate of medication administration errors in a randomized, controlled trial, the results of which were subsequently published in the Archives of Internal Medicine.

Dr. Shane recently served as the United States facilitator at the Global Conference on the Future of Hospital Pharmacy held during the 68th Congress of the International Pharmaceutical Federation and was responsible for reviewing the international literature on the subject of medication administration. She is an investigator in a multicenter study of medications errors recovered by emergency department pharmacists which was published in the Annals of Emergency Medicine. Throughout her career, Dr. Shane has participated on committees and task forces at the state and national level. She recently was a member of the American Hospital Association Committee on Health Professions and the National Quality Forum Patient Safety Advisory Committee. She is the ASHP representative to The Joint Commission Hospital Professional Technical Committee. She has presented at local, state, national, and international meetings and has published a number of papers in the pharmacy literature including one of the background papers for the recent ASHP Pharmacy Practice Model Summit.
Pamela K. Phelps, Pharm.D., FASHP
System Director for Clinical Pharmacy Services
Fairview Health Services
Clinical Associate Professor
University of Minnesota College of Pharmacy
Minneapolis, Minnesota

Pamela Phelps, Pharm.D., FASHP, is System Director for Clinical Pharmacy Services at Fairview Health Services, a multi-hospital and clinic system including the University of Minnesota Medical Center. She is also Clinical Associate Professor at the University of Minnesota College of Pharmacy. In addition, she serves as Residency Program Director for the PGY1 Residency Program at the University of Minnesota Medical Center. Dr. Phelps earned her Doctor of Pharmacy degree from the University of Minnesota College of Pharmacy.

At Fairview Health Services, Dr. Phelps leads initiatives on Drug Policy, Pharmacy Practice, and is chair of the System Formulary Committee. She also manages a pharmacist run pain consult service. Dr. Phelps serves in a leadership role in smart pump implementation, and is editor of Smart Pumps, published by the American Society of Health-System Pharmacists (ASHP). Dr. Phelps is a member of ASHP and the Minnesota Society of Health-System Pharmacists (MSHP). She is past president of MSHP. She has also chaired the University Health-System Consortium (UHC) Council on Research and Education and is currently a member of the UHC Council on Pharmacy Practice Advancement. She serves on the ASHP Council on Therapeutics and is a member of the ASHP Pharmacy Forecast Advisory Board, authoring the chapter on Quality of Care.
Shaping the Future of Your Pharmacy Practice Enterprise: Making the Most of the *Pharmacy Forecast* Reports

Vanessa Freitag, Pharm.D.
Vice President Clinical Services, Ministry Saint Joseph Hospital
Marshfield, Wisconsin
Hospital Administrator, Ministry Our Lady of Victory Hospital
Stanley, Wisconsin

Vanessa Freitag, Pharm.D., is the Vice President of Clinical Services for Ministry Saint Joseph’s Hospital in Marshfield, Wisconsin and Hospital President for Ministry Our Lady of Victory Hospital in Stanley, Wisconsin. She recently transitioned to this role after serving over 23 years in pharmacy practice, most recently serving as director of pharmacy for the past seven years. In her pharmacy leadership role, her accountabilities included retail, hospital and critical access hospital pharmacies within Ministry Health Care while she served as director for the PGY2 Health System Pharmacy Administration residency program.

In her role as Vice President, Vanessa is responsible for the several clinical departments; she is the executive liaison to the hospitalists and is jointly accountable for clinic and physician contracting. In her role as hospital president, she serves is an ex-officio member of the Board of Directors, working closely with the board to facilitate the hospital’s strategic direction.

Vanessa has been an active member of state and national organizations, often serving in a leadership capacity for various boards, steering committees and presentation circuits. She has been a member of ASHP since 1994 and is currently on the Pharmacy Society of Wisconsin Board of Directors. Dr. Freitag served a number of years on the PSW Pharmacy Practice Model Initiative (PPMI) Leadership Team.

She obtained her Doctor of Pharmacy from the University of Minnesota, Minneapolis. Vanessa and her husband Shane have three daughters and are active in the community.
Disclosures

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- Utilize key findings of the Pharmacy Forecast with various stakeholders to aid in planning for the future.
Welcome and Introduction

William A. Zellmer, B.S. Pharm. M.P.H
Pharmacy Foresight Consulting
Bethesda, Maryland

Who's in the Audience

- Primary role in
  - Management / leadership
  - Frontline practice / resident / student
  - Faculty
- Primary responsibility at
  - Hospital level
  - Health system level
- If hospital
  - < 100 beds
  - 100 – 300
  - > 300
- Academic medical center?

A Resource for the Environmental-Scanning Step in Planning

www.ashpfoundation.org/pharmacyforecast
Methods of *Pharmacy Forecast*

- Identify external developments that are likely to have a major effect on pharmacy practice
- Actionable recommendations
- New report every year covering new territory
- All recent reports are relevant to current conditions

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Does Your Department Have a Written Strategic Plan?

<table>
<thead>
<tr>
<th>Written Plan?</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>All Hospitals</td>
<td>49%</td>
<td>51%</td>
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<tr>
<th>If no, intend to develop plan within next 12 months?</th>
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<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
</tbody>
</table>

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Does Your Department Have a Written Strategic Plan?

- Yes: 49%
- No: 51%

- < 200 beds
  - Yes: 49%
  - No: 51%

- All Hospitals
  - Yes: 49%
  - No: 51%
What’s at Stake?

• Patient and population health
• Relevance of the pharmacy department to institutional imperatives
• Integrity of the profession
• Meeting our profession’s leadership challenge
• Applying strategic planning as an essential step in leadership

Topics and Faculty in this Session

• Importance of Environmental Scanning in the Strategic Planning Process
  – Rita Shane, Pharm.D., FASHP, FCSHP
• Applications of Pharmacy Forecast in Academic Medical Centers
  – Pamela K. Phelps, Pharm.D., FASHP
• Applications in Pharmacy Forecast in Small Community Hospitals
  – Vanessa Freitag, Pharm.D.
• Sneak Peek at the New Pharmacy Forecast
  – William A. Zellmer, B.S.Pharm., M.P.H.
• Roundtable Discussions
Importance of Environmental Scanning in the Strategic Planning Process

Rita Shane, Pharm.D., FASHP, FCSHP
Chief Pharmacy Officer
Cedars-Sinai Medical Center
Los Angeles, California
Assistant Dean, Clinical Pharmacy Services,
University of California, San Francisco
School of Pharmacy

Section Objectives

• Describe the role of environmental scanning in strategic thinking and planning.
• Translate current trends into implications for pharmacy.
• Identify relevant predictors from previous Pharmacy Forecast reports.

Principles

• Environmental scanning is a prerequisite to strategic planning.
• Strategic planning represents a milestone, however, much like the performance appraisal process, it needs to be an ongoing process.
• Strategic thinking facilitates strategic planning.
Challenges of Strategic Planning

- Ongoing market-driven changes
- Complexity of Pharmacy Enterprise
  - Financial
  - Quality and Safety
  - Operations & Technology
  - Regulatory Requirements
  - Human Resources
  - Transitions of Care
  - Ambulatory Care
  - Crisis du Jour
- "It takes all the running you can do to keep in place. If you want to get somewhere else, you must run at least twice as fast…"
  
  Lewis Carroll, Alice Through the Looking Glass

Trendbending

Environmental scanning: a prerequisite for strategic planning and understanding change

"If you knew everything about tomorrow, what would you do differently about today?" Faith Popcorn, BrainReserve®

- Disruptive Innovation
- Choosing Wisely®

Translating Implications of Environmental Trends

- What does Patient-Centered Care mean to:
  - Pharmacy students and residents
  - Pharmacists
  - Pharmacy technicians
  - Pharmacy enterprise
  - Practice model
- What Knowledge, Skills, Abilities and Behaviors are needed to provide Patient-Centered Care?
The movement to Patient-Centered Care does not include

a. Increased use of students in medication reconciliation
b. Making changes to the pharmacy practice model
c. Downsizing outpatient pharmacy services
d. Recruiting staff who want to interact with patients

Forecast Reports:
2013-2017 and 2014-2018
Predictive Themes

- Hospital mergers and acquisitions as drivers for:
  - Centralizing pharmacy operations
  - Employing physicians to align incentives
- Team-based care and pharmacist's role in prescribing
  - Pharmacists responsible for medication therapy management as part of collaborative practice agreements, *2013 American College of Physicians Position Paper on Clinical Care Teams*

Predictive Themes

• Pharmacist responsibility for medication therapy across the continuum
  – Pharmacist’s role in post-discharge follow up of high risk patients
  – Increase visibility of pharmacists to patients
• Retail-hospital arrangements
• Increased role of nurses in ambulatory care settings
• Specialty pharmacy
  – Emergence of new therapies
  – Increased expenses
  – Restricted drug distribution channels
  – Need to ensure safe transitions of care

Predictive Themes

• Consumer access to personal healthcare information and engagement in care
  – Pharmacy skills needed to communicate with patients
• Increase in targeted therapies using genetic markers
  – Pharmacist’s role in pharmacogenomics
  – Knowledge of lab and imaging tests
  – Support in managing utilization (ASCO Choosing Wisely)

www.asco.org/practice-research/ascos-2013-top-five-list-oncology

Predictive Themes

• Pharmacist’s role in bundled payments
• Antimicrobial Resistance
  – CDC and WHO Priority Focus Areas
• Increased release of oral chemotherapy agents
• Pharmacy Practice Model Summit
  – Advancing technician roles
  – Leveraging students to provide essential services
Predictive themes from *Pharmacy Forecast* reports include

a. Shortage of oncologists  
b. Increased revenue from bundled payments  
c. Hospital mergers and acquisitions  
d. Shortages in nursing workforce

**Balancing**

- Environmental scanning provides insight into key issues driving changes in healthcare
- Scanning fosters pro-active strategic thinking and planning
- Effectiveness in each of our roles requires balancing current demands and integrating environmental trends into our future

**Environmental Scanning Supports Pharmacy Practice Advancement**
Shaping the Future of Your Pharmacy Practice Enterprise:
Making the Most of the *Pharmacy Forecast* Reports
Pharmacy Forecast:
Strategic Planning at a
Large Academic Medical Center

Pamela Phelps, Pharm.D., FASHP
Director of Clinical Pharmacy Services
Fairview Health Services
Minneapolis, Minnesota

University of Minnesota
• University of Minnesota Physicians (UMP)
• UMP Specialty Clinics

Fairview Health Services
• Primary Care Clinics
• 5 community hospitals in the Twin Cities metro area and outstate Minnesota
• Fairview Physician Associates
• University of Minnesota Medical Center

Fairview Pharmacy Services, LLC
• Retail Pharmacies
• Specialty Pharmacy
• Mail Order
• Home Infusion
• MTM Clinic Services
• Compounding Pharmacy
• Long Term Care
• 340B programs

See page 55 for enlarged view
Why do strategic planning?

“Greatness is not a function of circumstance, greatness is largely a matter of conscious choice and discipline”

- Jim Collins, Good to Great

Steps in Strategic Planning

- Priorities of the Organization
  - Mission
  - Vision
  - Values
  - Strategic Initiatives

- Assessment
  - Environmental Scan
  - Healthcare Trends
  - National Issues
  - Regulatory or Legislative Issues

- Where are we now?
  - SWOT Analysis
  - Key Objectives
  - Gaps
  - Alignment with our capabilities
  - Alignment with our organizational initiatives

- Where do we want to be?
  - Strategic Initiatives
  - Action Plans
  - Timelines
  - Performance Measurement
  - Targets for Performance

- How are we doing?
  - Measuring performance against targets

See page 55 for enlarged view

See page 56 for enlarged view
1. Expanding use of EHR
2. Health care costs approaching 20% of GDP
3. Bundling and capitation of payments
4. Pay for Performance
5. Shortage of primary care providers
6. Focus on quality and safety
7. Complexity of patients and medications
8. Escalating costs of care (oral chemotherapy, specialty drugs, generics)

- Reviewed the Pharmacy Forecast domains
- Panel predictions
- Strategic recommendations
- Discussed each strategic recommendation as a strength, weakness, opportunity, or threat
- Discussed each strategic recommendation and its association with organizational initiatives

Federal Register, May 16, 2012

“We have broadened the concept of medical staff and have allowed hospitals the flexibility to include other practitioners as eligible candidates for the medical staff…this will clearly permit hospitals to allow other practitioners (e.g., APRNs, PA’s, pharmacists) to perform all functions within their scope of practice”

“These changes leave room for a hospital…to appoint non-physicians practitioners to the medical staff and to grant them privileges”
"A hedgehog concept is not a goal to be the best; it is an understanding of what you can be best at”

Jim Collins

Bottom line for pharmacy....

• We are seeing an increase in demand for pharmacy services in hospitals and all of healthcare, driven by
  – The complexity of care
  – A shortage of primary care providers
  – The use of complex and difficult to manage medications; spiraling costs of medications
  – A growing recognition of pharmacists as experts in managing medications

Our challenge....

• How can we use our technology and resources to gain efficiencies,
• Seize upon regulatory changes,
• So that we can address appropriateness of medication therapy and
• Connect with patients to provide them with information about medication use and
• Create seamless transitions
• Thereby, bring more value to patients?
Brainstormed strategies

- Used some of the strategic recommendations from the *Pharmacy Forecast* report
- Came up with our own strategies
- Placed them in the *Pharmacy Forecast* domains
- Voted

## Domain Strategies

<table>
<thead>
<tr>
<th>Domain: Pharmacy Practice Model</th>
<th>Votes</th>
<th>Domain: Technology</th>
<th>Votes</th>
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</thead>
<tbody>
<tr>
<td>Support initiatives for quality, patient satisfaction, and economic performance</td>
<td>3</td>
<td>Create a positive vision of how PPhI's will use IT to improve patient care</td>
<td>1</td>
</tr>
<tr>
<td>Complete DIMP system self-assessment</td>
<td>0</td>
<td>Establish and enterprise-wide medication use strategic plan (collaborate with other institutions, institute a technology enabled technician operated distribution system)</td>
<td>5</td>
</tr>
<tr>
<td>Develop roles for pharmacists on patient care teams and across continuums</td>
<td>3</td>
<td>Prioritize high-risk medications</td>
<td>0</td>
</tr>
<tr>
<td>Involve PPhI in post-discharge care coordination; develop networks with social work and care coordinators</td>
<td>15</td>
<td>Use IT projects to build pharmacy leaders</td>
<td>2</td>
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<tr>
<td>Establish a system for competency requirements</td>
<td>2</td>
<td>Improve use of data to support the pharmacists in providing care</td>
<td>3</td>
</tr>
<tr>
<td>Not involved in Pharmacy Practice Act changes</td>
<td>1</td>
<td>Develop short and long term plans for technology and compounding</td>
<td>6</td>
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<tr>
<td>Expand reporting capabilities</td>
<td>4</td>
<td>Develop IT student, resident and staff rotations</td>
<td>2</td>
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See page 57 for enlarged view

## Top 5 Initiatives

- Drug Knowledge Center
- Enhance publishing and marketing of services
- Enhance data and metrics
- Improve transitions in care*
- Refine practice model*
Academic Medical Center

- Practice model
- Patient population
- Presence of physician learners
- Residency programs
- Student programs
- Research
- Relationship to College of Pharmacy

Review of Activities

- Is this activity needed for regulatory compliance?
- What is the value to the patient?
- What is the value to the organization and our customers?
- What is the risk if we stop doing it?

New Care Priorities

- Patient Encounter
- Optimize medication use for every patient
- Admission Transition
- Discharge Transition
- Operational Efficiency
Formation of Sub-groups

- Operational Efficiency
  - Epic efficiency
  - Medication preparation and delivery
  - Communication
- Admission Transition
- Patient Encounter
  - Learner model
  - Clinical services
  - New therapy teaching
- Discharge Transition

Successes

- Enthusiasm of staff
- Staff cognizant of need for planning
- Good communication with staff regarding national initiatives
- Town Hall concept very successful
- College of Pharmacy relationship
- Resident input
Challenges

• How do learners become a more integral part of the practice model?
• Multi-campus model
• Communication to large staff
• Research challenges
• Multiple customers
• Patient teaching challenges
• “Top of the license” concept

Lessons Learned

• Use the Pharmacy Forecast report to get a “headstart” on your planning
• Be intentional about communication
• Anybody on staff can lead a town hall
• Staff need to be present on the steering committee
• Create relationships with outpatient staff
• Engage with others who cannot be part of the steering committee

Lessons Learned

• Take advantage of technology whenever possible
• Parse out work to sub-groups
• Link initiatives back to company strategies
• Link initiatives back to quality and safety
• Honor present work
Challenges going forward

- Review each new *Pharmacy Forecast* report
- Incorporate new initiatives into the strategic plan
- “Keep it Alive”

In conclusion…..

- The *Pharmacy Forecast* report can be used to conduct an environmental scan and a SWOT analysis
- The *Pharmacy Forecast* report can allow large academic institutions to complete strategic planning in a very efficient amount of time
Pharmacy Forecast: Strategic Planning for Small to Medium-sized Hospitals

Vanessa Freitag, Pharm.D.
Vice President Clinical Services, Ministry Saint Joseph Hospital, Marshfield, Wisconsin
Hospital Administrator, Ministry Our Lady of Victory Hospital, Stanley, Wisconsin

Ministry Health Care (MHC)

- Part of Ascension Health
- 16 Hospitals
  - 8 Critical Access
  - 6 ranging 80-225 bed
  - 500-bed trauma center
  - Children’s Hospital
- 52 Primary Care clinics
- Home Care division
- 9 DOPs
- 2 retail pharmacies
- Primarily hospital services
- Limited ambulatory care services
- $50M annual drug spend
- 9 - 340B Covered Entities

Ministry Health Care (MHC) Map
Strategic Direction: Driven by Vision

Healthcare That Works
Healthcare That Is Safe
Healthcare That Leaves No One Behind

For Life!
Our outward promise to those we serve

Vital Presence
Empowering Knowledge
Trusted Partnerships
Inspired People

Enabled by focused inner strengths

Integrated Strategic Planning

Interpreting Strategic Direction

- Person-centered delivery
- Transform operations
- Standardize delivery models
- Best in class services
- Innovate new solutions
- Healthy, inspired associates
- Strong financial platform

See page 58 for enlarged view
Cascade model

System Initiative: Pharmacy Integration (Healthcare that works)

- Why?
  - Ministry Health Care's vision of pharmacy services is to provide safe, appropriate and cost effective medication management to optimize patient outcomes across all care programs in collaboration with other disciplines.

Getting Started

- Created buy-in to concept
- Deployed ASHP Pharmacy Forecast
- Engaged Lean project manager
- Engaged Exec Leader as liaison
- Aligned under System Councils
- Create vision and action plan
- Implement and Measure

Ministry Health Care's vision of pharmacy services is to provide safe, appropriate and cost effective medication management to optimize patient outcomes across all care programs in collaboration with other disciplines.
MHC System Councils

Senior Leadership Team

- Growth Council
- Quality Council
- Innovation and Affordability Council
- Service Council
- Culture Council
- Business Infrastructure and Support Council

Pharmacy Forecast

- Pharmacy Practice Model
- Pharmacy Workforce
- Technology
- Health Care Delivery and Financing
- Drug Development and Therapeutics
- Pharmaceutical Marketplace
- Physician and Nurse Work Force
- Consumer-Driven Health Care

Baseline Assessment

- Developed survey using Pharmacy Forecast categories
- Included Medication Use Phases
- Presented findings to all DOPs
- Ranked list according to
  - Impact (degree of successful measure)
  - Ease of implementation
Pharmacy Practice Model

Opportunities

- Common/standard order sets will drive formulary selection and ordering practices
- All sites should have common
  - Therapeutic interchange
  - Renal dosing
  - Antibiotic dosing and monitoring
  - Anticoagulation assess impact of anticoagulation monitoring/dosing by pharmacy
  - Formulary management

Action: Policy Alignment

- 74 policies assessed for alignment opportunity
- Therapeutics-related policies reviewed by clinical team across system
  - Outcome: New system-policies created
  - Allowed alignment of critical access hospitals and smaller sites supported by larger facilities
<table>
<thead>
<tr>
<th>Pharmacy Practice Model</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Opportunities</strong></td>
</tr>
<tr>
<td>• Pharmacist involvement in medication reconciliation has the biggest impact on patient outcomes of all clinical services evaluated in the literature</td>
</tr>
<tr>
<td>• Increased exposure to student, intern and residents</td>
</tr>
<tr>
<td>• PPMI alignment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action: Tech-Check-Tech</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implemented</strong></td>
</tr>
<tr>
<td>• Large tertiary care hospital (n=1)</td>
</tr>
<tr>
<td>• Medium-sized hospital (n=1)</td>
</tr>
<tr>
<td>• Critical Access Hospital (n=1)</td>
</tr>
<tr>
<td>• In process (training/certification)</td>
</tr>
<tr>
<td>• Critical Access Hospital (n=1)</td>
</tr>
<tr>
<td>• Medium-sized hospitals (n=3)</td>
</tr>
<tr>
<td><strong>Measures of success</strong></td>
</tr>
<tr>
<td>• Percent technician completed checks</td>
</tr>
<tr>
<td>• Clinical interventions, pharmacist</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Action: Medication Reconciliation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Program Highlights</strong></td>
</tr>
<tr>
<td>• Local pharm director owns medication list (required)</td>
</tr>
<tr>
<td>• Required Pharmacist review every med list (required)</td>
</tr>
<tr>
<td>• System auto hold list (required)</td>
</tr>
<tr>
<td>• System auto sub list (required)</td>
</tr>
<tr>
<td>• Auto hold on prn meds (desired)</td>
</tr>
<tr>
<td>• Auto hold on drugs taken &gt;7 days (desired)</td>
</tr>
<tr>
<td>• Order by significance (desired)</td>
</tr>
</tbody>
</table>
Action: Expand Residency, Student and Intern Programs

Ministry Saint Elizabeth’s Hospital
• Residency advisory group
• Foundation Funding
• Identified preceptor base
• Program structure developed

System-wide
• Intern positions at 5 locations
• Partnership with college of pharmacy for rural/ regional efforts

Pharmacy Work Force Opportunities

• Consolidation of buyer function
• Unification of IT Coordinator function
• Expansion of remote support program across the system / flex staffing model
• Optimize technician to pharmacist ratio

Action: Cross-coverage Model

• Expansion of cross-coverage model
  – Primary focus on Critical Access Hospitals by region
  – Case Example: Mercy Medical Center supporting Saint Michael’s off hours; Next steps: expanding to include Door County

• IT Coordinators lease-loan arrangement for support across sites (project specific)
Technology and Health Care Delivery

• 90%+ ADC drug distribution

• Align use of profiled ADC and policies

• "Cleaned up" IT compendium within regions; Long-term goal to have same platforms

• Aligned build of BCMA, rules across like-IT facilities
Health Care Delivery and Financing Opportunities

- System P&T Committee is framework to achieve goals
  - Consolidate drugs within an AHFS class
  - NDC consolidation offers additional opportunity

- Will require ‘control’ phase to keep selection of products for use across system aligned.
  - Pharmacy buyers are key stakeholder
  - Establish PAR levels at each site

Action: Buyers Training and Oversight Structure

- Standardized training and expectations
- Reformatted Pharmacy Buyers calls (est. 2011) to Pharmacy Sourcing Council
  - Manage drug related contracts (MHC and Ascension)
  - Monitor contract compliance
  - Analyze pharmacy related capital purchases
  - Surface opportunities for savings

Action: Expired Medications Project

Program Highlights

- Shared purchase list
- 180 day med cycling
- Closed loop expiration review

Ministry Expired Medication Waste

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waste (in thousands)</td>
<td>608.4</td>
<td>738.3</td>
<td>841.0</td>
</tr>
</tbody>
</table>

USD (in thousands)

Ministry Expired Medication Waste
Opportunities and Action

- Creating same ‘rules of engagement’ (pharmacist intervention triggers)
- Advance role of system Pharmacy and Therapeutics and subcommittees
- 2016 alignment under same intervention software
Pharmaceutical Marketplace

Opportunities and Action
• Retail:
  • Engaged health plan for self-funded prescription program (mail and specialty)
  • Aligned IT platforms for 2 retail pharmacies
• 340B
  • Expanded 340B covered entities
  • Expanded 340B contracted sites
  • Established system leader position

Consumer Driven Health Care

Pharmacists began discharge counseling

Closing Thoughts

See page 60 for enlarged view
My goals (as administrator)

- HCAHPS overall inpatient rating
- Overall outpatient rating
- Emergency Department Net Promoter Score
- Net Patient Revenue
- EBIDA (earnings)
- Growth
- Readmission rate
- Patient falls
- Hospital Acquired Infection (HAICS)
- Continuous culture improvement

Principles to follow

- Be bold
- Total transparency
- Short time frame
- Help the organization meet goals
- Aim to do this without adding FTE
- Take the window of opportunities
Sneak Peek at
*Pharmacy Forecast 2015-2019*

William A. Zellmer, B.S. Pharm. M.P.H
Pharmacy Foresight Consulting
Bethesda, Maryland

New Report Builds on Previous Two Editions

New Edition
- Eight domains; eight predictions in each domain
  - Health-System and Hospital Practices
  - Ambulatory Care
  - Quality Improvement
  - Technology Applications
  - Patient Empowerment
  - Health-System Work Force
  - Drug Development and Therapeutics
  - Pharmacy Policies and Practices
Some Key Points in Latest Report

- Pharmacy clinical presence essential in ambulatory care/transitions of care
- CQI essential in operations and medication-related patient care
- Rewarding opportunities in specialty pharmacy services for larger institutions
- There will be a focus on “Big Data” in health systems, and pharmacy needs to be part of it
- Patient-empowerment concepts demand attention

Sampling of Key Trends and Recommendations

Keep in mind:
- Report covers 64 trends; 37 strategic recommendations
- Five-year focus
- Scaled response from “very likely” to “very unlikely”
- Intended to stimulate local thinking about emerging trends that will affect pharmacy

How likely is it over the next 5 years:

At least 25% of health systems will have one or more pharmacists who devote full time to patient care issues in the use of specialty pharmaceuticals.

Very likely or somewhat likely?

Somewhat unlikely or very unlikely?
Health-System Work Force

Strategic Recommendation

Actively assess … whether it is desirable (from patient care and financial perspectives) for your health system to establish a specialty pharmacy service.

How likely is it over the next 5 years:

In at least 25% of hospitals, pharmacists will have authority to write discharge prescription orders that reconcile all medication lists, medications taken before admission, and new medications started during hospitalization.

Very likely or somewhat likely?

Somewhat unlikely or very unlikely?

Ambulatory Care

Strategic Recommendation

Create a formal business plan for expanding pharmacists’ clinical services in ambulatory care clinics, emphasizing sustainable business models and services that yield a return on investment through a combination of revenue generation and cost-saving initiatives…
How likely is it over the next 5 years:

At least 50% of health systems will have implemented a process for adding biosimilars to their formularies and for monitoring their utilization.

Very likely or somewhat likely?

Somewhat unlikely or very unlikely?

Drug Development & Therapeutics

Strategic Recommendation

Ensure that your health system has developed a method for incorporating biosimilars into the medication use process, including:

• clinical review vs. reference product
• therapeutic interchange
• inventory management
• financial implications
• education of providers

How likely is it over the next 5 years:

The number of ethical dilemmas experienced by health care professionals in health systems and referred to ethics committees for guidance will increase by at least 10%.

Very likely or somewhat likely?

Somewhat unlikely or very unlikely?
Health-System & Hospital Practices

Strategic Recommendation

Engage staff in regular discussions related to ethical dilemmas they encounter in their practice. Include pharmacy residents and students in these discussions.

All Editions Freely Accessible

www.ashpfoundation.org/pharmacyforecast

Related MCM Sessions of Note

Tuesday, 2:00 – 4:00 p.m.
Pharmacy Forecast 2015: Getting in Front of the Trends that will Shape Your Future

Wednesday, 8:00 – 9:30 a.m.
Strategy Go Live! How To Develop and Implement a Strategic Plan
Roundtable Discussions

Major trends likely to affect the future of your pharmacy department

• What one or two trends are likely to have a major impact over the next five years?
• What are your plans to address those trends?
• What ideas do others at your table have for addressing those trends?
• Which trend mentioned today will you discuss with your colleagues when you return to your practice setting?

Please identify if you have used the Pharmacy Forecast report in your planning, and, if so, how.

See worksheet version on page 53


Roundtable Discussions

Challenges to effective strategic planning in your pharmacy department

• What are your significant challenges to effective strategic planning?
• How have you attempted to address those challenges?
• What ideas do others at your table have for addressing those challenges?
• What solution mentioned today will you discuss with your colleagues when you return to your practice setting?

Please identify if you have used the Pharmacy Forecast report in your planning, and, if so, how.

See worksheet version on page 54


Dialogue with the Faculty

Key points from the roundtable discussion
**Roundtable Discussions**

Major trends likely to affect the future of your pharmacy department
- What one or two trends are likely to have a major impact over the next five years?
- What are your plans to address those trends?
- What ideas do others at your table have for addressing those trends?
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Roundtable Discussions

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Please identify if you have used the *Pharmacy Forecast* report in your planning, and, if so, how.
Steps in Strategic Planning

1. Priorities of the Organization
   - Mission
   - Vision
   - Values
   - Strategic Initiatives

2. Assessment
   - Environmental Scan
   - Healthcare Trends
   - National Issues
   - Regulatory or Legislative issues

3. Where are we?
   - SWOT Analysis
   - Key Objectives
   - Gaps
   - Alignment with our capabilities
   - Alignment with our organizational initiatives

4. Where do we want to be?
   - Strategic Initiatives
   - Action Plans
   - Timelines
   - Performance Measurement
   - Targets for Performance

5. How are we doing?
   - Measuring performance against targets
Dear ASHP Member,

Happy New Year! As we begin 2013, I felt it was important to give you a preview of ASHP’s efforts on one of our top strategic priorities—achieving provider status for pharmacists.

Achieving provider status under Section 1861 of the Social Security Act is important for the profession. It is essential to recognize pharmacists for the patient-care providers that they already are, along with other formally recognized providers, such as nurse practitioners, dietitians, psychologists, social workers, optometrists, nurse-midwives, dentists, and others.

In my “From the CEO” column in ASHP InterSections, I talk about what provider status means to the profession and the steps we are taking to achieve this important recognition.

Here’s a brief excerpt from the column. Read the full version in ASHP InterSections and share ideas for demonstrating to your elected officials in Washington, D.C., the great work you are doing to achieve optimal medication therapy outcomes for your patients and to decrease health care costs.

Paul W. Abramowitz, Pharm.D., FASHP
ASHP CEO
Domain Strategies

<table>
<thead>
<tr>
<th>Domain: Pharmacy Practice Model</th>
<th>Votes</th>
<th>Domain: Technology</th>
<th>Votes</th>
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</thead>
<tbody>
<tr>
<td>Support initiatives for quality, patient satisfaction, and economic performance</td>
<td>3</td>
<td>Create a positive vision of how RPN’s will use EHR to improve patient care</td>
<td>1</td>
</tr>
<tr>
<td>Complete ASHP PPMI self-assessment</td>
<td>0</td>
<td>Establish and enterprise-wide medication use strategic plan (collaborate with other institutions, institute a technology enabled technician operated distribution system</td>
<td>5</td>
</tr>
<tr>
<td>Develop roles for pharmacists on patient care teams and across continuum</td>
<td>3</td>
<td>Prioritize high-risk medications</td>
<td>0</td>
</tr>
<tr>
<td>Involve RPh in post-discharge care coordination; develop networks with social work and care coordinators</td>
<td>13</td>
<td>Use IT projects to build pharmacy leaders</td>
<td>2</td>
</tr>
<tr>
<td>Establish a system for competency requirements</td>
<td>2</td>
<td>Improve use of data to support the pharmacists in providing care</td>
<td>3</td>
</tr>
<tr>
<td>Get involved in Pharmacy Practice Act changes</td>
<td>1</td>
<td>Develop short and long term plans for technology and compounding</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Expand reporting capabilities</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Develop IT student, resident and staff rotations</td>
<td>2</td>
</tr>
</tbody>
</table>

Domain: Pharmacy Practice Model

- Support initiatives for quality, patient satisfaction, and economic performance
- Complete ASHP PPMI self-assessment
- Develop roles for pharmacists on patient care teams and across continuum
- Involve RPh in post-discharge care coordination; develop networks with social work and care coordinators
- Establish a system for competency requirements
- Get involved in Pharmacy Practice Act changes

Domain: Technology

- Create a positive vision of how RPN’s will use EHR to improve patient care
- Establish and enterprise-wide medication use strategic plan (collaborate with other institutions, institute a technology enabled technician operated distribution system
- Prioritize high-risk medications
- Use IT projects to build pharmacy leaders
- Improve use of data to support the pharmacists in providing care
- Develop short and long term plans for technology and compounding
- Expand reporting capabilities
- Develop IT student, resident and staff rotations

Fairview Pharmacy Services

Value and Metrics

- Decrease medication errors
- Identify medication problems
- Verification of orders
- Medication Dosing and Monitoring
- Consults for high risk medications
- Automated unit based dispensing for speed and efficiency
- Barcoding for accuracy and safety
- Discharge medication reconciliation
- Med Use Ed
- Referral to MTM
- Discharge Pharmacy Liaison
- Financial assistance
- Post Discharge Follow Up Call
- Telephone or outpatient visit
- Comprehensive review of discharge medications
- Greater patient satisfaction
- Improved patient safety
- Decreased hospital LOS
- Fewer ADEs
- Accurate medication administration
- Efficient nursing workflow
- Fewer medication errors after discharge
- Improved post-discharge care
- Patients go home with appropriate medications
- Better understanding of medications
- Resolve medication-related issues
- Orders verified
- Consults completed
- Interventions
- CMS Quality Indicators
- Turnaround times
- Barcoding rate
- Medication-related readmission rate
- HCAHPS discharge information score
- Problems identified/resolved
- Prescription capture rate by Fairview
- Medication adherence
- Turnaround time
- DTPs
- Medication adherence
- Medication-related readmission rate
- Health goals achieved
Integrated Strategic Planning

Pharmacy Practice Model

PHARMACY OPERATIONS: At our facility, approximately ____ percent of total hours per week are decentral.

25%+ (more than 75% of time overall is decentral)
50% (half of time overall is decentral)
25% (a quarter of time overall is decentral)
10% (a tenth of time overall is decentral)
0% (no decentral hours)
Technology

DRUG ORDERING/PRESCRIBING: At our facility, the majority of orders are received in pharmacy by

- 39.4%
- 27.3%
- 9.5%
- 13.2%
- 13.2%

Technology and Health Care Delivery

DRUG DISTRIBUTION: At our facility, drugs are distributed by (approximate % of volume)

- Automated dispensing
- 24-hour cart fill
- Robot
- Other
Pharmacists began discharge counseling

**Drug Development and Therapeutics**

DRUG MONITORING: Our pharmacists document interventions into a software program

- Yes
- No

**Consumer Driven Health Care**

Ministry Our Lady of Victory Hospital Metrics for FY 2014

Pharmacists began discharge counseling
Self-Assessment Questions

1. The annual Pharmacy Forecast reports are characterized by:
   a. predicted international trends in health care.
   b. strategic recommendations aimed at planning by pharmacy departments.
   c. a ten-year planning timeframe.
   d. assessment of year-to-year changes in predictions relating to the same issues.

2. Environmental scanning:
   a. supports the performance appraisal process.
   b. provides insight into healthcare trends and supports strategic planning.
   c. is required by regulatory agencies.
   d. requires advanced knowledge and skills.

3. Predictive themes from the Pharmacy Forecast reports include:
   a. decreased health-system mergers and acquisitions.
   b. the pharmacist’s role in bundled payments.
   c. reduced focus on specialty pharmacy.
   d. increased role of nurses in collaborative practice.

4. How can pharmacy leadership gain support for strategic initiatives?
   a. Align with existing councils or governing bodies in the organization
   b. Obtain an executive liaison if the pharmacy executive is not already “at the table”
   c. Align pharmacy initiatives with organizational goals
   d. All of the above

5. A health system newly formed through hospital mergers within a well-defined geographic area is planning to establish a number of ambulatory care clinics that will be convenient for the system’s patients. What would be the most strategically desirable position for pharmacy leaders to take with respect to clinical pharmacist services at those clinics?
   a. Assertively create a sustainable business plan for pharmacists’ clinical services linked to both revenue generation and cost savings.
   b. Wait and see how receptive the physicians will be to pharmacists.
   c. Visit several leading health systems in the country to learn how they have approached the issue.
   d. Contract with a chain drugstore corporation to provide pharmacist services.

Answers

1. b 4. d
2. b 5. a
3. b