



**Excellence Doesn't Just Happen: Using the
Pharmacy Forecast and Strategic Planning
to Chart Your Future**

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Objectives

- ❖ Strategic planning is the cornerstone to effectively leading any organization, especially in times of rapid change. This workshop will provide the opportunity to learn about effective strategic planning and implementation including:
 - Critical steps to effective strategic planning and resources.
 - Key trends that affect the imperative and prospects for practice model change.
 - Value and opportunities for incorporating the *Pharmacy Forecast* into the pharmacy department's strategic planning efforts.



Learning Objectives

- ❖ Recommend critical steps to effective strategic planning and resources, including succession planning.
- ❖ Evaluate key trends that affect the imperative and prospects for practice model change.
- ❖ Develop a plan to incorporate the *Pharmacy Forecast* into your pharmacy department's strategic planning efforts.
- ❖ Apply strategic planning strategies in your institution in order to keep pace with environment changes.



Agenda

- ❖ Intro/housekeeping – 10 minutes
- ❖ Megatrends presentation – 20 minutes
- ❖ Video / Assign groups – 10 minutes
- ❖ Breakout #1 – generating hot topics/issues – 30 minutes
- ❖ Report out #1 – 15 minutes
- ❖ Break – 15 minutes
- ❖ Strategic planning overview – 20 minutes
- ❖ Breakout #2 – generating specific strategies – 30 minutes
- ❖ Report out #2 – 15 minutes
- ❖ Engaging staff presentation – 15 minutes
- ❖ Report out #3 – attendees share ideas on engaging staff – 15 minutes
- ❖ Next steps and take home items/deliverables – 15 minutes



**Healthcare and Health System
Pharmacy
Megatrends – Our Call to Action**

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Overview

- ❖ Societal and Economic Trends
- ❖ Alliances, Mergers, and Acquisitions
- ❖ Work Force Trends
- ❖ Quality and Outcomes
- ❖ Provider Status
- ❖ Strategic Direction – Our Call to Action



Top 7 Healthcare Trends and Challenges for 2015

1. Physicians start to feel the financial pinch from CMS's regulations
2. Technological advancements are transforming the entire healthcare industry
3. Financial viability continues to be a significant concern for healthcare CEOs
4. There is a new need to tolerate risk in a value-based purchasing world
5. Interest in population health management will grow
6. Outcomes will continue to improve
7. Collaboration will increase

Health Catalyst. Available at: <https://www.healthcatalyst.com/top-healthcare-trends-challenges-2015>



10 Challenges and Opportunities for Hospitals in 2015

1. Population health
2. Shifting from volume to value based reimbursement
3. Regulatory demands
4. Infection control - especially in light of Ebola
5. Demonstrating the value for M&A to customers
6. Truly integrating systems
7. Overspecialization of the physician workforce and questions over the physician shortage
8. Hospital closures
9. Reimbursement rate differences
10. Data, data everywhere

Becker's Top Ten Challenges and Opportunities for Hospitals. Available at: <http://www.beckershospitalreview.com/hospital-management-administration/10-challenges-and-opportunities-for-hospitals-in-2015.html>

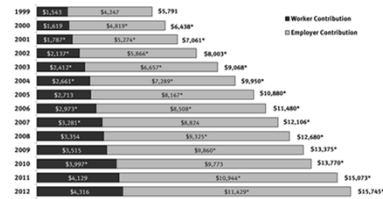


Societal and Economic Trends



Societal and Economic Trends

Average Annual Worker and Employer Contributions to Premiums and Total Premiums for Family Coverage, 1999-2012



* Estimate is statistically different from estimate for the previous year shown (p<.05).
 SOURCE: Kaiser/NREI Survey of Employer-Sponsored Health Benefits, 1999-2012.



Societal and Economic Trends

Cumulative Increases in Health Insurance Premiums, Workers' Contributions to Premiums, Inflation, and Workers' Earnings, 1999-2012

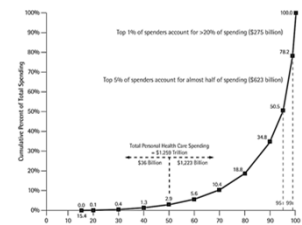


SOURCE: Kaiser/NREI Survey of Employer-Sponsored Health Benefits, 1999-2012; Bureau of Labor Statistics, Consumer Price Index, U.S. City Average of Annual Inflation (April to April), 1999-2012; Bureau of Labor Statistics, Seasonally Adjusted Data from the Current Employment Statistics Survey, 1999-2012 (April to April).



Societal and Economic Trends

FIGURE 1. CUMULATIVE DISTRIBUTION OF PERSONAL HEALTH CARE SPENDING, 2009



NIHCM Foundation. Used with permission.



Societal and Economic Trends

Percentile rank by health care expenditures, 2012	Percentage of expenditures, 2012
Top 1%	22.7
Top 5%	50.0
Top 10%	66.0
Top 25%	86.7
Top 50%	97.0

Source: Center for Financing, Access, and Cost Trends, AHRQ, Hospital Component of the Medical Expenditure Panel Survey (HC-PCS), 2012

AHRQ Report 2012. Available at: <http://healthblog.npcpa.org/1-percent-of-people-account-for-23-percent-of-medical-spending/>

Alliances, Mergers, and Acquisitions

Alliances, Mergers, and Acquisitions

Modern Healthcare: M&A Watch: Hospitals seeking mergers with bigger players can be choosier

OrthoSpineNews: Hospital Mergers Are Out. 'Strategic Alliances' Are In. Is Obamacare Responsible?

PhillyVoice: Aria Health seeks potential merger, alliance partners in Philly area

<http://www.modernhealthcare.com/article/20150124/MAGAZINE/301249981>
<http://www.orthospinenews.com/hospital-mergers-are-out-strategic-alliances-are-in-is-obamacare-responsible/>
<http://www.phillyvoice.com/aria-health-potential-merger-alliance-philly/>

Alliances, Mergers, and Acquisitions

- ❖ 5,686 US Hospitals
- ❖ 4,974 Community Hospitals in the US:
 - 3,003 (60%) are rural and 1,971 (40%) are urban
 - 3,144 (63%) are in a system
 - 1,582 (32%) are part of a network
 - 248 (5%) are independent

AHA Hospital Statistics, 2015. Available at: <http://www.aha.org/research/rc/stat-studies/fast-facts.shtml>

Alliances, Mergers, and Acquisitions


- ❖ **System** is defined by AHA as either a multihospital or a diversified single hospital system. A multihospital system is two or more hospitals owned, leased, sponsored, or contract managed by a central organization. Single, freestanding hospitals may be categorized as a system by bringing into membership three or more, and at least 25 percent, of their owned or leased non-hospital pre-acute or post-acute health care organizations. System affiliation does not preclude network participation.
- ❖ **Network** is a group of hospitals, physicians, other providers, insurers and/or community agencies that work together to coordinate and deliver a broad spectrum of services to their community. Network participation does not preclude system affiliation.

Alliances, Mergers, and Acquisitions

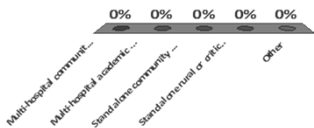
- ❖ 198 hospitals Community Health Systems (Brentwood, TN)
- ❖ 168 hospitals HCA (Nashville, TN)
- ❖ 131 hospitals Ascension Health (St. Louis, MO)
- ❖ 105 hospitals Catholic Healthcare Initiatives (Denver, CO)
- ❖ 86 hospitals Trinity Health (Livonia, MI)
- ❖ 81 hospitals Tenet (Dallas, TX)
- ❖ 46 hospitals Baylor Scott & White Hospitals (Dallas, TX)

This represents 815 (16%) of 4,974 community hospitals!

What statement best describes your practice setting?



- A. Multi-hospital community setting
- B. Multi-hospital academic setting
- C. Stand alone community hospital in a metro area
- D. Stand alone rural or critical access hospital
- E. Other



Work Force Trends



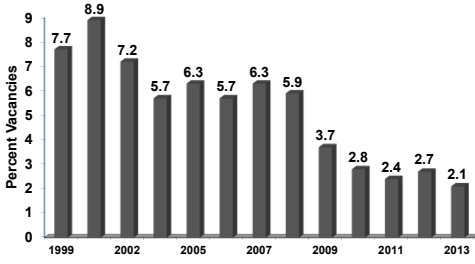
Work Force Trends

- ❖ National Pharmacists Workforce Study
- ❖ 2009 (N=249,381 licensed pharmacists)
 - 53.8% of pharmacists work in retail settings
 - 26.8% of pharmacists work in hospitals
 - 19.4% of pharmacists work in "other" settings
- ❖ 2014 (N=250,652 licensed pharmacists)
 - 44.1% of pharmacists work in retail settings (↓)
 - 29.4% of pharmacists work in hospitals (↑)
 - 26.5% of pharmacists work in "other" settings (↑)


<http://www.aacp.org/resources/research/pharmacyworkforcecenter/Pages/default.aspx>



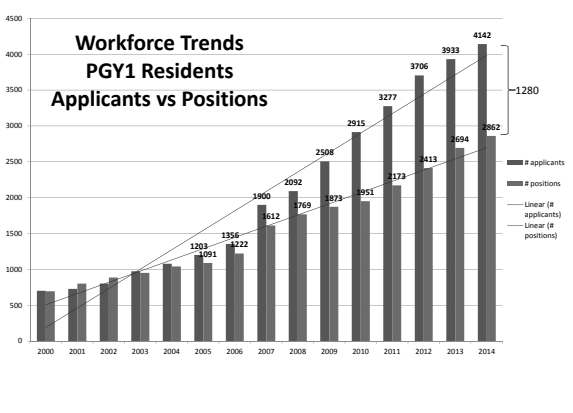
Work Force Trends



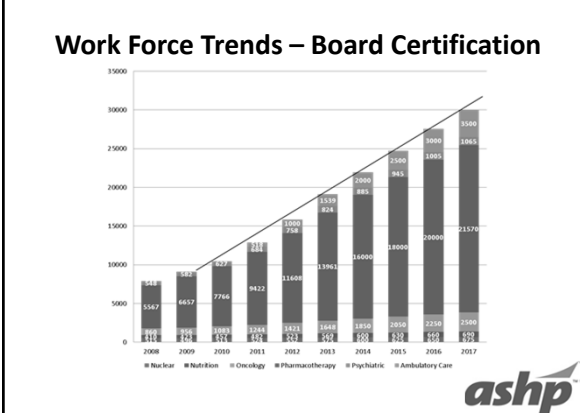

ASHP Pharmacy Staffing Survey Results
<http://www.ashp.org/DocLibrary/MemberCenter/SPPM/2013-ASHP-Staffing-Survey.pdf>




Workforce Trends PGY1 Residents Applicants vs Positions



Work Force Trends – Board Certification


Quality and Outcomes



Quality and Outcomes

- ❖ "...nearly one-fifth of fee-for-service Medicare beneficiaries discharged from the hospital are readmitted within 30 days; three-quarters of these readmissions--costing an estimated \$12 billion a year--are considered potentially preventable, especially with improved care transitions."
- ❖ "Patients often don't consistently receive follow-up care after leaving the hospital. Among Medicare beneficiaries readmitted to the hospital within 30 days of a discharge, half have no contact with a physician between their first hospitalization and their readmission."


http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=76
<http://content.healthaffairs.org/content/29/1/57.full>
<http://www.piperreport.com/blog/2015/01/16/hospital-readmissions-conditions-cost-and-utilization-differences-in-medicare-medicaid-and-private-insurance/>



Quality and Outcomes


- ❖ "Almost one-fourth of Medicare beneficiaries discharged from the hospital to a skilled nursing facility were readmitted to the hospital within thirty days; this cost Medicare \$4.34 billion in 2006."
- ❖ Readmissions varies by payor type:
 - Medicare – heart failure, septicemia, pneumonia
 - Medicaid – mood disorders, schizophrenia, diabetes
 - Private – maintenance chemotherapy, mood disorders

http://www.healthaffairs.org/healthpolicybriefs/brief.php?brief_id=76
<http://content.healthaffairs.org/content/29/1/57.full>
<http://www.piperreport.com/blog/2015/01/16/hospital-readmissions-conditions-cost-and-utilization-differences-in-medicare-medicaid-and-private-insurance/>



Quality and Outcomes


- ❖ CMS has led the way – others following
- ❖ Linking payment to **quality**, not **quantity**
- ❖ CMS adjusts payments for two programs:
 - Hospital Value Based Purchasing Program
 - Hospital Readmissions Reduction Program
- ❖ Complicated programs – lead/lag issues



Quality and Outcomes

- ❖ CMS Value Based Purchasing Program
- ❖ Medicare withholds percentage of all DRG payments – now part of a >\$1B pot for bonuses
 - FY2015 = 1.5% (discharges 10/1/15 - 9/30/16)
 - FY2016 = 1.75% (discharges 10/1/16 - 9/30/17)
 - FY2017 = 2% (discharges 10/1/17 - 9/30/18)
- ❖ Bonus money redistributed based on TPS
- ❖ Excluded – critical access hospitals, certain cancer centers, hospitals with too few cases, etc.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html?redirect=/Hospital-Value-Based-Purchasing/>




Quality and Outcomes


- ❖ Hospital VBP Program pays back based on performance within four quality domains
- ❖ Performance = improvement or achievement

Domain	FY2014	FY2015	FY2016
Clinical Process of Care	45%	20%	10%
Patient Experience of Care	30%	30%	25%
Outcome	25%	30%	40%
Efficiency	0%	20%	25%
Total Performance Score	100%	100%	100%

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/hospital-value-based-purchasing/index.html?redirect=/Hospital-Value-Based-Purchasing/>




Provider Status




Provider Status

- ❖ Two bills: HR 592, S. 314 (essentially same as last year's HR 4190)
 - Would allow pharmacists to serve Medicare beneficiaries in *medically underserved areas (MUAs)*
 - Services performed would be limited to those authorized by state scope of practice
- ❖ Bills are bipartisan
 - HR 592 chief sponsors: Reps Brett Guthrie (R-KY), Todd Young (R-IN), G.K. Butterfield (D-NC), Ron Kind (D-WI)
 - S. 314 lead sponsors are: Senators Chuck Grassley (R-IA), Mark Kirk (R-IL), Sherrod Brown (D-OH), Bob Casey (D-PA)
- ❖ Recognizes the challenges in underserved areas
- ❖ Draws upon the expertise of pharmacists
- ❖ Reverts to state scope of practice

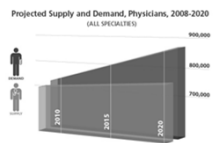


Provider Status


- ❖ Why legislation?
- ❖ The bills focus on medically underserved areas, fulfilling an unmet medical need
 - Primary care shortage is increasing
 - Pharmacists are typically the most accessible health practitioner, have training in medication use
- ❖ Bills would amend the Part B section of Medicare to enable pharmacists to serve patients
- ❖ More Americans getting health care coverage with the Affordable Care Act
- ❖ The bills are addressing unmet needs in underserved patients and communities




Provider Status



Source: AAMC Center for Workforce Studies, June 2010 Analysis



Strategic Direction Our Call to Action



Strategic Direction – Our Call to Action

Transforming how pharmacists care for patients

PPMI is a profession led initiative that is empowering the pharmacy team to take responsibility for patient outcomes.

Care Team Integration	Leveraging Pharmacy Technicians	Pharmacist Credentialing & Training	Technology	Leadership in Medication Use
<ul style="list-style-type: none"> • Promotes a team-based approach to health care • Shifts the roles of the health care team to enable pharmacists to optimize their time with patients across the continuum of care • Evaluates the relationship between pharmacists and patients by positioning pharmacists as providers 	<ul style="list-style-type: none"> • Empowers the pharmacy team to ensure that pharmacy technicians perform all traditional preparation and distribution activities • Trains technicians to handle non-traditional and advanced responsibilities and enables them to allow pharmacists to take greater responsibility for direct patient care • Promotes technician training and certification requirements, such as the need for uniform standards for advanced technician roles 	<ul style="list-style-type: none"> • Elevates the reputation of the pharmacy team • Ensures pharmacists, residents, and students have training and credentials for activities performed within their scope of practice now and in the future • Promotes the use of credentials to provide services at the top of the scope of practice 	<ul style="list-style-type: none"> • Evaluates the available technologies to support patient safety and quality of care • Encourages use of available automation and technology to improve patient safety, quality and efficiency, while also reducing costs • Identifies emerging technologies to improve pharmacy practice 	<ul style="list-style-type: none"> • Empowers pharmacists to take responsibility for patient outcomes • Positions pharmacists to promote health and wellness, optimize therapeutic outcomes, and prevent adverse medication events • Emphasizes that given their extensive education and training, pharmacists are integral in helping achieve the best outcomes


PPMI Summit Recommendations.
www.ashpmedia.org/ppmi/overview.html



Strategic Planning
Redesigning Your Practice Model


- ❖ How would you define the ideal pharmacy practice model?
- ❖ How will pharmacists in your re-designed pharmacy practice model provide care to patients and ensure safe and effective medication therapy?
- ❖ What services have you determined to be essential to support your pharmacy practice model?
- ❖ What technologies will you implement within your practice site to facilitate your practice model?
- ❖ What are some key considerations to gain employee acceptance and buy-in to implement a new practice model?
- ❖ How will you gain support of administrators, physicians, and nursing to implement your new practice model?

<http://www.ashpmedia.org/ppmi/practice-spotlights.html>



Key Takeaways


- ❖ Healthcare delivery is a rapidly changing landscape
- ❖ Payment will be driven by quality and outcomes, not patient volumes
- ❖ Hospitals and health-systems will continue to pursue strategic partnerships in order to become in order to remain profitable
- ❖ Our workforce is continuing to develop skills needed to offset primary care provider shortages




Video

Breakout session #1
Handout



- ❖ Based upon the "Trends" presentation and your own experiences, identify "hot topics" that you will need to address in the next 1-3 years.
- ❖ Align each "hot topic" with the Triple Aim, as well as the aims of "Innovation", "Employee Engagement", and "Education", if those additional aims align with your company initiatives.



Report Out Session #1



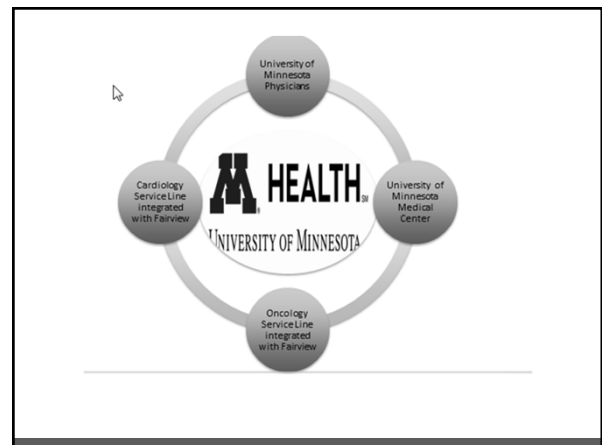
Break – 15 minutes

Strategic Planning Overview

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


University of Minnesota	Fairview Health Services	Fairview Pharmacy Services, LLC
<ul style="list-style-type: none"> University of Minnesota Physicians (UMP) UMP Specialty Clinics 	<ul style="list-style-type: none"> Primary Care Clinics 5 community hospitals in the Twin Cities metro area and outstate Minnesota Fairview Physician Associates University of Minnesota Medical Center 	<ul style="list-style-type: none"> Retail Pharmacies Specialty Pharmacy Mail Order Home Infusion MTM Clinic Services Compounding Pharmacy Long Term Care 340B programs




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*



Does your pharmacy department have an up-to-date strategic plan?



A. Yes! We talk about it all the time!

B. We have one, but I'm not sure what it says.

C. I don't know. Nobody has told me about it.

D. We definitely do not have a department strategic plan.

20th Annual ASHP Conference for Pharmacy Leaders
 Excellence Doesn't Just Happen: Using the *Pharmacy Forecast* and Strategic Planning to Chart Your Future



FAIRVIEW STRATEGIC PLAN OVERVIEW

MISSION
Fairview is driven to heal, discover and educate for longer, healthier lives.

VISION
Fairview is driving a healthier future.

VALUES

- + Dignity
- + Integrity
- + Service
- + Compassion
- + Innovation

DRIVING A HEALTHIER FUTURE

STRATEGIC PRIORITIES
WHAT WILL BE ACHIEVED

1. Core Continuum Integration
Work together across the health system to strengthen clinical care, education and research
2. Provider Alignment
Align with providers who share our commitment to the Triple Aim—quality, experience, cost
3. Workplace Excellence
Be the best place to work and practice medicine
4. Expanded Reach
Increase the number of people we serve
5. Economic Sustainability
Create a sustainable economic model for long-term success

DRIVING PRINCIPLES
HOW IT WILL BE ACHIEVED

- EXPERIENCE**
Patients, families, customers first. Always. Every point of contact is designed to exceed expectations. Seamless experience across the care continuum. Highly satisfied patients, families, referring physicians, community partners and business partners.
- EXCELLENCE**
Excellence in execution, implementation and outcomes. Top-decile clinical outcomes. Clinicians, researchers, educators and leaders renowned in their fields. Programs of distinction. Financial performance that allows us to reinvest. High value health care.
- ENGAGEMENT**
Build a culture that engages and excites. Align system-wide processes. Clarify decision making. Consistently rated a top place to work and practice medicine. Engage donors, partners, community leaders and others in helping us drive a healthier future.

PHARMACY FORECAST 2015-2019

PPMI Tools

- PPMI AmCase Self-Assessment
- PPMI Hospital Self-Assessment
- PPMI C-Suite Resources

Practice Spotlight
University of Minnesota College of Pharmacy
Minneapolis, MN
Our third pharmacy practice modernization focused on providing accessible, patient-centered care. This model leverages integrated pharmacy practitioners to perform clinical tasks to ensure optimal medication therapy. Proven model accountability has historically been measured with integrated performance metrics (i.e., Cost Value Based Purchasing). Not pharmaceuticals must be accountable for patient-specific outcomes to

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”

Dr. Abramowitz shares his point of view on current trends in pharmacy practice and important ASHP initiatives.

- > Provider Status: Moving Forward, Major Push by Practitioners Still Needed
- > White House Forum on Antibiotic Stewardship
- > Taking AJHP to the Next Level
- > Residency Match Day

ENABLING PHARMACISTS TO RESPOND TO THE HEALTH NEEDS OF MINNESOTA COMMUNITIES

Recommendations for the modernization of MN Statutes, Chapter 151

WORKING GROUP ON THE PHARMACY PRACTICE ACT
 CENTER FOR LEADING HEALTHCARE CHANGE
 COLLEGE OF PHARMACY, UNIVERSITY OF MINNESOTA

❖ “Where we want to be”

- Use strategic recommendations from the *Pharmacy Forecast*
- Link to your organization’s strategic initiatives
- Link to our particular expertise in Pharmacy
- Link to our economic success
- Link to our passion for patient care

“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 cost of medications
- A growing recognition of pharmacists as experts in medication management

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?

❖ Brainstorm strategies

- Use the *Pharmacy Forecast*
- Come up with those that meet the needs of your department
- Link them back to the strategic priorities of the organization
- Group in like categories
- Vote

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

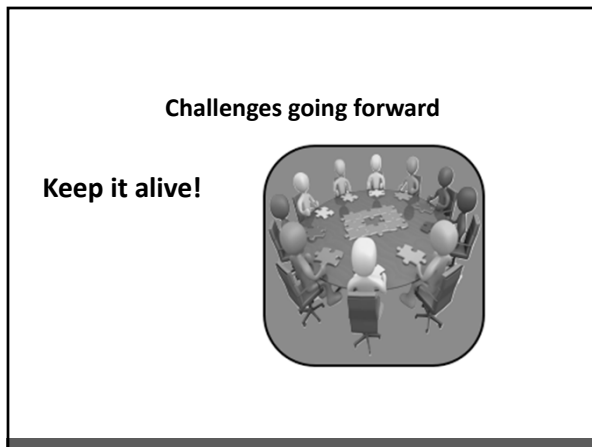
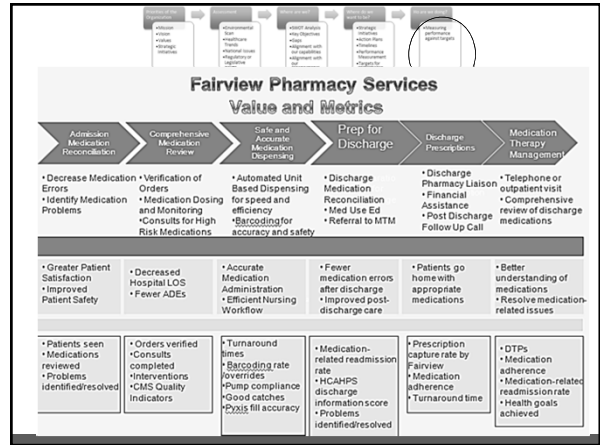



2014 - Former Hospital Pharmacy Service
 Pharmacy's Name: Pharmacy - Billing & Billing Dept
 City/State: Chicago, Illinois - Illinois, Chicago, Illinois
 Long Term Services: Pharmacy - Billing & Billing Dept, Pharmacy - Billing & Billing Dept, Pharmacy - Billing & Billing Dept

Strategic Plan Date: February 2014

Strategic Objectives	Timeline	Actions/Measurements
1. Empowered/Patient-Focused Family Experience	1. 2014-2015 2. 2015-2016 3. 2016-2017 4. 2017-2018 5. 2018-2019 6. 2019-2020	1. Develop patient-focused initiatives for each of our major departments to ensure patient-centric care in all aspects of the patient experience. 2. Develop patient-focused initiatives for each of our major departments to ensure patient-centric care in all aspects of the patient experience. 3. Develop patient-focused initiatives for each of our major departments to ensure patient-centric care in all aspects of the patient experience. 4. Develop patient-focused initiatives for each of our major departments to ensure patient-centric care in all aspects of the patient experience. 5. Develop patient-focused initiatives for each of our major departments to ensure patient-centric care in all aspects of the patient experience. 6. Develop patient-focused initiatives for each of our major departments to ensure patient-centric care in all aspects of the patient experience.

Long Term Objectives	Actions	Accountability	Progress	Responsible Person/Completion
Strategic Objectives				
Develop system Pharmacy initiatives for each of our major departments	Launch Pharmacy	Completed, Phase completed Jan. 2014, the system implemented February 2014		Medicine/Pharmacy
Improve family member satisfaction prior to hospitalization and during hospitalization	Call	Family member survey scores improved in 2014		1 year
Reduce the number of patients in the discharge medication reconciliation process	Med M	Current process for discharge medication reconciliation is being reviewed and improved		Completed
Reduce the number of patients in the discharge medication reconciliation process	Med M	Current process for discharge medication reconciliation is being reviewed and improved		1 year
Develop system to provide the value of discharge medication reconciliation	Med M, Clinical, Support	Value of discharge medication reconciliation is being reviewed and improved		Completed
Improve medication reconciliation process management	Pharmacy	Current process for discharge medication reconciliation is being reviewed and improved		1 year
Improve medication reconciliation process management	Pharmacy	Current process for discharge medication reconciliation is being reviewed and improved		Completed




- Key Takeaways**
- ❖ Use your organizational strategic plan as a starting point
 - ❖ Use external resources such as the *Pharmacy Forecast* and ASHP priorities for your environmental scan
 - ❖ Make sure your strategic plan is written down with timelines and accountabilities
 - ❖ Always link the department strategic initiatives back to the organizational priorities
 - ❖ Keep it alive!
- 




Breakout session #2
Handout

- ❖ Each person at your table is to offer one "hot topic" that is important to them.
- ❖ For each "hot topic", the group should identify at least one or two strategies that can address that topic.
- ❖ Make sure the strategies are specific and measurable; talk about who might have accountability for the strategy and what timeline would be appropriate to the strategy.
- ❖ See Fairview example.



Report Out Session #2




ashp™ LEADERS CONFERENCE

Engaging Staff in Strategic Planning

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Overview

- ❖ Assess the Landscape
- ❖ Create a Burning Platform
- ❖ Establish Guiding Principles
- ❖ Engage Staff – Case Study



Assess the Landscape



Assess the Landscape

- ❖ The current healthcare climate
 - Costs increasing, reimbursement flat/decreasing
 - Patient access to quality and performance data
 - Payer (and patient) expectations for quality and performance is higher than ever
 - Must do more with the same (or fewer) resources
- ❖ How can pharmacy be opportunistic?
- ❖ How can pharmacy grow in this environment?
- ❖ Are staff engaged and ready for change?



Assess the Landscape

Engaging your employees is the answer to strategic planning – **inform, inspire, engage**

- ❖ Clearly define what winning looks like
- ❖ Measure what matters and what staff can relate to
- ❖ Set staff up for success
- ❖ Provide plenty of recognition and feedback
- ❖ Build an atmosphere of trust

<http://www.forbes.com/sites/work-in-progress/2011/03/16/why-engaging-your-employees-is-the-answer-to-strategic-planning/>



Create a Burning Platform



Create a Burning Platform

- ❖ Can you use one to your advantage?
- ❖ Do you have an urgent business need for change?
 - JC or CMS survey
 - ASHP residency program survey
 - Pay for performance measures
 - Provider shortage (pain)
- ❖ Expansion of patient care services
- ❖ Pharmacist development (preceptor qualifications)



Establish Guiding Principles



Establish Guiding Principles


Ground rules:

1. **Listen** first, speak second. Only one person should speak at a time.
2. No idea is a bad idea.
3. All participants will keep an open mind and positive attitude. Do not be constrained by operational challenges. Everything is possible.
4. Today we will focus on **what** we will do, not **who** will do it.
5. The leadership team must retain final authority for changes.




Establish Guiding Principles

1. We will provide exceptional patient care 24/7/365.
2. All changes must be resource neutral.
3. We are responsible for the medication use system across the organization. We will work as a team to identify, prioritize, and resolve all issues.
4. We will be fiscally responsible, being mindful of the total cost of care.
5. We will leverage technology to improve efficiency.
6. We will be **proactive** (not reactive) in all aspects of drug therapy management.
7. All staff will work at the top of their license and skill set.
8. We will take care of the patient's entire pharmacy needs across the continuum of care (inpatient and ambulatory).
9. We will be transparent throughout the entire process.




Engaging Staff in Process



Engaging Staff – Case Study

- ❖ Appointed steering committee of leaders
- ❖ Identified key staff members to join steering committee
- ❖ Initial charge:
 - Review vision
 - Background reading (PPMI, *Pharmacy Forecast*, others)
 - Evaluate current work using following criteria:
 - Is this work needed for regulatory reasons?
 - What is the value to the patient?
 - What is the value to the organization and our customers?
 - What is the risk if we do not do this work?


Each of our patients will have their healthcare experience improved by our pharmacy team. All members of our pharmacy enterprise will collaborate to keep the patient as the center of everything we do.



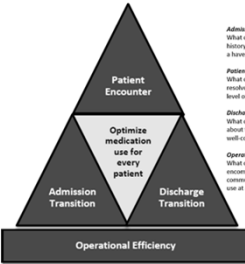
Engaging Staff – Case Study

- ❖ Work continues
 - Set core priorities based on evaluation of current work, identified gaps, and our changing healthcare climate
 - Focus on transformational change, not incremental
 - Develop key messages for staff
 - Begin identifying what can we “stop doing”
 - Hold town hall meetings (staff lead)
 - Complete transparency with staff during entire process

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M Health Pharmacy Services Graph



Admission Transition
 What does this mean? Patients entering our hospital will have an accurate and complete medication history completed upon admission. Patients will know that they have a pharmacist caring for them and have a clear plan for pharmacy care (handoff from previous level of care).


Patient Encounter
 What does this mean? During the acute hospitalization we will proactively identify, prioritize and resolve drug therapy problems for our patients. We will optimize drug therapy and provide the highest level of value-added clinical pharmacy services to our patients.

Discharge Transition
 What does this mean? Patients leaving our hospital will receive appropriate instructions/educations about their medications, will have correct and complete discharge medication orders, and will have a well communicated plan of care (handoff to next level of care).

Operational Efficiency
 What does this mean? Pharmacy operations are the foundation for our pharmacy practice model. This encompasses our technology, computer systems, drug preparation process, drug distribution model, communication practices, and much more. In order for us to achieve our goal of optimizing medication use at admission, during the patient's stay, and at discharge, we will need to become more efficient.

Four revised priorities center around “Optimize medication use for every patient.”


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Engaging Staff – Case Study

- ❖ Current work
 - 4 core priorities, 8 teams developed to continue work
 - Appointed team leaders (Chair, Vice-chair, administrative support)
- ❖ 8 teams
 - Admission transition
 - Learner model
 - Clinical services
 - Patient education
 - Discharge transition
 - Epic efficiency
 - Drug distribution
 - Communication

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Engaging Staff – Case Study

❖ Lessons learned

1. Be intentional about your engagement strategy. Probably nothing is more important than creating the picture of what winning looks like.
2. Identify your most engaged staff and have them lead parts of the work, including communicating with staff.
3. Don't rush the process (unless you have to). Create realistic timelines – almost everything takes more time than first thought.

Each of our patients will have their healthcare experience improved by our pharmacy team. All members of our pharmacy enterprise will collaborate to keep the patient as the center of everything we do.



Key Takeaways

- ❖ Start with the future in sight – “winning”
- ❖ Identify challenges that are potential opportunities in disguise
- ❖ Staff involvement and transparency is critical to success



Report Out Session #3 Group Discussion



Next Steps

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



Planning Starts with a Vision

- ❖ Joint Commission of Pharmacy Practitioners (2014)
- ❖ *Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.*

What's at stake?

- ❖ Patient and population health
- ❖ Relevance of the pharmacy department to institutional imperatives
- ❖ Integrity of the profession
- ❖ Sustainability of the profession



The Oath of a Pharmacist

At this time, I vow to devote my professional life to the service of all humankind through the profession of pharmacy.

I will consider the welfare of humanity and relief of human suffering my primary concerns.

I will apply my knowledge, experience and skills to the best of my ability to assure optimal drug therapy outcomes for the patients I serve.

I will keep abreast of developments and maintain professional competency in my profession of pharmacy.

I will maintain the highest principles of moral, ethical and legal conduct.

I will embrace and advocate change in the profession of pharmacy that improves patient care.



Operational vs. futuristic issues

- ❖ **Operational Issues:** Issues that deal primarily with routine or ongoing departmental activities (e.g., upgrading sterile compounding operations, implementing new information systems or technology, expanding clinical services, improving medication safety).
- ❖ **Futuristic Issues:** Issues that are not necessarily demanding attention at the moment but might become more pressing within the next several years (e.g., shift of institutional focus to ambulatory care, population health, expansion of personalized medicine, marketing of biosimilars).



Do you think you have the basic framework and skills necessary to go back to your institution and start the process of strategic planning?



- A. Yes
- B. No
- C. Not sure

