Putting the ASHP Foundation Pharmacy Forecast into Action: Strategic Planning and Implementation of the Vision

Scott Knoer, MS, PharmD, FASHP
Chief Pharmacy Officer
Cleveland Clinic

Disclosure

- The speaker is on the ASHP Foundation Pharmacy Forecast Steering Committee

Pharmacist Objectives

- Understand the purpose of the ASHP Foundation Pharmacy Forecast and how to use it in strategic planning
- Describe how pharmacists can tie their patient care work to the strategic plan of the Pharmacy Enterprise to advance practice and improve patient care

Technician Objectives

- Understand how the ASHP Foundation Pharmacy Forecast relates to setting a vision for your health-system’s Pharmacy Enterprise
- Describe how technicians can align their work as Caregivers with the strategic plan for the Pharmacy Enterprise

Established Feb 21, 1921
- Four Physicians
- MD Group Practice
- Physician Led
- Non-Profit Organization
- Group Practice Hospital/Clinics

Mission: “...care of the sick, investigation of their problems, and further education of those who serve.”
1,437 Licensed Beds 14,107 Nurses
49,166 Employees 1,888 Residents and Fellows
3,432 Physicians and Scientists 74 Accredited Training Programs

U.S. News & World Report’s “2016-17 Best Hospitals”

No. 2 on Best Hospitals Honor Roll

<table>
<thead>
<tr>
<th>Rank</th>
<th>Hospital</th>
<th>Points</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mayo Clinic, Rochester, Minnesota</td>
<td>418</td>
<td>15</td>
</tr>
<tr>
<td>2</td>
<td>Cleveland Clinic</td>
<td>379</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>Massachusetts General Hospital, Boston</td>
<td>371</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>Johns Hopkins Hospital, Baltimore</td>
<td>349</td>
<td>15</td>
</tr>
<tr>
<td>5</td>
<td>UCLA Medical Center, Los Angeles</td>
<td>331</td>
<td>15</td>
</tr>
</tbody>
</table>

U.S. News & World Report’s “2016-17 Specialties”

<table>
<thead>
<tr>
<th>Rank</th>
<th>Specialty</th>
<th>Rank</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cardiology &amp; Heart Surgery</td>
<td>3</td>
<td>Orthopedics</td>
</tr>
<tr>
<td>2</td>
<td>Gastroenterology &amp; GI Surgery</td>
<td>3</td>
<td>Pulmonology</td>
</tr>
<tr>
<td>2</td>
<td>Nephrology</td>
<td>6</td>
<td>Neurology &amp; Neurosurgery</td>
</tr>
<tr>
<td>2</td>
<td>Urology</td>
<td>8</td>
<td>Cancer</td>
</tr>
<tr>
<td>3</td>
<td>Diabetes &amp; Endocrinology</td>
<td>8</td>
<td>Ophthalmology</td>
</tr>
<tr>
<td>3</td>
<td>Gynecology</td>
<td>12</td>
<td>Ear, Nose &amp; Throat</td>
</tr>
</tbody>
</table>

2016 CC Pharmaceutical Purchase Overview

1,100 Pharmacy FTEs

- Cleveland Clinic Florida
  - #1 in the Miami-Ft. Lauderdale area
  - #5 in Florida
  - Nationally ranked in Gastroenterology & GI Surgery

Source: Pharmacy Purchasing Dashboard FYD through Q4 2016
Why the Forecast Was Created

• Improve planning effectiveness

• Value of a nationwide environmental scan

• Difficult for pharmacy departments to look beyond immediate operational challenges

• Important to consider trends outside of pharmacy’s immediate purview
Key Components of the Project

• Identify external developments that might have a major effect on pharmacy practice (Advisory Committee)
• Survey trend-watchers
• Expert analysis of survey results
• Actionable recommendations

Forecast Panel / Trend Watchers

• Nomination by leaders of five ASHP sections
• Recognized experts in an area of pharmacy practice
• Demonstrated ability to think analytically about the future
• 148 persons on Forecast Panel
• Balanced geographic distribution
• “Top of mind” response
• 86% / 84% response rate

Authors

Interpretation of survey results and recommendations for practice leaders
Scott Knoer
Linda S. Tyler & Erin R. Fox
Pamela K. Phelps
Kevin C. Marvin
Douglas J. Scheckelhoff
Andy Pulvermacher & James M. Hoffman
William A. Zellmer & Brian M. Myer
Edward Li & Rita Shane

Forecast Survey

• Eight domains; six questions in each domain
  • Population Health Management
  • Health-System Operations
  • Health Information Technology
  • Therapeutics
  • Managing Medication Costs
  • Regulatry Requirements
  • Pharmacy Work Force
  • Presidential Election
• Likelihood of a development within next five years
• Reference to “geographic region where you work”

Sampling of Key Trends and Recommendations

Keep in mind:
• Report covers 48 trends; 40 strategic recommendations
• Five-year focus
• Scaled response from “very likely” to “very unlikely”
• Report includes analysis of predictions

Important Features

• New report every year covering new territory
• Practitioners encouraged to consult 3 most recent reports
• Pharmacy leaders utilize the Forecast in Strategic Planning
Population Health Management

How likely is it that the following will occur, by the year 2021, in the geographic region where you work?

At least 75% of health systems will have formal, assertive programs aimed at achieving the highest quality at lowest cost for specific patient populations (e.g., oncology, diabetes, inflammatory and immune disorders) across the continuum of care.

☐ Very likely or somewhat likely?

☐ Very unlikely or somewhat unlikely?

At least 50% of health systems will serve high-risk patients (e.g., those with coronary, congestive heart failure, HIV) through formal programs with community pharmacies (e.g., for adherence coaching, patient monitoring) that they own or are in partnership with.

☐ Very likely or somewhat likely?

☐ Very unlikely or somewhat unlikely?

Health-System Operations: New Frontiers in Practice Change

• Become engaged with your health system’s strategy on telehealth, particularly related to medication management issues including adherence. Develop competence in mobile device apps related to medication management and patient adherence.

• Give priority to reviewing the access security of all pharmacy-managed technology systems. Test downtime workflow processes and procedures for each system, and make improvements as indicated.

Health Information Technology: Integration, Patient Empowerment, and Security

• Give priority to reviewing the access security of all pharmacy-managed technology systems. Test downtime workflow processes and procedures for each system, and make improvements as indicated.
Therapeutics: Changing Practices to Meet New Demands

• Actively evaluate your health system’s opportunities to incorporate precision medicine approaches in patient care, with the aim of improving therapeutic selection, dosing, and patient outcomes.

Andy Pulvermacher, James Hoffman

Managing Medication Costs: Focusing on Value

• Assertively integrate value into your health system’s formulary decision-making process by including metrics such as number needed to treat to achieve outcomes, cost per quality-adjusted life-year, cost per year of life gained, and incremental cost-effectiveness ratio.

Edward Li, Rita Shane

Regulatory Requirements: Proliferation of Complex Demands

• Invest in the necessary resources (including staff) to meet stricter requirements for sterile compounding. Pursue a uniform system wide approach toward sterile-product quality. If you pursue outsourcing of sterile compounding, consider ASHP guidelines in the selection of a registered 503B compounder. If you use an outsourcing service, prepare a contingency plan for responding to recalls or facility closure.

Linda Tyler, Erin Fox

Pharmacy Work Force: Shifts in Roles, Responsibilities, and Training

• Give strategic priority to professionalizing the pharmacy technician staff, identifying and acting on opportunities for job enrichment, career advancement, salary alignment with expanded responsibility, and fostering career longevity.

Douglas Scheckelhoff

Presidential Election: Republican Donald J. Trump is the Surprising Victor

• When you experience pharmaceutical pricing that clearly exceeds the bounds of fairness and value, inform your state and federal elected representatives and the local media of the situation.

Pharmacy Enterprise

• An integrated system of business units with accountability for clinical and financial outcomes related to medication use across the continuum of care in a health system

Stewardship of the pharmacy enterprise

Scott Kiser

Fax: 512-357-7091
Enterprise Approach to Strategic Planning

- Hospitals
- Outpatient pharmacies
- Ambulatory Clinics
- Home Care
- Infusion
- Specialty
- Warfarin
- Employee Health Plan

Agenda

- Background readings
- Keynote
- Forecast summary
- Organizational goals
- Previous year pharmacy enterprise goals
- Celebrate previous year’s accomplishments
- Goal brainstorming and ranking
- Post work

Background readings

- ASHP Foundation Pharmacy Forecast
- Relevant published literature (National Governors Association, Surgeon General Report)
- Anything relevant and new
  - Hot off the press items are the best

Keynote: Thought Leader

- Sets the stage
  - Bruce Scott
  - Strategy Office
  - Key Physician Leader
- Get the audience thinking
  - Population Health Management
  - Use of distance technology

Forecast

- Required pre-reading
- Summary of key recommendations
- Thought provoking

Review organizational goals

- Goals must tie into the organization’s overall plan
- If you don’t have organizational goals, don’t wait for them
  - Put your goals into the organizational template when it comes out
Cleveland Clinic Vision

Striving to be the world's leader in patient experience, clinical outcomes, research and education.

Cleveland Clinic Mission

..."Care of thee sick, investigation of their problems and education of those who serve"

Pharmacy Enterprise Mission and Vision

Vision:
To be the world leader in pharmacy practice

Mission:
To provide patient focused pharmacy practice across the continuum of care through innovation, education and research

Create Goals for New Year

• Group discussion and ranking of pharmacy goals
  • What's still relevant?
  • What comes off the list?
  • Tie pharmacy goals to organizational goals
  • Rank goals
  • Vote with dots
  • Put your goals into organizational template if you have one
  • Demonstrate your connectivity with the organization

Cleveland Clinic Enterprise Goals 2017

Patients First

Continuously improve quality, safety and patient experience

• Identification of high resource utilization patients with a focus on at risk populations to support population health management
• Collaborative practice agreement to expand and standardize chronic disease and medication therapy management
• Improve EHP membership ability to obtain medications from Cleveland Clinic pharmacies
Caregivers

Make Cleveland Clinic the best place to work
- Expand the role of the pharmacy technician
- Standardize core pharmacy caregivers key performance indicators
- Pursue Board Certification for qualified pharmacists

Affordability

Steward of our resources
- Further develop integration of pharmacist in care path design and evaluation
- Implement cost saving drug utilization initiatives
- Standardization of enterprise productivity measures

Growth

Responsibly develop to sustain our mission
- Utilize Virtual Health to conduct medication therapy management and chronic disease management

Impact

Make a difference through research, education and innovation
- Evaluation of the learner model for the Pharmacy Enterprise
- Increase the number of preceptors to support layered learning model
- Implement a privileging and credentialing process for the pharmacy enterprise

Post Retreat Work

- Cascade the goals
- Each leader creates goals for their unit based upon the Pharmacy Enterprise Goals
- Goals are tied to individual Annual Performance Reviews

Main Campus Goals Cascade
Examples of Previous System Hospital Goals

• Implement a bedside delivery program at your hospital
• Live at all hospitals
• Implement or expand an ASHP accredited pharmacy residency program at your hospital
• 11 to 46 enterprise residency positions in 5 years
• Increase the number of student APPE rotations at your site to help provide medication histories, patient education and other direct patient care duties

Questions?