2007 ACCP Fellows Address

Pharmacy Vision and Leadership: Revisiting the Fundamentals

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Someone said, 'There is something I have forgotten.' There is one thing in the world that should not be forgotten. You may forget everything except that one thing, without there being any cause for concern. If you remember everything else but forget that one thing, you will have accomplished nothing. It would be as if a king sent you to a village on a specific mission. If you went and performed a hundred other tasks, but neglected to accomplish the task for which you were sent, it would be as though you had done nothing. The human being…has come into the world for a specific purpose and aim. If one does not fulfill that purpose, one has done nothing.

Mevlâna Jalâluddin Rumi[1]

These words of Rumi, the great 13th century mystic poet of Islam, can be interpreted as a message about one's mission in life. Many pharmacists, including myself, feel that our work is not simply a job but a calling. The meaning that we derive from life, to a substantial degree, comes from our work. We have integrated our work with other dimensions of our lives. Although we enjoy the material rewards of our labor, a deeper gratification comes from the sense of contributing to an important cause. We feel a sense of responsibility for the future of our profession, which is linked to a strong belief that significant changes are needed to secure that future. All of this and more are entwined in our sense of calling. Echoing Rumi, we believe that pharmacy gives us "a specific purpose and aim" and deep in our hearts, we may fear that falling short of fulfilling that purpose is akin to achieving "nothing."

So it is wise to examine from time to time whether we remember our specific mission. Being still and listening to that quiet inner voice will tell us if we have become distracted by "a hundred other tasks" and are neglecting to accomplish the one task for which we have been sent. It is impossible, however, to achieve a complex mission without mastery of the fundamentals demanded by the challenge. I will discuss these fundamentals as I see them, with the intent of fostering reflection and, perhaps, recommitment and even redirection.

Relationship Between Vision and Leadership

One of the fundamentals is an understanding of the relationship between vision and leadership in pharmacy. These are two tightly linked concepts. What is the point of leadership if it is not directed toward some envisaged, socially desirable, change?

In the United States, for the past century or more, leaders in pharmacy practice and education have envisaged that pharmacy would become a health profession that ensures the integrity of drug therapy. At first, the focus was on the quality of medicinal products themselves. The reforms of the Progressive Era and the move toward mass production of most medicines have put this responsibility in the hands of the federal government. Today, pharmacy visionaries have

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set their sights on the quality of the use of medicines. This vision is built on the facts that the less-than-optimal use of medicines is a major public health problem and that pharmacy is in a better position than any other health profession or any agency of government to correct this problem.

Leadership is needed to close the immense gap between our vision and how most pharmacists practice their profession. In all sectors of practice, most pharmacists still spend most of their time on order processing and product handling functions—functions that could be conducted well with less direct pharmacist engagement through the intelligent design and use of systems, technology, and technical workers.

Imperatives for Leadership

An understanding of the implications of this gap is another fundamental we must master. The gap between vision and performance poses two profound implications for pharmacy. One has to do with survivability of the profession, and the other has to do with social responsibility. Both implications are self-evident. Both are easy to ignore because of powerful incentives to preserve the status quo. Not the least of these inertial factors is the high salaries of dispensing pharmacists.

The survivability imperative tends to be discounted because traditional pharmacy practice is still propped up by laws based on the theory that the knowledge and skills of a pharmacist are necessary to ensure the safe dispensing of a prescription drug. That theory has been eroded by mail-order pharmacy, and it will be eroded even further as big corporations continue to co-opt state boards of pharmacy. Most significantly, the theory has been weakened by pharmacists themselves, through their insularity from the clients they serve.

The social responsibility imperative is the obligation we have to use our education optimally in service to society. Addressing preventable medication use problems is the calling for which we have been prepared; to apply our time and effort to a lower-order function that could be performed well through other, less expensive means is a shameful, immoral squandering of resources.

There is no mystery about the imperatives for leadership in pharmacy. And yet, we allow ourselves to get distracted by a "hundred other tasks." It is through wise leadership that we will, in the words of Rumi, not forget the task for which we were sent.

Pharmacy's Strengths

In October 2007, five pharmacists from the United States and two from Canada joined 60 health care, public health, university, and pharmacy leaders from Mexico to explore lessons learned in the northern hemisphere that might assist in the development of hospital-based clinical pharmacy in Mexico. From a U.S. perspective, this conference served as a reminder about another fundamental we must master: to be informed by our own history.

The history, sociology, and culture of Mexico have resulted in a health care system that is essentially devoid of pharmacy practitioners. There are many pharmacies in Mexico, but they are not staffed by pharmacists as we define them. There are many hospitals in Mexico, but nearly all of them function without the benefit of pharmacists. A university-level pharmacy education exists in Mexico, but most graduates of these programs work for the pharmaceutical industry.

The history, sociology, and culture of the United States have taken us on a different course. Pharmacy in our country derives strength from its educational system, as guided by a strong, uniform national standard. We derive strength from the legal requirement that pharmacists must oversee the distribution of the most potent medicines. We derive strength from the hospital accreditation requirement that the medication-use process must be overseen by pharmacists. We derive strength from the growing demand of physicians to include a pharmacist on their team. These strengths did not "just happen." They resulted from visionary leadership in practice and education, a commitment to postgraduate residency training, a philosophy of continuous improvement, voluntary practice standards, and good research and communication about the value that pharmacists bring to health care.

We should not take our strengths and our history for granted. We should not forget the lessons about the factors that brought us to this point in our evolution. These lessons will help keep us focused—in the words of Rumi—on our specific purpose and aim in this world.

Nature and Pace of Change

Another fundamental we must master to achieve our vision is an awareness of the nature

and pace of change in the environment in which we operate. I remember a period in my life when I was troubled by a gap in my knowledge of the history of science, specifically the history of geology. Often, after exploring for the first time some beautiful spot on the face of the earth and then reading about how the forces of nature created this magnificence, I would wonder when humans first began to recognize that the crust of our planet is in a continuous state of change and was not created as we see it today. Then I learned about the life of James Hutton.[2] James Hutton was a contemporary of David Hume, Adam Smith, and James Watt—intellectual forces in the Scottish Enlightenment of the 1700s. Hutton's curiosity and scientific mind led him to prove that the earth was likely millions of years old rather than the biblically calculated age of 6000 years. Further, Hutton showed that the earth is constantly being reshaped by myriad everyday forces.

The work of James Hutton opened minds to the presence of very long cycles of change within a broader sweep of very slow change. During the earth's evolution, from its origin 4.6 billion years ago to the present, there have been cycles of change—ice ages, for example, and reversals of the earth's magnetic polarity. The pace of these very long cycles is not perceptible in the daily life of a human, although today's technology allows us to track accelerations of slow change such as global warming. Long trends and long cycles of change are present in human society as well as the physical world.

Health care and pharmacy function within broader societal trends, each unfolding at its own pace. We mostly focus on the immediate, urgent manifestations of these trends—our earthquakes and tsunamis—rather than on the underlying forces themselves—the plate tectonics of our field. Our propensity to measure progress in terms of a human lifetime tends to make us oblivious to the long trends and patterns that may, in fact, seal our fate. So, we must be disciplined and look dispassionately at pharmacy's long trends to help us avoid being distracted by the "hundred other tasks" that Rumi warns us about.

Pharmacy's Long Trends

What are the long, broad trends affecting pharmacy's destiny? At the top of the list, one might put industrialization, corporatization, and business consolidation. We know the pharmacy signposts of these trends well:

- The preparation of dosage forms moving from individual pharmacists to mass production by big corporations
- The dispensing of mass-produced medications coming under the control of a highly consolidated industry, which defines itself as retailing or prescription benefit management
- The pharmacy retailing–pharmacy benefit manager industrial complex being run by financial wizards and manipulators who have a short-term focus on keeping shareholders happy
- Most pharmacists being employed by the retailing industry, where they are mere instruments in a corporation's pursuit of wealth and where they have lost all discretion (and, apparently, desire) to develop a professional practice built on personal caring and competent service.

In 1996, 7 years after the collapse of the iron curtain, a pharmacy professor in socioeconomics at Semmelweis University in Budapest discussed with me the frustrations of privatizing community pharmacies in Hungary. In the Soviet-dominated era, pharmacies had been owned and operated by the state. Now the rules had changed, and the state wanted to sell each pharmacy to the pharmacists who practiced there. The problem was that the pharmacists had no interest in becoming entrepreneurs. The professor theorized that those who might have had the ambition to create their own professional practice had gone into other pursuits, such as the pharmaceutical industry, which offered better rewards for imagination and initiative.

Something similar has happened in the United States. The stultifying practice environment of retail corporations has attracted pharmacists who want the security and comfort of clear rules, procedures, and routines. Fortunately, there are many opportunities elsewhere for pharmacists who are put off by this rigidity. Unfortunately, this has left little substrate to support even the most basic aspects of professionalism such as the pharmacist determining whether the client knows how to use his or her drug therapy.

Many pharmacists, for too long, have clung to the dream that this could be changed. Even now, immense effort is being directed into articulating what it means for pharmacists to provide medication therapy management as a service that is tangential to the mainstream of health care delivery. Projects of this nature will fail to have

any significant impact unless the retail drug store corporations are willing to take three radical steps:

- Turn over to their pharmacists a large measure of professional self-determination
- Actively foster the professional socialization of the pharmacists they employ
- Concertedly hire new pharmacists who have the appropriate psychographic profile and motivation for professional practice.

This industry is, of course, moving in a completely different direction. The mind-set of the captains of this industry was revealed in a statement by the president of CVS regarding his corporation's merger with Caremark. He said, "[After the merger,] we will be agnostic [about] where the consumer gets [his or her] prescription filled [within our corporate divisions]."[3] In other words, they are all about increasing the number of commodity transactions, and as long as the money flows into their coffers, they don't care how their customers get their medicines.

We should certainly stay alert for opportunities to collaborate with corporate retailers on professionalization projects. But we would probably get a higher yield, in terms of protecting the public, if we were to lobby for stronger state boards of pharmacy to oversee the new methods these corporations are inventing for distributing prescription medicines. And the yield most assuredly would be higher in projects that continue to define the role of pharmacists as members of interdisciplinary health care teams.

Mentorship

Other long trends are buffeting health care and pharmacy, including the ever-deepening understanding of human biology and disease processes and the ever-expanding technologic innovations in diagnosis and treatment of illness. These long trends have fueled specialization in health care, which brings us closer to the heart and natural interests of the Fellows of the American College of Clinical Pharmacy (ACCP).

Many of the ACCP Fellows are at the cutting edge of clinical research and are widely admired in pharmacy for their dedication to creating new knowledge. Many have pioneered clinical specialty practice and hold an honored place in our profession for the ways in which they have improved patient care. Most are involved, to some extent, in pharmacy education.

Pharmacy educators have a profound influence on the outlook and aspirations of their students. This gives them immense power to shape the future of our profession. I hope that power will be exercised with mindfulness and wisdom, which will help our profession, in the words of Rumi, to not forget the task for which we were sent.

Mindfulness and wisdom should be applied to the practice of pharmacy in facilities or programs in which multiple health care workers collaborate for the care of patients. For the sake of discussion, let us imagine that the pharmacy enterprise in these settings is well integrated with the total care of patients. Let us imagine further that the amount of work in the pharmacy enterprise requires that the roles of individual pharmacists be differentiated. No single pharmacist does everything. Every pharmacist would concentrate or specialize in a set of tasks within the overall pharmacy enterprise.

What I have described commonly occurs in a wide range of health care settings, including hospitals, outpatient clinics, various chronic care programs, and some group medical practices. Professional pharmacy practice has a strong foothold in these settings, buttressed by a best-practices and continuous-improvement culture, a team spirit, solid evidence of cost benefit, and growing demand by physicians. Practice environments of this nature deserve a heavy investment of time, creativity, and commitment by our best leaders. These settings are where the pharmacy profession is meeting its two imperatives of survivability and social responsibility.

There is one aspect of contemporary pharmacy education that is disturbingly out of sync with the needs of the pharmacy enterprise in progressive, complex practice environments. Many of today's new graduates seem to have the self-concept of an independent clinical practitioner, uninterested and unconnected to the other vital components of the pharmacy enterprise. Pharmacy certainly needs more clinical specialists, but that need must not blind us to all the other essential competencies required to serve patients well.

Particularly in inpatient hospital pharmacy practice, there is much to be gained through a practice model that integrates all pharmacists and technicians into a team that is committed to excellence in the entire medication-use process. The specific functions within this pharmacy team include general and specialized clinical practice, formulation and implementation of drug-use policy, product acquisition and inventory control, product preparation and distribution, sterile product compounding, medication-use safety and

other quality initiatives, and effective implementation of new technology.

The ideal pharmacy team is equipped to interpret both science and pharmaceutical marketing, taking into account the more limited capacity that others on the health care team may have for such interpretation. Science in this context includes clinical studies, of course, but also information science; communications science; systems analysis; the administrative, social, and economic sciences; and studies of drug stability and compatibility. These areas of science cannot be applied effectively to pharmaceutical care as freestanding, independent fields of knowledge. They must be integrated to maximize the overall value of the pharmacy enterprise to patient care. This level of integration requires sophisticated leadership that understands both operational and clinical excellence, inspires team commitment and cooperation, and communicates the value of the pharmacy team.

As new pharmacy graduates enter practice in health care settings, our profession will make better progress if they come already equipped with this team-based understanding and philosophy. We will make better progress if new graduates understand their role as a component of a larger whole. We will make better progress if they come with an open mind about career options, including a willingness to explore the exciting change-agent opportunities in practice management and leadership. Pharmacists who are in a position to mentor students and residents can serve our profession's long-term future well by encouraging these perspectives.

Conclusion

In my introduction, I began with a translation of Rumi's writing to caution us not to forget the task for which we have been sent. I will close with a reading from the contemporary poet, David Whyte, who speaks eloquently to many issues of the human spirit in modern society. This piece, entitled *Start Close In,*[4] connects with the message of Rumi and gives us a personal formula for mastering the fundamentals of vision and leadership—the fundamentals of producing constructive change—in pharmacy.

Start close in,
don't take the second step
or the third,
start with the first
thing
close in,
the step you don't want to take.

Start with
the ground
you know,
the pale ground
beneath your feet,
your own
way of starting
the conversation.

Start with your own
question,
give up on other
people's questions,
don't let them
smother something
simple.

To find
another's voice,
follow
your own voice,
wait until
that voice
becomes a
private ear
listening
to another.

Start right now,
take a small step
you can call your own,
don't follow
someone else's
heroics, be humble
and focused,
start close in,
don't mistake
that other
for your own.

Start close in,
don't take
the second step
or the third,
start with the first
thing
close in,
the step
you don't want to take.

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