A Message from the President

On May 10, 1997 Lowell Sterler became the ninth President of the Academy of Managed Care Pharmacy. In his first official act, he challenged pharmacy in general to confront the demands facing the profession today, and Academy members in particular to lead their colleagues through this time of great change. Here are his remarks.

LOWELL STERLER

LOWELL STERLER, R.Ph., M.B.A. is Assistant Vice President, Network Product Management, PCS Health Systems Inc., Scottsdale, AZ.

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As we begin the new Academy year, I look forward to embarking with each of you on what I hope will be a dynamic and fulfilling journey that will renew our sense of mission and purpose as individual managed care pharmacy professionals. We have much to be proud-of, and much to anticipate. That is because we, as managed care pharmacy professionals, are paving the way for how quality pharmaceutical care is delivered to millions of Americans. We are taking the lead in utilizing the tools and technologies that truly enhance and promote good patient outcomes. And we are revolutionizing the very way pharmacy is thought of and practiced in this country.

We live and work in an era of dramatic change. Both our health system in general, and the pharmacy profession in particular, must continually shift gears to

keep pace with the many forces that are dictating the future course of how we deliver patient care. The rules by which we all operate are changing rapidly. Old roles are disappearing, and new ones, often with more sophisticated levels of responsibility, are emerging. The expectations of both patients and employer purchasers of health benefits are higher than ever before. All health professionals, including managed care pharmacists, are being asked to be accountable for the quality and value of the care and services we render on a daily basis.

As these dynamic changes unfold, there is a need for strong, new leadership on the part of the pharmacy profession. Pharmacy can no longer cling to the familiar ways of the past, which link the pharmacist to drug product. To do so will only undermine the future viability of our profession. As pharmacists, we must be visionary, not reactionary. We must act, not react. We must look to leaders who offer new guidance and insights to push the profession beyond its traditional boundaries.

As President of AMCP, I propose that all of us respond to this call for pharmacy leadership. That all of us go to our jobs with a new vision, willing to see ourselves, and serve as, pilots of the pharmacy profession. What is a pilot? Websters says that it is a helmsman, a guide, a leader. What does it mean to pilot? Again, Websters says it is "to lead or conduct over a usually difficult course." Where do you find the pilot in an airplane? Obviously, in the cockpit. Pilots must anticipate every movement and therefore are in the front of the plane. So as pilots for the pharmacy profession, let's get out in front.

This may seem like a radical idea to some. Today there is much ignorance, misperception, and bias on the part of the public, the media, and other health care professionals regarding managed care pharmacy. What is managed care pharmacy? To some of you it means

provider networks, formularies, and DURs. To some of you, it means innovative plan designs, risk sharing, and capitation. To some of you, it means the essence of pharmaceutical care. So who's right? You're right. You're *all* right. That's why a change in perception is so critical. It's what makes our challenge so exciting.

Now is the time for us, as managed care pharmacists, to come together, to stake our claim and come forward to make something radically different happen on a much larger scale. This year, I want to focus on three objectives. First, to translate the notion of pharmaceutical care into all practice settings, not just our own. Second, to promote the development of measures that can be used to assess the quality of pharmaceutical care being practiced in managed care settings. And third, to take the offensive for managed care pharmacy, get out in front, and stay out in front on the issues affecting us.

Regarding the first objective, to translate pharmaceutical care into all practice settings, the pharmacy profession as a whole is just starting to wake up to the notion that we must actively embrace a much broader role within our health system if we are to succeed in the coming century. A good example of this occurred two months ago, when I had the privilege of being a guest at the annual Remington Awards dinner. As you know, the Remington Honor Medal recognizes an individual who has made an outstanding contribution to pharmacy. It is arguably the Oscar, the Emmy, the Grammy of the pharmaceutical profession. This year, two individuals received this prestigious award: Professor Charles D. Hepler of the University of Florida, and Dr. Linda M. Strand of the University of Minnesota, names most of us recognize. Both of these individuals have made enormous contributions to pharmacy over the years, but perhaps their most notable achievement was the development of the concept of "pharmaceutical care" as we know it today.

During her acceptance speech, Dr. Strand proposed an amendment to the definition of pharmaceutical care. She suggested that pharmaceutical care embrace the notion of a health care professional assuming responsibility for appropriate medication use. Dr. Strand made a strong case for medical professionals to aggressively manage and coordinate patient drug regimens, and be willing to be held accountable for the quality of the pharmaceutical care services they provide. She challenged the pharmacist to become *the* health care professional to take on this expanded role, and went on to warn pharmacists that if they don't do so, other health care professionals will.

Being responsible for assuring appropriate medication use and being accountable for good patient outcomes is at the heart of what we, as managed care pharmacists, already practice on a daily basis. As pilots of the pharmacy profession, we must, therefore, lend support and leadership to translate this notion of pharmaceutical care into all pharmacy practice settings, not just our own.

Clearly, we have the tools, the skills, and the experience to propel pharmacy forward. We are in the best environment for collaborating with other health care professionals to optimize patient care. We are increasingly being called upon to use our skills and knowledge to manage and provide care directly for many patients with long-term chronic conditions, including the elderly and other individuals with serious medical problems such as AIDS, cancer, diabetes, and heart disease. In the past, we were merely claims processors and network developers. Today, however, the kinds of activities we engage in are broader and more encompassing than ever:

- ▲ monitoring patient therapy and outcomes;
- ▲ developing and implementing programs to improve patient compliance;

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- ▲ providing educational training for patients and their family members on how to control and manage specific diseases; and
- ▲ developing and implementing disease intervention programs.

These are just some of the ways we are changing pharmacy and expanding the notion of pharmaceutical care.

We can do all these things in part because we have access to total patient pharmacy data, so we get the complete overview of each individual patient's medication profile. That kind of access to information, that kind of coordination and careful fine-tuning of patient therapy simply is not possible in many of the more traditional pharmacy settings.

Each day, we are engaged in further applying and fine-tuning the pharmaceutical care tools that lead to sound patient care. These include the development and use of proper formulary systems; the development of sound medical treatment and prescribing protocols, and the development of patient outcomes measures.

We are pioneering these and many other techniques that will set the future course of pharmacy. Last fall, in our own *Journal of Managed Care Pharmacy*, we published bold, new guidelines developed by top pharmacoeconomic researchers to help managed care organizations and other purchasers of pharmaceutical products make sound formulary decisions. These guidelines, believed to be the first of their kind ever published in the United States, help purchasers evaluate which drugs produce the best outcomes for patients and result in cost savings within the entire health system, not just savings in drug costs.

With regard to the second objective, to promote quality, AMCP also is spearheading an effort to bring the major national pharmacy organizations together to determine the feasibility of developing and implementing new standards of quality and performance measures for

pharmaceutical care in all pharmacy settings. And we are working closely with the National Committee for Quality Assurance to promote the development of measures that can be used to assess the quality of pharmaceutical care being provided in managed care settings. These steps are preliminary, and there will no doubt be many challenges, problems, and setbacks along the way. We will need the coordination and cooperation of all parties involved so we can meet our challenge. That's why we as managed care pharmacists must help each other.

Even though we are working hard to move pharmacy forward, we find ourselves caught in the middle of a national backlash against managed care that's been growing in intensity and furor. Regularly, we are bombarded with reports in the media and elsewhere about the alleged "evils" of managed care. A recent *Wall Street Journal* article proclaimed that "in the face of stepped up state and federal interest, HMOs and other managed care plans have been scrambling to improve their image."

This past year in particular, managed care pharmacy has felt the sting of unwelcome, prejudiced coverage. From the use of well-developed formulary systems and therapeutic substitution to academic detailing, these and other tasks we do on a day-to-day basis are now subject to increasing skepticism, criticism, distortion, and mistrust. Virtually every publication has taken a slam at managed care at some time or another. Several years ago there was a nuclear accident in the Soviet Union. Radiation spread for hundreds of miles. This media backlash we are in the midst of is a Chernobyl in the making. You know that we may be innocent, but we certainly are not going to be immune from the fallout. So we can either act or react. I choose to act. Let's get out in front!

This environment places the managed care pharmacist under intense scrutiny. As a result, we are held account-

able above and beyond what is asked of many of our pharmacy peers. This, you say, isn't fair. And it's not! But it is the way things are likely to remain for the foreseeable future. As managed care providers, we are called to live up to a higher standard of performance. We must constantly prove ourselves. We must demonstrate our commitment to providing quality care, and our concern for the well-being of our patients. This is no easy task. But I ask all of you to make a commitment, on the part of our profession, to respond to this call. Only then can we truly take up the mantle as pilots for the profession. One other thing about jet pilots is the fact that they don't have rear view mirrors. Drop the rear view mirrors. Drop the procrastination. Drop the "it's not my problem." The question is whether it happens to us or with us.

Finally, and equally important, we, as AMCP members, must mobilize our energy to lend a stronger voice than ever for managed care pharmacy, for what it entails, and how it is changing the face of pharmaceutical care in this country for the benefit of all.

Here's an example of an action that we need to take right now. We must document what we do in our profession, how we make our decisions, and the impact of those decisions on both patients and the organizations we serve. We must concentrate on doing the research, on collecting and analyzing the data, that will show definitively that what we do results in good, and often improved, outcomes for our patients. We must demonstrate by our actions, not just by our words. As your new President, I'm committed to seeing this through.

This is a one-year term of office. I want to continue the groundwork laid for us in the past and spearhead it as we prepare for the next century. And what can you do as an individual member? Pick up the phone. You can call the staff, they really are the stewards of our professional efforts. You can call any member of our

leadership. Or, you can call me. I'm going to take PCS up on their commitment to allow me the time to do this job with AMCP to the best of my ability.

We must also take it upon ourselves to work to change the short-term silo mentality that all too often tries to place what we do in a box. We must convince patients, purchasers, and others of the need to take a long-term, big-picture approach to managing health care delivery. I have a friend who works for a Fortune 500 company. To him, long term is six months. I remember when long term used to be five years. We must demonstrate that increases in pharmaceutical costs can lead to reductions in hospitalizations and other medical services, which in turn can lead to better outcomes for patients, and lower overall costs to purchasers. As managed care pharmacists who put patients first, we must not be held hostage to the notion that success comes from managing pharmacy in a vacuum. We must work to develop and embrace the tools and technologies that will give us the data and measurements we need to support our arguments.

We must continue to make our voices heard strong and clear on the legislative and regulatory front. This year, we have seen increased assaults, particularly at the state level, against managed care pharmacy practices. This was recently the case in Virginia, where a legislative initiative to ban programs that monetarily reward pharmacists for therapeutic interchanges was thwarted. "Any willing pharmacy" laws have been introduced in Washington, Rhode Island, New York, Pennsylvania, and Missouri. What's happening in your state? Get out in front. Act, don't react. Such assaults are driven by those reactionary forces who feel most threatened by our success and growth, and who would, given the power, keep pharmacy firmly entrenched in the Dark Ages, rather than move it toward a new Age of Enlightenment. We must speak out against the dangers of keeping the status quo. We must educate lawmakers, the public, purchasers, and other health professionals about what we do, why we do it, and how we do it so well.

And finally, as pilots of the profession, we must reach out to the next generation of pharmacists to prepare them

for how pharmacy will be practiced in the years to come. We must work with the Schools of Pharmacy, with faculty, and with students to make sure these caregivers of tomorrow are learning the skills and techniques they will need to be successful. Therefore, I challenge each of you to take part in this all-important effort. For it is through them that pharmacy will be taken to a new level of achievement and importance within the health system.

Clearly, the managed care pharmacy profession will face many hurdles in the months and years to come. Yet the opportunities for us are almost limitless. As managed care pharmacists, and as members of AMCP, we can provide the guidance and leadership necessary to change the face of pharmacy as we head into the next century. I invite each of you to join me in renewing our commitment to re-vitalize our profession, and unleash the energy and enthusiasm that can propel us into a new era of achievement and success. It will be my honor to work with you. ■