

## The State of the State: Do We Have All the PPMI Puzzle Pieces?

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## Disclosures

- Nothing to disclose

## Objectives

- Describe the current level of achievement of the ASHP Pharmacy Practice Model Initiative (PPMI) by Illinois hospitals.
- Identify areas where Illinois hospitals exceed or fall short of the national average based on ASHP's Hospital Self Assessment tool (HSA).
- Discuss opportunities to improve the level of implementation of the PPMI within Illinois.



PHARMACY PRACTICE MODEL INITIATIVE  
 Redefining. Reconstructing. Reinventing.  
 A joint project of ASHP and the ASHP Foundation

### Goal:

**Develop and disseminate a futuristic practice model that supports the effective use of pharmacists as direct patient care providers**



[www.ashp.org/PPMI](http://www.ashp.org/PPMI)

## Objectives for the Pharmacy Practice Model Initiative

- Describe optimal pharmacy practice models that ensure safe, effective, efficient and accountable medication-related care for patients.
- Identify the most important patient-care-related services
- Foster understanding of and support for optimal pharmacy practice models by key groups

## Objectives for the Pharmacy Practice Model Initiative

- Identify existing and future technologies required to support optimal pharmacy practice models in health-systems
- Identify specific actions that pharmacists should take to implement optimal practice models
- Determine the tools and resources need to implement optimal practice models

### What is a “Practice Model”?

- Describes how pharmacy department resources are deployed to provide patient care services
- Includes:
  - ✓ How pharmacists practice and provide care to patients;
  - ✓ How technicians are involved to support care; and
  - ✓ Use of automation/technology in the medication use system

AJHP 2010;67:542

### Examples of Various Practice Models

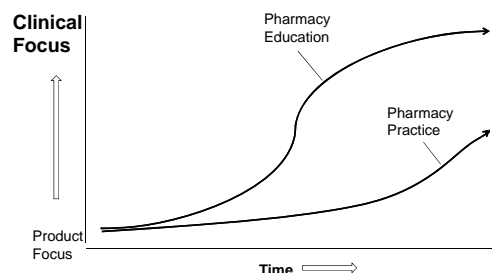
- Drug-Distribution-Centered Model
- Clinical Pharmacist-Segregated Model
- Patient-Centered Integrated Model

AJHP. Woods, et al. 2011; 68: 259

### Why should we change?

- Patients need help
- We are not doing our best

### The education-practice conundrum



### Factors Driving Practice Change

- US health care system faces challenges to improve health care quality and deliver cost-effective service
- Only half of patients receive the care they should
- Physicians lack time/expertise
- Projected primary care physician shortage - pharmacists can help fill the gap

AJHP 2010;67:1624-1634

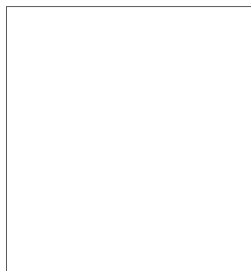
### Factors Driving Practice Change

- Health care reform
- Drug therapy is more complex and risky
- Recognition of pharmacists among interdisciplinary peers as experts on drug therapy and medication-use processes
- Patients will be better served if pharmacists take control of their professional destiny

AJHP 2009;66:713

### The PPMI – Three Components

- Invitational Summit
- Social Marketing Campaign
  - Raise awareness
  - Stimulate discussion
  - Disseminate the findings
- Initiative Grants



### The Survey - creating the framework...

- Expert advisory committee
- 180-item survey distributed participants and the ASHP membership-at-large.
- Questions were categorized under:
  - Overarching Principles
  - Services
  - Technology
  - Technicians
  - Implementing Change and Responding to Challenges

### “The Summit” Nov. 7-9, 2010

- Two-day invitational event - approximately 150 pharmacist participants
- Plenary presentations and small work groups followed by a consensus process
- Briefings published in Spring 2011



### After the Summit

- 147 recommendations
- Now what?.....dissemination of results, measure over time
- Hospital self assessment tool
- State affiliate tool kit
- National dashboard

### The Hospital Self Assessment Tool

- 106 questions assessing adoption of the 147 beliefs, assumptions, and recommendations from the PPMI Summit
- Hospital demographic data
  - medical and pharmacy residency programs,
  - hospital size and locations, and inpatient
  - pharmacists categorized to responsibilities/roles

### Development and Implementation

#### Development

- Wisconsin Administrative Residents
- Summer 2011 testing

#### Implementation

- Available in October 2011
- On ASHP PPMI webpage

## Completing the Self Assessment

- <http://www.ppmiassessment.org/>
- Web-based assessment
- Anyone can complete, but an individual hospital can only have one “official” submission
- Use a team to fill it out to provide the most reliable data
- Recommended to be filled out on a quarterly basis in order to measure progress

## Post-Assessment

- After completion the tool allows user to develop an “Action Plan” tailored to their own hospital/health system
- Reports can be produced comparing individual data to aggregated data
- A list of resources will be provided to assist hospitals in implementing change in their institution

## Hospital Demographics

	Illinois	National
# hospitals reporting (as of 8/15/12)	26	679
% with an “Action Plan”	42%	39%
% Academic/University hospitals	20%	14%
% Community hospitals	73%	54%
Average bed size (range 25-863; 7-1728)	303	255
% with a pharmacy residency	54%	41%
% taking >6 pharmacy students/year	85%	68%

## Practice Model Demographics

	Illinois	National
Clinical generalist - limited differentiation of roles (“integrated”)	35%	49%
Comprehensive – pharmacists in distributive, integrated, specialty roles	42%	31%
Mostly distributive pharmacists with limited clinical services	19%	11%
Separate clinical specialists and distributive pharmacists	4%	9%

## Assessment Question #1

How many Illinois hospitals have participated in the PPMI hospital self-assessment?

- A. 26
- B. 234
- C. 679

## How we compare...

- 106 items in assessment - only compared items 10% better or worse than nation
- Better in 11 items; worse in 4
- Paraphrased some statements/questions
- Some questions had multiple parts
- Caveat: only 26 out of 234 hospitals in Illinois completed assessment

## Results – Where we are better.....

	Illinois	National
Do pharmacy leaders regularly engage with administration about medication management systems? (B6a)	92%	81%
Does lack of staff impede development of an optimal practice model? (B6b)	54%	66%
Strategic plan for implementing technology and automation? (B6e)	96%	81%

## Results – Where we are better.....

	Illinois	National
Do hospital leaders strongly support models that maximize use of pharmacist roles? (B6h)	54%	43%
Mechanism established to hold pharmacists accountable for actions and outcomes? (B7)	58%	38%
Pharmacists involved in developing, reviewing, or approving new medication order sets? [B18]	67%	53%

## Results – Where we are better.....

	Illinois	National
Does hospital have a program with appropriate pharmacy involvement to achieve significant annual, documented improvement in the safety of all steps in medication use? [B24e]	88%	75%
Does the pharmacy department at your hospital routinely review hospital/health-system antibiotic resistance patterns? [B24i]	96%	85%

## Results – Where we are better.....

	Illinois	National
Does the pharmacy department track and trend pharmacist interventions at your hospital? [B24m]	88%	76%
Has the pharmacy department at your hospital developed a plan to reallocate its resources to devote more pharmacist time to drug therapy management? (B24b)	67%	45%
Do pharmacists have oversight and responsibility for medication distribution in all areas of your hospital that handle medications? [B25a]	88%	63%

## Results – Where we are worse.....

	Illinois	National
Pharmacists have a lead role in antimicrobial stewardship? (B23j)	62%	79%
Does hospital have processes to ensure medication-related continuity of care? (B23i)	42%	54%
Do pharmacists participate on your hospital's cardiopulmonary resuscitation teams? [B23o]	42%	52%
Has your pharmacy department performed a proactive and ongoing risk assessment of medication-use systems within the last 12 months? [B17]	46%	60%

## Assessment Question #2

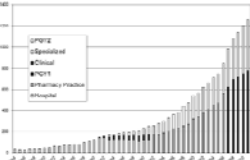
In how many areas of the assessment are Illinois hospitals better than the national average?

- A. 4
- B. 11
- C. 106

### Residency trained (B23p)

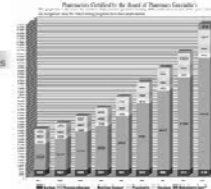
	Illinois	National
All pharmacists	4%	9%
Most pharmacists	33%	24%
Some pharmacists	42%	42%
None	21%	25%

Residency programs in ASHP accreditation process (1984-2011)



### Board certification (B10)

	Illinois	National
All pharmacists	0%	1%
Most pharmacists	17%	11%
Some pharmacists	33%	43%
None	50%	45%



### Medication Reconciliation (B23k)

	Illinois	National
All patient care areas	13%	9%
Some areas	25%	20%
Partially performed	25%	27%
None	37%	44%

### Electronic Health Record (C2a)

	Illinois	National
All patient care areas	54%	39%
Most areas	25%	39%
Some areas	8%	12%
None	13%	10%

### CPOE (C2b)

	Illinois	National
All patient care areas	25%	32%
Most areas	37%	26%
Some areas	21%	16%
None	17%	26%

### BCMA (C2I)

	Illinois	National
All patient care areas	17%	14%
Most areas	46%	47%
Some areas	12%	4%
None	25%	35%

### Technician Distribution Tasks (D2)

Are medication preparation and distribution tasks assigned to pharmacy technicians, to the extent possible, to allow redeployment of pharmacists' time to drug therapy management activities at your hospital? [D2]

	Illinois	National
Tasks fully assigned all areas	25%	35%
Tasks fully assigned some areas	46%	25%
Partially assigned some/all areas	21%	35%
Tasks not assigned	8%	5%

### Tech-Check-Tech (D3c)

Is the accuracy of medication dispensing by technicians checked by other technicians who have appropriate education and training at your hospital?

	Illinois	National
Exists in all areas	0%	4%
Exists in most areas	0%	8%
Exists in some areas	4%	8%
Does not exist	33%	44%
Not permitted by law	63%	36%

### Technician Supervision by Other Technicians

	Illinois	National
Exists in all areas	25%	19%
Exists in most areas	13%	15%
Exists in some areas	0%	15%
Does not exist	50%	43%
Not applicable	12%	8%

### Assessment Question #3

In what areas can Illinois hospitals improve to advance practice?

- Hiring residency trained pharmacists
- Tech-check-tech
- Antimicrobial stewardship
- All of the above

### Next steps.....

- Increase # of hospitals completing assessment
- Use assessment for strategic planning
- Suggestion: identify a PPMI lead at your hospital
- More PPMI pearls sessions at ICHP meetings
- More networking and sharing of ideas
- Use students/residents to implement changes
- Continue to improve; continue to measure

It's a marathon....



....not a sprint!!