

1. Welcome/Attendance
 - a. **A** – Absent, **E** – Excused, **P** – Present

Committee Members

P	Abby Kahaleh		Hamna Khan		Mark Greg
	Allison Cowett		Hasmik Sotelo	P	Mary Ann Klithermes
P	Alvin Godina		Honey Joseph	P	Matthew Biszewski
	Ashley Stefanski	P	Imran Khan		Megan Hartranft
	Brian Cryder		Jill Borchert		Nathan Mitchell
P	Bridget Dolan	E	Joe Blatz		Rebecca Castner
P	Brooke Griffin		John Keller		Starlin Haydon- Greatting
	Chris Rivers		Keeyan Davis	P	Therese Castrogiovanni
	Christie Schumacher	P	Kathleen Vest		Tina Kolovos Zook
P	Dan Majerczyk	P	Kris Tupas		
P	Dana Puljan		Kristine VanKuiken		
	Denise Scarpelli	P	Ksenia Hankewych		
E	Elizabeth Van Dril		Leena Deshpande		
	Erin McGuire		Lisa Palmisano		
E	Esha Bhargava	E?	Marcus Radz		

ICHP Staff

	Chris Crank	P	Trish Wagner		Maggie Allen
	Jennifer Arnoldi				

ICHP Guests

	Lourdes (Lulu) Vega		Aisha Chudhry		
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2. Introduction of New Members
3. December 03 Meeting Minutes Review
4. ICHP Updates – Trish/Chris

5. Engagement/Recruitment Initiatives – Updates -

6. Discussion:

Review the group's elevator speech feedback --

Ambulatory Care Pharmacist Elevator Speech

https://hbr.org/2018/10/the-art-of-the-elevator-pitch?utm_medium=email&utm_source=newsletter_weekly&utm_campaign=weeklyho_tlist_not_activesubs&referral=00202&deliveryName=DM15938

Our initial 1 sentence elevator speech: **“Optimize medication regimens by the evaluation of therapy to ensure and enhance the quality of care and patient outcomes”**

- Take this to individuals outside of the pharmacy world (physicians, SW, RNs, family members, quality leaders, management, even pharmacy students)
 - o Does it make sense – ask for feedback
- Engagement of community and stakeholders with different marketing techniques

7. If you have topics that you would like to discuss or include in an upcoming meeting please contact Bridget or utilize the link below:

- a. <https://docs.google.com/document/d/1DU55Op2flu13ehDZxWQGQ24FvWQnil7wZaUEbxFckpEE/edit?usp=sharing>

8. Review Project Groups – Revisit

- a) Billing Champions
- b) Ambulatory Care CE for ICHP
- c) Ambulatory Care in IL demographics
- d) IDPH CDC Grant Survey update
- e) Ambulatory Care monthly call topics
- f) Ambulatory Care info for trainees
- g) Ambulatory Care Task Force - IL PPA review

9. Open forum

- Discuss roster demographics with photo – only received one person's so far
 - o Name
 - o Institution
 - o Position
 - o Preferred Contact (Phone and/or Email)

- Special interest
- Years in service
- Fun fact

10. Next Steps

- a. Meeting scheduling: February 4th, 2021 at noon

11. Please let Bridget and Matt know if you are unable to attend, or if you would like to be removed from our mailing list.

Best,

Bridget

Comments from outside members:

From a Physician:

The sentence is a bit clunky. I probably would re-word as “Help optimize medication regimen by providing patient-focused, detailed feedback on medications that help ensure and enhance quality of care and outcomes”

From a Physician:

I am wondering if you can expand this a bit to clarify the statement.

“Optimize medication regimens by the evaluation of therapy to ensure and enhance the quality of care and patient outcomes”

- Optimize medication regimens – great
- Not just evaluation but also providing input and recommendations
- Ensure and enhance can be changed to assist the care team with...
- Missing safety, optimizing care. I think these aspects work better than quality

Not sure this is what you were looking for, however, I would suggest something like:

Optimize medication regimens by confirming current therapy and providing evidence based recommendations for medication changes or additional testing needed to ensure patient safety while helping the care team achieve the best outcomes possible.

From an APN

Ha! It is a little clunky. I had to read it twice to know what it was saying. Why can't you just say. “Outpatient pharmacists strive to optimize patient's medication to improve quality of care and patient outcomes.”

I am not a huge fan of the term “quality of care” because as a nurse I am left to wonder how a pharmacist is providing “care”. I am sure your colleagues would disagree, but if this is aimed at clinical people it is something to consider.

From a PharmD in Amb Care:

An example from California CSHP

– I’m part of the hospital health care team working with physicians, nurses, other health practitioners, and patients. I serve as a medication expert and evaluate prescriptions to ensure that the right patient receives the right drug, for the right reason, and at the right dose and time. My job is to optimize patient care through ensuring safe medication use. Patients in hospitals and health systems receive better care when pharmacists are involved in medication decisions. I’m your partner in medication management.”

An ambulatory care pharmacist optimizes medication regimens by evaluating drug therapy and working with the patient and other health practitioners to ensure and enhance the safety and quality of care and to improve patient outcomes.

CPhT:

“Honestly I think that is good the way it is!”