Caring for Patients and Front-line Pharmacy Staff

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Caring for Patients and Front-line Pharmacy Staff

Topics for this Presentation

- Clinician Well-being and Resilience
- Clinician as Leaders
- Advancing the Role of Pharmacy Technicians

Disclosure Statement – I have no conflict of interest or financial disclosures relative to this presentation.
Learning Objectives

At the completion of this activity, the pharmacist and pharmacy technician will be able to:

• Identify the incidence of clinician stress and burnout
• Describe approaches to promote a resilient work environment
• Discuss the importance of developing pharmacists as clinician leaders
• Describe the current and emerging roles of pharmacy technicians
• Evaluate new requirements for accredited technician education
• Discuss solutions to the pharmacy technician workforce shortage
ASHP serves its members as their collective voice on issues related to medication use and public health.

- Founded in 1942
- Headquarters in Bethesda, MD
- 200+ staff
- Elected Board of Directors and Officers
Vision
Medication use will be optimal, safe, and effective for all people all of the time

Mission
To help people achieve optimal health outcomes
Our Members

Student Pharmacists
Pharmacists
Pharmacy Technicians

45,000
Our Core Strengths

- Providing leadership on professional issues
- Publishing evidence-based drug information
- Developing practitioner educational programs
- Conducting conferences and meetings
- Advocating public policy for health-system pharmacists

Pharmacists Advancing Healthcare
Duke University Health System is a world-class hospital and health care network supported by outstanding and renowned clinical faculty, nurses and care teams. Duke's services span the full continuum of care, from primary care to medical and surgical specialties and subspecialties, all dedicated to putting our patients at the forefront of everything we do.

Duke University Hospital  Duke Regional Hospital  Duke Raleigh Hospital
Duke Pharmacy

**Mission**
We deliver exceptional pharmacy services for a healthier tomorrow.

**Vision**
To be a distinguished global leader in pharmacy care.
Annual Report

Paul W. Bush, PharmD, MBA, BCPS, FASHP
Chief Pharmacy Officer

www.pharmacy.duke.edu
Leaders of Our Profession
Effective Leadership
Critical at All Levels

• Pharmacy residents
• Front-line pharmacists
• Clinicians
• Coordinators
• Managers
• Senior pharmacy leaders
LEADERSHIP
Leaders Support on Three Fronts:

- Resiliency
- Encouraging clinicians to be leaders
- Technician training and support
Supporting the Pharmacy Workforce
Promoting a Resilient Work Environment and a Healthy Work-Life Balance
STRESS
BURN OUT
Burnout

Begins with a high and persistent levels of stress that can eventually lead you to feel irritable, cynical, and disengaged.

Three hallmarks of burnout are:
• Emotional exhaustion
• Depersonalization (blunted emotions)
• Lowered sense of self-worth
which ultimately lead to decreased productivity and effectiveness.

Ultimately, burnout can produce hopelessness, feelings of failure, and resentment.
Contributing Factors to Burnout

- Workplace overload
- Under stimulation
- Lack of work/life integration
- Lack of community
- Lack of recognition
- Lack of challenges
1/2 of Healthcare Workforce Experiences

BURN OUT

https://qmunicatemagazine.com/2017/02/26/on-the-brink-should-we-really-be-glorifying-burnout/
50% of health-system pharmacists are at risk for burnout

Durham ME, Ball AM, Bush PW. Evidence of burnout in health system pharmacists. Submitted for publication.
How can we protect the health of the people who protect our own?

National Academy of Medicine
Action Collaborative on Clinician Well-Being and Resilience

Learn more at nam.edu/ClinicianWellBeing
**Clinician Well-being and Resilience**

- **Resilience**
  - The set of individual skills, behaviors, and attitudes that contribute to personal physical, emotional, and social well-being, including the prevention of burnout.
  - These can include self-care strategies, safety nets for crises, organizational support, peer support, financial management, life-needs support, and other forms of health promotion.

- **Well-being**
  - Obtaining the psychological, social and physical resources needed to meet a particular psychological, social and/or physical challenge
  - When individuals encounter an unbalanced situation, their individual well-being suffers
FACTORS AFFECTING CLINICIAN WELL-BEING AND RESILIENCE

EXTERNAL FACTORS

SOCIO-CULTURAL FACTORS
- Alignment of societal expectations and clinician's role
- Culture of safety and transparency
- Discrimination and overt and unconscious bias
- Media portrayal
- Patient behaviors and expectations
- Political and economic climates
- Social determinants of health
- Stigmatization of mental illness

REGULATORY, BUSINESS, & PAYER ENVIRONMENT
- Accreditation, high-stakes assessments, and publicized quality ratings
- Documentation and reporting requirements
- HR policies and compensation issues
- Insurance company policies
- Litigation risk
- Maintenance of licensure and certification
- National and state policies and practices
- Reimbursement structures
- Shifting systems of care and administrative requirements

ORGANIZATIONAL FACTORS
- Bureaucracy
- Congruent organizational mission and values
- Culture, leadership, and staff engagement
- Data collection requirements
- Diversity and inclusion
- Level of support for all healthcare team members
- Professional development opportunities
- Scope of practice
- Workload, performance, compensation, and value attributed to work elements

LEARNING/PRACTICE ENVIRONMENT
- Autonomy
- Collaborative vs. competitive environment
- Curriculum
- Health IT interoperability and usability/Electronic health records
- Learning and practice setting
- Mentorship
- Physical learning and practice conditions
- Professional relationships
- Student affairs policies
- Student-centered and patient-centered focus
- Team structures and functionality
- Workplace safety and violence

INDIVIDUAL FACTORS

HEALTH CARE ROLE
- Administrative responsibilities
- Alignment of responsibility and authority
- Clinical responsibilities
- Learning/career stage
- Patient population
- Specialty related issues
- Student/Trainee responsibilities
- Teaching and research responsibilities

PERSONAL FACTORS
- Inclusion and connectivity
- Family dynamics
- Financial stressors/economic vitality
- Flexibility and ability to respond to change
- Level of engagement/connection to meaning and purpose in work
- Personality traits
- Personal values, ethics, and morals
- Physical, mental, and spiritual well-being
- Relationships and social support
- Sense of meaning
- Work-life integration

SKILLS AND ABILITIES
- Clinical Competency level/experience
- Communication skills
- Coping skills
- Delegation
- Empathy
- Management and leadership
- Mastering new technologies or proficient use of technology
- Mentorship
- Optimizing work flow
- Organizational skills
- Resilience
- Teamwork skills

NATIONAL ACADEMY OF MEDICINE
Strategies to Promote Well-being

• Acknowledge and assess the problem
• Harness the power of leadership
• Develop and implement targeted interventions
• Cultivate community at work
• Use rewards and incentives wisely
• Align values and strengthen culture
• Promote flexibility and work-life integration
• Provide resources to promote resilience and self care
• Facilitate and fund organization science (evidence-based strategies)

What brings you joy in your work?
Joy In Work

• Focus on joy at work – not burnout or low levels of staff engagement
  – Caring and healing should be naturally joyful activities
• Joy has connection with meaning and purpose
  – Design innovative solutions by looking at issues
• Management’s overall aim should be to create a system in which everybody may take joy in [their] work
  – Remove barriers that rob the worker of his/her right to pride in workmanship

Steps to Joy in Work

1. Ask providers “What Matters to you?”
2. Understand unique impediments to joy locally
3. Commit to share responsibility at all levels
4. Use validated approaches to improve joy

Outcome:
- ↑ Patient experience
- ↑ Organizational performance
- ↓ Staff burnout
Polling Question

What can pharmacy leaders and staff do to promote well-being within their department?
CLINICIANS AS LEADERS
Leaders of Our Profession
Pharmacists as Knowledge Workers

- Valued for their ability to act and communicate knowledge of medication use
- Advance the overall understanding of medication effects through focused analysis, design and/or development.
- Use research skills to define problems and to identify alternatives.
- Fueled by their expertise and insight, pharmacists work to solve problems, in an effort to influence care decisions, priorities and strategies.
The Meaning of Leadership

• A process by which one person influences:
  – thoughts, attitudes, behaviors

• The leader:
  – sets direction
  – see what lies ahead
  – visualizes what can be achieved
  – encourages
  – inspires
Leadership at All Levels

- Pharmacy residents
- Front line pharmacists
- Coordinators
- Managers
- Senior pharmacy leaders
- Chief pharmacy officers
Leadership Competencies

• Three competency clusters
  – Leading the organization
  – Leading others
  – Leading oneself

Leadership Competencies

• Leading the Organization
  – Managing change
  – Solving problems and making decisions
  – Managing politics and influencing others
  – Taking risks and innovating
  – Setting vision and strategy
  – Enhancing business skills and knowledge
  – Understanding and navigating the organization

Leadership Competencies

• Leading Others
  – Managing teams and workgroups
  – Building and maintaining relationships
  – Developing others
  – Communicating effectively

Leadership Competencies

• Leading Oneself
  – Developing adaptability
  – Increasing self-awareness
  – Managing yourself
  – Increasing capacity to learn
  – Exhibiting leadership stature
  – Displaying drive and purpose
  – Developing ethics and integrity

Why is Leadership Important?

• Age of the knowledge worker
• Leaders attract talented staff and enable them to work effectively to fulfill the organization’s goals
• Leadership is important because it is the best way to get the best people (i.e., pharmacists and pharmacy technicians) to do their best work
Reinventing the Organization

• In “knowledge economy” -- one cannot command people to work harder, smarter, faster. . .

• Leaders must unblock people’s capacity to
  – Adapt
  – Innovate
  – “Reinvent” their organization by examining
    • What has worked
    • What needs to be changed
    • What needs to be abandoned
Exemplary Leadership

• To satisfy knowledge workers’ needs and achieve positive outcomes, leaders must provide
  – Purpose
  – Trust
  – Hope and optimism
  – Results

Provide Purpose. . .

To create goals and objectives

- **Passion**
  - Commitment, conviction

- **Perspective / context**
  - Where we’re heading, where we’ve been, where we are now.

- **Significance and larger meaning of our work unit**
  - Awakening the desire to bring a sense of spirit to the workplace -- what difference or larger contribution does our work make to others?

Generate and Sustain Trust... By providing authentic relationships

• Competence
• Constancy -- staying the course / hard choices
• Caring
• Candor -- speaking openly about
  – important issues
  – bad news
  – our shortcomings -- we do not have all the answers
• Congruity -- words, feelings, and actions consistently match

Foster Hope and Optimism. . .

To stoke the fires of energy and commitment

• “Hardiness” -- confidence that things will work out
• Always anticipate positive outcomes
• Expect success
  – “We can make this work.”
  – “There are always ways around any problem.”
• Glass is not simply full, but brimming.

Get Results ...

To create confidence and creativity

• Without results, purpose, trust, and hope dissipate

• Renewal / experimentation require
  – Bias toward action
  – Risk-tolerance
  – Resourcefulness
  – Courage -- discipline

• Results-oriented leaders see themselves as catalysts
  – Expect to achieve a great deal with others - can do little without the effort of others

What role will you play?
Advancing the Role of Pharmacy Technicians
Emerging Pharmacy Technician Roles and Responsibilities

- Prescription clarification
- Quality assurance and quality improvement initiatives
- ACA Marketplace Certified Application Counselors
- CMS-CMMI Grant Projects (Innovations Center)
- Community outreach programs
- DUE/ADR monitoring
- Informatics
- Medication safety initiatives
- Telepharmacy

- Medication reconciliation
- Medication therapy management
- Immunization
- Indigent care prescription programs
- Sterile & non-sterile compounding
- Clinical technicians (e.g., chronic care, appt. scheduling, medication adherence, smoking cessation, vital signs measurements, data management, etc.)
- Prior authorization
- Tech-check-tech
Activities of Pharmacy Technicians

% Hospitals with technicians performing activity 2014

Traditional functions
- Restocking floor stock and/or ADCs: 98%
- Replenishing unit dose carts: 94%
- Purchasing: 95%
- Packaging activities: 91%
- Compounding sterile preps: 85%
- Billing: 81%
- Quality Assurance act/unit inspections: 76%
- Compounding chemotherapy preps: 62%
- Controlled substance system mgmt: 61%
- IT system management: 38%
- Technician supervising other technicians: 28%
- Tech-check-tech: 18%
- Medication reconciliation (obtaining list): 18%
- Order entry (for pharmacist verification): 11%
- Medication assistance program mgmt: 11%
- Facilitating Transitions of Care: 8%
- Screening of medical records for MRPs: 6%
- Dispensing with remote video supervision: 6%

Non-traditional functions

Source: 2014 ASHP National Survey of Hospitals
Expansion of Non-traditional Activities

% Hospitals with technicians performing activity

Areas of decline
- IT system management
- Technician supervising other technicians
- Order entry (for pharmacist verification)
- Preparation of clinical monitoring information
- Screening of medical records for MRPs

Areas of growth
- Tech-check-tech
- Medication reconciliation (obtaining list)
- Medication assistance program mgmt
- Facilitating Transitions of Care
- Dispensing with remote video supervision

KEY:
- 2011: 
- 2014: 

ASHP national survey of pharmacy practice in hospital settings - 2014
Polling Question

What are the issues and opportunities for pharmacy technicians and the workforce in South Carolina?
Pharmacy Technician Forum

ASHP Announces Pharmacy Technician Forum

A new membership home to further elevate and professionalize the pharmacy technician workforce and advance pharmacy practice.

Explore

- About Pharmacy Technician Forum
  A new membership home for pharmacy technicians
  LEARN MORE

- Pharmacy Technician Forum FAQs
  Questions and answers about the Forum
  LEARN MORE

- Pharmacy Technicians on ASHP Connect
  Member only section discussions, blogs and announcements
  MEMBER LOG IN

- Pharmacy Tech CE Subscription
  INDIVIDUALS
What Benefits will Pharmacy Technician Members Receive?

- A dedicated website landing page and resource centers
- Technician specific education
- Specialized email Newslinks
- A dedicated network on ASHP Connect
- Establishment of a social media identity
- National meeting activities as appropriate
- *AJHP* and other publication content relevant to pharmacy technicians
- Other benefits and services as recommended by pharmacy technicians
Pharmacy Technician Training, Competency, Practice (CCP preferred state)

Start Process of Becoming a Pharmacy Technician → Accredited Training → Certification → Registration or Licensure by Board of Pharmacy → Work as a Pharmacy Technician → Exit

Council on Credentialing in Pharmacy
Pharmacy Technician Credentialing Framework Aug 09
http://www.pharmacycredentialing.org/Files/CCP%20technician%20framework_08-09.pdf
Pharmacy Technician Accreditation Commission (PTAC)

• Formed through ASHP/ACPE collaboration

• ACPE Board approved ASHP standards, guidelines, and procedures for PTAC

• PTAC recommendations require approval of both ASHP and ACPE Boards

• First PTAC recommendations to ASHP and ACPE boards for accreditation actions occurred June 2015
Ultimate Goal of ASHP-ACPE Collaboration

- A better **qualified** and trained workforce
- Improved patient **safety**
- Greater **consistency** in technician workforce
- Accreditation standards updated as needed to stay consistent with expanding roles and responsibilities of technicians
- Greater ability to **delegate** technical tasks from pharmacists
- Less turnover in pharmacy technician positions
Note – estimated 200 – 1000 non-accredited programs exist
### Pharmacy Technicians With Credentials

<table>
<thead>
<tr>
<th>Staffed beds</th>
<th>PTCB Certification</th>
<th>Completed a ASHP/ACPE-accredited Technician Training Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;50</td>
<td>73.7%</td>
<td>19.3%</td>
</tr>
<tr>
<td>50-99</td>
<td>75.8%</td>
<td>19.3%</td>
</tr>
<tr>
<td>100-199</td>
<td>82.8%</td>
<td>19.2%</td>
</tr>
<tr>
<td>200-299</td>
<td>74.5%</td>
<td>27.0%</td>
</tr>
<tr>
<td>300-399</td>
<td>72.6%</td>
<td>12.5%</td>
</tr>
<tr>
<td>400-599</td>
<td>84.3%</td>
<td>18.3%</td>
</tr>
<tr>
<td>≥600</td>
<td>74.3%</td>
<td>9.0%</td>
</tr>
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</table>

**All hospitals – 2015**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>All hospitals</strong></td>
<td>77.5%</td>
<td>17.5%</td>
</tr>
<tr>
<td>All hospitals – 2014</td>
<td>71.2%</td>
<td>14.9%</td>
</tr>
<tr>
<td>All hospitals – 2013</td>
<td>70.9%</td>
<td>14.2%</td>
</tr>
<tr>
<td>All hospitals – 2012</td>
<td>67.5%</td>
<td>13.6%</td>
</tr>
<tr>
<td>All hospitals – 2011</td>
<td>65.8%</td>
<td>11.1%</td>
</tr>
</tbody>
</table>
By The Numbers

Employment increase is 9% faster than average for all occupations

- 74% (275,000) of technicians are PTCB certified
- Increased demand for prescription medications will lead to more demand for pharmacy services

<table>
<thead>
<tr>
<th>2016, Median Pay</th>
<th>$14.86 hr / $30,920 yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016, Number of Jobs</td>
<td>398,390</td>
</tr>
<tr>
<td>Job Outlook, 2016-2026</td>
<td>9% growth</td>
</tr>
<tr>
<td>Employment Change, 2016-26</td>
<td>35,855</td>
</tr>
</tbody>
</table>

Approximately 100 attendees
- state boards of pharmacy,
- employers,
- educators,
- accreditors,
- national, state and international pharmacy associations,
- Pharmacists,
- technicians and the
- public
Objectives

The objectives conference was to develop consensus in the following areas:

• The necessity of **public confidence** in pharmacy’s process for ensuring the competency of pharmacy technicians.

• The **entry-level** (“generalist”) **knowledge, skills, and abilities** that all pharmacy technicians must have regardless of practice site.

• The definition of entry-level (“generalist”) pharmacy technician practice with respect to (a) legally recognized **scope of practice**; (b) **educational requirements**; (c) **training requirements**; (d) **certification requirements**; and (e) state board of pharmacy registration or licensure.

• The desirability and feasibility of developing a process for recognizing **competencies** of pharmacy technicians **beyond entry-level**.

• The desirability and feasibility of **minimizing variability** among the states in the definition and **regulation** of pharmacy technicians.
Recommendations

- Technician education and training programs should be based on **national standards**, be foundational across all practice settings and provide room for innovation and flexibility. (96)
- Employee seeking the **entry-level** pharmacy technician designation are required to complete a nationally accredited education and training program. (84)
- The employee will be considered a **technician-in-training** during the period of completion of education, training and certification, all of which must be completed in less than 2 years. (88)
- The profession should **move urgently** towards the development and adoption of national standards for pharmacy technician education and training. (95)
- The pharmacy profession should clearly articulate and communicate the vision for **advanced pharmacy technician** practice and disseminate the vision to appropriate stakeholders. (97)
A SOLUTION FOR THE PHARMACY TECHNICIAN SHORTAGE
Distance Education

• Bringing the availability and affordability of accredited pharmacy technician education and training anywhere
• Simulation and distance education
• Accredited - Therapeutic Research Center
Pharmacy Technician Shortage?

- Technician workforce demand commonly exceeds supply
- Shortage must be addressed so we can achieve our aspirations to improve care of patients

Possible solutions
- Health system - technical school/community college partnerships
- Health system (employer-based) program
Health System Technician Training

- Curriculum
  - Didactic by distance education
  - Simulation
  - Experiential
- Length - approximately 3 months
- Class size – 10 to 15
- Resources
  - Course leader
  - Experiential preceptors
  - Classroom
What would happen if we were to commit to educating, training, and developing technicians at the same intensity that we commit to students, residents, and pharmacists?
Post-test Questions

1. What is the incidence of clinician stress and burnout in this country?

2. Why is leadership important?

3. What are actionable solutions to the pharmacy technician shortage?
Caring for Patients and the Front-line Pharmacy Staff

- Clinician Well-being and Resilience
- Clinicians as Leaders
- Advancing the Role of Pharmacy Technicians