THE VALUE OF CLINICAL PHARMACISTS IN EVIDENCE-BASED PRACTICE

Interview with Sheri Ann Strite, Principal & Managing Partner, Delfini Group

04/01/2009

Sheri Ann Strite
...short story...evidence- and value-based clinical quality improvement leader

footprints: not a pharmacist, but a teacher of pharmacists in critical appraisal, monograph creation and pharmacy & therapeutics committee support | internationally respected evidence- and value-based quality improvement leader & helpmate

key areas of interest & expertise: critical appraisal, clinical quality improvement, clinical practice change, medical education, pharmacy & therapeutics, medical technology assessment, dr & pt communications and more | **key guides & inspirations:** Bizz partner, Dr. Michael E. Stuart, for EBM and inspiration in just about everything, Dr. Ted Ganiats for so much including decision and economic issues, Dr. Brian Alper for all things arcane in EBM, Dr. Annette O'Connor for patient decision-making | **motivations & passions**: after 25 years at Group Health Cooperative in Seattle, with Mike, formed Delfini, after coming to the realization that most physicians do not understand medical science, that most research is too flawed to be usable and that doctors rely on it anyway — and that clinical pharmacists, for many reasons, could be one of the best things to happen in medicine | **what makes it all worthwhile?** the knowledge that I am truly doing good in the world in some way

Q: What one or two issues would you like to address for this interview and why?

A: I would like to talk about the importance of critical appraisal of all sources of scientific information, the infrequency of this happening and the incredible value clinical pharmacists can provide in this arena. Also, I come from the health care side of the health care industry, so that is my slant on everything I am about to say here. My ultimate focus is on the patient and on the health care professionals who care for them.

1. Of those of us who can actually perform critical appraisal — even at a modest level — there is strong agreement that the vast majority of research studies and sources utilizing the medical evidence are not reliable, and this is regardless of support or source.
2. Most health care professionals engaged in medical decision-making are not aware of this, nor do they have the skills to do critical appraisal.
3. Statistics shouldn't be the primary focus; bias should be. Bias in studies tends to favor the intervention and also tends to inflate results up to a relative 50 percent for certain individual biases (ask me for details and references if you want at sstrite@delfini.org).
4. I love doctors. I attended a quasi-Balint session once which was pretty emotional. After listening to over 30 docs describe the toughness of their lives, when it was my turn to talk and I was asked what my goals were, I burst out, "I'm here to help docs!" But I'm also here to help patients and all those who help them, like my wonderful pharmacist friends. Because...
5. I love pharmacists. Clinical pharmacists, I think, are an amazing source of brilliance, talent, knowledge and goodwill and are not always understood as such to the extent that they should be. In my teaching programs, when I get a chance, I ungroup people from their comfort clutches and mix up the disciplines. What happens is that physicians' eyes open to see the incredible resource they have (and frequently have missed) in their clinical pharmacist colleagues.

> *"...We are in crisis. And almost know one knows this. Most research is unreliable irrespective of source. Most health care professionals do not know this nor do they have skills to evaluate the medical literature. This includes faculty, researchers, editors and peer-reviewers. Bias tends to inflate results up to a relative 50 percent. I believe clinical pharmacists can be an effective solution to this critical information problem that harms patients and causes waste ..."*

6. In my teaching of critical appraisal — the attendees for which are almost 50/50 physicians and clinical pharmacists — I get to see acted out "live" the differences in ways that each group responds to information and to data. Pharmacists, by inclination I guess, are

more likely to deal with data in a more close and circumspect way. (This is not a criticism of doctors, who inhabit a different kind of universe with a different focus and different exigencies. They have their clinical way of looking at things.) My point is that clinical pharmacists can be incredibly helpful to physicians in ways that are not always recognized, and I want to help promote how the role of clinical pharmacists could be viewed by the medical leader community. Again, by mixing up disciplines, I see physicians suddenly "take notice" and pay attention to their clinical pharmacist colleagues in a different way when working side-by-side with them. THAT tells me that clinical pharmacists are frequently an unrecognized asset. I want to help change this.

Q: What do you see as potential barriers, pitfalls, risks, "opportunities" or remedies?

A: I work with a lot of groups around the country and have for a number of years now. Here's what I see.

Barriers:

1. Clinical pharmacists are not recognized for as much value as they can offer, but should be. As a result of this, clinical pharmacists are often too shy, especially around physicians with big badges, as Mike would say, to speak up and help correct misconceptions about efficacy and effectiveness.
2. Knowing about pharmacokinetic stuff is all well, good and useful, but that should not be the emphasis that is placed on the review of agents. The emphasis should be on critical appraisal of the science.
3. Many clinical pharmacists have not received sufficient training in critical appraisal.

Opportunities & Remedies:

4. If I were a pharmacist, I would take advantage of the many free or low cost training opportunities in learning critical appraisal. There is a wealth of information at my one of my heart's passions (www.delfini.org) that is freely available and, I am happy to say, highly regarded, and there are many other excellent resources available as well. I would also try and team up with a buddy and review studies together. It's more fun, it makes it easier and you learn things from each other and together. Critical appraisal is detective work and it's best done as a team sport.
5. I think the medical system needs to better recognize what a value resource they have in clinical pharmacists. If I were a medical leader, I would be hiring those skilled in critical appraisal to participate in clinical quality improvement projects, medical technology assessment work, the creation of decision support, implementation activities, all kinds of things. If I were a pharmacy leader, I would be working with medical leaders to help make this happen.
6. Pharmacists who are trained in the evidence need to feel more comfortable to speak up when they hear a physician say there is good evidence for something when they know that is not the case. (Frequently, it is either flawed evidence that's being cited and the physician doesn't know that or it is just the physician's opinion.) In my experience, the secret is to say, "Well, let's review the evidence." And then do a just-in-time training in critical appraisal. Or to say, "Well, I reviewed the following studies and here are the flaws I found." I see this work very well frequently.

Q: If you had one wish for an ideal, what would that be? Or a vision? However you want to answer this...

A: Better training in evidence-based medicine in schools. Currently, I think this is happening better in pharmacy schools than in medical schools — I have worked in both — but it is absolutely not happening to the extent that it should. I am more optimistic for this change in pharmacy schools, with one caveat. The emphasis on pharmacokinetics is probably too great. Worry about statistics is too great. A bigger focus should be placed on bias trapping. Overall, I think pharmacy schools are better able to train in critical appraisal than medical school, and pharmacists are better able to apply these skills than physicians in a more robust way. The reason I say that is simply due to time and focus. Physicians are so incredibly busy with patients right in front of them. It's hard to incorporate evidence-based medicine into daily practice; hence into medical training. Pharmacists can be great helpmates. If I were a pharmacy leader, I would advocate for better training in schools and for post-graduate training opportunities.

Q: What would it take for that to happen?

A: For better training to happen in pharmacy schools, those teaching need to know this stuff. Deans need to see this as a priority.

Q: What do you see as potentially helping pharmacy leaders and others with what you've selected to address?

A: I've pretty much already stated it, but I will summarize here: Learn critical appraisal. Understand its import. Getting the fundamentals down is not that hard. Keep growing it. Get confidence in dealing with physicians. Create multidisciplinary opportunities. Be a leader. Being a leader is partially about having a vision, being an inspiration, setting tone, creating opportunities, being persuasive — work the docs to help them and to help patients.

Q: Do you have favored resources for any groups on the topics you are addressing?

A: Our website at www.delfini.org has a treasure trove of incredibly helpful and free information and links to other resources. It is a highly regarded site and a big one. I am happy to give people quick tours over the phone to know where to go to best suit their needs. Just email me to set up a time. I am hoping that <pharmacy **leaders** . org> becomes a favored resource for both pharmacy leaders and clinical pharmacists. It is my intent to make it so.

Q: Do you have other general favored resources? Medical or otherwise?

A: I have rounded them up at http://www.delfini.org/delfiniWebSources.htm. I would also recommend our sibling site at www.medicalleaders.org

Q: Is there anything you wished we had asked or that you'd like to say or address?

A: No. (Cause I am the interview generator...tee hee!) ;> I would love to know if our readership has questions for me!

Q: Any <pharmacy **leaders** . org> **interview candidates that you'd like to hear from?**

A: Indeed! And will be pursuing them with hope and a smile. Mainly, I am hoping to learn from our readership who they'd like to hear from.

Q: Do you have a favorite story for us?

A: I do. One of my best moments ever (of all moments!) was being in a room with about 13 women plus Mike in an advanced critical appraisal seminar. At one point after a day and a half, we were all totally hooked on discussing some really fine points of scientific thinking. "I know, I'm kind of a Geek Girl," one of the participants said laughingly and kind of proudly too. And I just loved that! I guess I am too, even though I have a strong artistic bent as well. I looked around the room and it dawned on me that, excepting for Mike, we were all women and that was so cool! I have a lot of friends and people I admire in pharmacy-land who are male, but it is really exciting to see women excel in science especially since when I was growing up (I am an old gal) that was exceedingly rare. And these women were just awesome! They were so smart and clever and knowing and articulate — passionate, engaged, wonderful! It was two of the best days of my life. I was just charged. "We are all Geek Girls!" I announced. And to see the looks on their faces. OMG! All eyes twinkling, happy enthusiastic nods of head — even Mike's!

I also like that California Pharmacist through Dr. Craig Stern of Pro Pharma Pharmaceutical Consultants provides opportunities for select PharmD candidates to learn more about critical appraisal and review articles for the publication. You can find the articles at our website at this link: http://www.delfini.org/delfiniPublications.htm It's new, but growing.

Q: And almost lastly, the best medicine is to be happy, yes? What's your favored flavor-of-the-moment to make you or any of us more happy? Toss us a little tidbit from your medicine cabinet, please.

A: I find that my speed key to happiness is to focus on what I'm grateful for. Gratitude is a great thing. It taps you into what matters to you. It plants you directly into what makes you happy — so you actually get to reside there mentally for as long as you dwell on it. Meaning you get to experience happiness for the time you spend there. (And then hope for a sustained effect!) And I think gratitude in and of itself is simply good. It is positive and constructive energy. It helps create empathy and compassion. It can be a directional. I am a big fan of being grateful. Gratitude rocks! Yay, Gratitude!!! (I also listen to Hawaiian music a LOT!) Hau 'oli La Ho 'omaika 'i! Happy Thanksgiving!

Q: **Now tell us something fun about you?**

A: I used to do the best cartwheels ever! Now I just spin in my mind, which is still pretty fun.