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PUT YOUR PHARMACIST TO WORK!

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footprints: help pharmacists work with our medical and nursing staff to assure the effective and safe use of medication. started out as the first clinical pharmacist at Salem Hospital taking very small steps to demonstrate that pharmacists do more than shovel drugs. | **key areas of interest & expertise**: have worked primarily in critical care and pediatrics. currently focusing on drug use policy, protocol/order set development and patient safety. **key guides & inspirations:** quality clinical trials, consensus guidelines and teamwork to implement them in practice. **motivations & passions**: motivated to assure that medications are used appropriately and to counter the instinct to over-rely on drug therapies.| **what makes it all worthwhile?** My family, long runs and bike rides and seeing our systems of care improve.

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

A: The pharmacists' role in advising on medication use and as stewards of the pharmaceutical toolkit. When pharmacists work with nurses and physicians to manage drug therapies, patients benefit.

When I started out in pharmacy in the mid-1980s, there were very bold lines between the healthcare professions. Those lines can be helpful, but were often barriers to problem-solving. Over the years, those lines may still exist, but I see much more willingness to reach across them by all disciplines. I believe that we are all a little more willing to learn from each other and to work toward the common goal of improved patient outcomes.

The advent of "evidence-based medicine" has helped create a common mission for patient care. Pharmacists aspire to be the healthcare professionals with a responsibility for assuring positive outcomes of drug therapy and viewing patients holistically when assessing their care.

> *"The advent of "evidence-based medicine" has helped create a common mission for patient care … "*

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

A: There seems to be no shortage of challenges to doing "the right thing" in today's environment. There are many distractions that really detract from deploying all of one's energies toward taking care of patients. Financial pressures, third-party payors, non-clinical mandates by our employers (and others) and workload all contribute to a loss of focus on the patient.

The pharmacy profession has not been effective at assuring the continued competency of pharmacists. Too many of us have not kept pace with innovation and changing clinical guidelines and remain too willing to assume that medication orders are correct.

> *"There seem to be more and more non-clinicians pushing "efficiency" before systems are in place to allow it to happen safely. Clinicians need to be forceful in their patient advocacy to assure that healthcare needs are met in the most beneficial way possible... "*

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

A: Just a few simple things! Simplifying the payment scheme for healthcare to rid the system of massive inefficiencies caused by requirements of multiple payors.

A more patient-centric method of drug and device approval that only allows marketing of products that have been proven safe and effective relative to products already on the market. We have far too many drugs and devices that have not been adequately tested prior to widespread use.

And finally, pharmacists need to increase the quality and quantity of patient medication counseling. Currently, the laws of most states only mandate prescription drug counseling on new prescriptions and many pharmacists do not even satisfy that minimum standard. Pharmacists are often inaccessible to patients who have questions about their medications. The population needs to realize that the healthcare system is powerless when people do not take responsibility for their own health.

Q: What would it take for that to happen?

A: Universal healthcare coverage, front-line healthcare professionals setting practice standards in the workplace, reform of the FDA drug approval and post-marketing surveillance processes and a commitment by pharmacists to talk to every patient every time they pick up a prescription—even if it is just to say "hello." Society needs to incentivize healthy behaviors and communities in all aspects of policy-making.

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

A: It seems that the pace of healthcare is increasing in an effort to improve efficiency. To the extent that this can be done safely, it is a necessary and positive trend. There seem to be more and more non-clinicians pushing "efficiency" before systems are in place to allow it to happen safely. Clinicians need to be forceful in their patient advocacy to assure that healthcare needs are met in the most beneficial way possible.

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

A: Atul Gawande's "The Checklist Manifesto" finally articulated what I have felt was missing in the healthcare system as I knew it. We have been willing to allow variability in the system so as not to "upset" physicians practicing the "art" of medicine. Over the past several years, there has been a steady move toward standardization and implementation of best-practices that is resulting in safer and more efficient systems. Although many ideas in healthcare are being borrowed from the manufacturing sector, I do not believe that healthcare lends itself completely to the manufacturing model. We are not making Toyotas, but dealing with the real problems of real people in real time. We may have plenty to learn from manufacturing processes, but we must be careful to not to take that analogy too far.

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

A: NEJM, Cochrane Reviews, Guidelines.gov, Medical Letter, Google Earth, How to Cook Anything (Bitman)

Q: Do you have a favorite story for us?

A: As a brand new graduate intern, I received an order for gentamicin "80 mg q8h" for a patient with renal failure. I knew this to be a bad idea, so I called the doctor with a recommendation to change the dose to one that accounts for the patient's poor renal function. When I got off of the phone, I noticed that the pharmacist I was working with was looking at me quizzically. She asked why I called the doctor, so I explained that the dose was not correct, and he needed to know that. The pharmacist seemed amused and a little shocked by my call since that was not the norm. To me, this was the beginning of the end of accepting any but the most blatantly incorrect medication orders that came our way.

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 really try not to bring work home with me. Getting outside as much as possible and not being stopped by a little wind, rain, or cold is how I like to decompress after a long day. Running with friends and spending time with my wife and four daughters makes me happy. My medicine cabinet is empty except for the occasional naproxen sodium 220 mg! I love to bike and have ridden the Pacific coast from Northern Oregon to Los Angeles. I have completed an Ironman triathlon and will never do another one! My wife "encourages" me to run more marathons than I would like, but they are often fun to look back on.

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