

Perspectives on the Hospital-Pharmacy Practice Model Initiative

July 2010

As Leadership Sponsor of ASHP's Pharmacy Practice Model Initiative (PPMI), McKesson offers these strategic and practice perspectives for evolving the hospital-pharmacy practice model. Our recommendations are distilled from McKesson's High Performance Pharmacy (HPP) framework, which rates 78 objectives across eight Dimensions of Practice for their clinical and financial contributions to pharmacy performance, and reflect our experience serving more than 2,000 hospital pharmacies as distributor and consultant.

Guiding Principles

Four guiding principles form the strategic foundation of our PPMI recommendations:

1. Pharmacy is responsible for an organization's pharmaceutical care delivered in all settings — acute care, ambulatory, home care, infusion, long-term care, retail and any others in which the medication-use process is utilized. Pharmacy should actively monitor hand-offs between care settings; manage medication selection, use and safety; monitor adherence; and counsel patients. Medication therapy management should be a core competency in all care settings. Pharmacy should continually measure performance to assess the quality of clinical care and financial benefits to the organization.
2. The effectiveness of distributive services will often determine how all pharmacy services are perceived and, as a result, drive utilization by the health system.
3. Decisions on pharmacy initiatives, both services rendered and vendors engaged, should be based on the projected net value created.
4. Pharmacy should have an active role in guiding the organization's technology selections and should measure realized ROI after implementation of new technologies.

Dimensions of Practice Recommendations

McKesson recommends the following key practices as an essential subset for hospital pharmacies to meet core clinical and financial obligations.

Medication Preparation and Delivery

- Package all medications in unit-dose form and cover all five Patient Rights. McKesson supports 12-month dating of repackaged medications and encourages ASHP to advocate this practice.
- Standardize machine-readable coding to include lot number, expiration date and other key data, as advocated by ASHP.
- Track all medications throughout the organization to maximize supply-chain efficiencies.
- Integrate PIS and CPOE systems to enable effective pharmacy oversight of all investigational medications.
- Prepare all chemotherapy in the pharmacy and use automated processes to protect preparers.
- Use analytical tools to routinely monitor controlled-substance waste and prevent diversion.
- Leverage CPOE and PIS that apply advanced dosing logic to standardize doses and guide manipulation of dosing within defined limits, especially for high-risk patients and medications.
- Manage cabinet inventories as part of a comprehensive pharmaceutical supply chain.
- Ensure that staff is trained and certified by vendors of newly implemented technology. Designate a "super user" or best-practices expert for each technology platform.

Patient-Care Services

- Manage medication reconciliation through a system that integrates with electronic health records (EHRs) and supports e-prescribing to all post-discharge settings.
- Guide anti-infective care by accessing discrete, real-time microbiology results within the clinical information system.
- Implement analytics to identify sub-optimal safety, cost and quality results within core quality measures and motivate timely corrective action.

Medication Safety

- Optimize sourcing of medications in manufacturer UD bar-coded packaging as a routine part of medication-administration practices.
- Scan all high-alert medications at the bedside before administration, especially when sourced from cabinets. Make electronic review of overrides at the cabinet a standard practice.
- Optimize standardized order sets by implementing "intelligent order sets" that continually evolve based on prescribing patterns.
- Drive the development and continual updating of CPOE content as a member of the organization's clinical informatics oversight committee.
- Make computer decision support a common tool within the pharmacy practice and include personalized medicine capabilities (such as pharmacogenomic guided-therapeutic selection and dosing) to support high-risk patients.
- Gain full access to all patient EHRs in all care locations and the patient's home.
- Educate other health professionals on medication-safety issues, using the latest peer-reviewed materials.

Medication-Use Policy

- Ensure that the formulary system leverages IT to prospectively enforce policy to expedite treatment and improve clinical, safety and cost outcomes.
- Task P&T committees to leverage IT to support evidence-based decision-making.
- Implement a drug shortage system that uses CPOE and PIS to recommend therapeutic alternatives and minimize labor when shortages occur.
- Set policies that require reasonable documentation of manufacturers' representatives and define their access to care and noncare areas.
- Leverage IT to conduct prospective MUEs.
- Implement a medication-sample policy or use a voucher program to make medication samples readily available for patient care.

Financial Performance

- Adopt a consistent, prescribed method to forecast future drug spending and apply pharmaceutical-spend budget analytics that go deeper than 80/20 reports to examine therapeutic classes and identify emerging spend trends and savings opportunities.
- Quantify the realized value for all pharmacy activities at least each quarter, with comparisons to original projections.
- Use benchmarked data, either comparing to itself over time or to other relevant pharmacy practices, to monitor and control pharmacy's financial performance, workload and productivity.
- Measure the pharmacy's contributions, in its various roles, by integrating clinical and distributive-performance metrics to provide a dashboard view for senior management.
- Monitor billing and reimbursement to update relevant pharmaceutical items on the CDM.

- Implement an A-B-C inventory-replenishment program that is integrated with the distributor's online ordering processes and automated where possible to manage medication supplies, maximize inventory turns and minimize inventory costs.
- Participate in applicable indigent-care programs, such as the 340B Federal Drug Discount Program or manufacturer-sponsored patient-assistance programs, and implement technology solutions to manage program complexities and maximize financial return.

Human Resources

- Implement a system to track, evaluate and systematically develop employee competency.

Education

- Develop central distribution and pharmacy informatics residencies designed to integrate the distributive and clinical aspects of pharmacy practice.
- Develop pharmacy management residencies and other leadership-development opportunities and tools to address the critical pharmacy-leadership shortages within the profession.

To learn more about the High Performance Pharmacy Framework developed by McKesson and the Health Systems Pharmacy Executive Alliance, visit www.highperformancepharmacy.com.

To learn more about McKesson's role as the Leadership Sponsor of ASHP's Pharmacy Practice Model Initiative, or its distribution and consulting capabilities, visit www.mckessonbop.com, e-mail healthsystems@mckesson.com or call 800.571.2889.