

**FROM
MEDICATION
ERRORS
TO RISING
DRUG COSTS,
HEALTH SYSTEM
PHARMACISTS
FIND
THEMSELVES
FRONT AND
CENTER IN
HEALTHCARE'S
HOTTEST
ISSUES.**

Hospital Pharmacists Face Whirlwind of Challenges

BY KERRY McKEAN KELLY

Pharmacists may not have the most visible jobs in healthcare, but there's no denying that these healthcare professionals stand at the center of some of the biggest challenges in healthcare today.

Medication errors, bioterrorism preparedness, staff shortages, pharmaceutical costs — all have a dramatic impact on pharmacy. And in many of these issues, pharmacy professionals can play a critical role in the healthcare community's search for solutions.

"The '90s and into 2000 have definitely been the decades of pharmacy," said Joe Walker, director of pharmacy services for Burdette Tomlin Memorial Hospital in Cape May Court House. "Everyone is really using the expertise now."

But the expanded demands on pharmacists — especially those who practice in a health system — come at a difficult time. Like many healthcare professions, the pharmacy ranks are in the grips of a serious worker shortage. Double-digit vacancy rates are keeping many pharmacists confined to the role of dispensing medications, leaving little time to lend their expertise to broader discussions on patient safety and other hot-button topics.

"Because of the manpower problem, (pharmacists) are an overtapped resource," said George Hartpence, R.Ph., director of NJHA Corporate Services Pharmacy program. "And yet, they have

an important perspective and hold a great deal of expertise that could help the healthcare system address some of these difficult issues."

Global Concerns

The American Society of Health-System Pharmacists recently adopted a "leadership agenda" for 2002-2003. The list is interesting in its commonality; the very issues listed as priorities for pharmacists could just as easily find themselves on the priority lists for physicians, hospital administrators or patients. ASHP President Debra Devereaux said the agenda reflects the "entire healthcare landscape." The individual planks include:

- Patient safety and medication errors — Devereaux, who manages the drug utilization review program for the University of Wyoming School of Pharmacy, calls this issue priority number one for the nation's health system pharmacists. "It permeates pretty much all of our activities," said Devereaux. The logic is simple, say pharmacists: Who better to help craft solutions to the problem of medication errors than the professionals who are trained in the safe and proper use of pharmaceuticals? "There's nobody more competent to handle drug safety issues than a pharmacist," says Hartpence.

- Affordability and accessibility of prescription drugs — In a hospital, budget pressures certainly are not limited to the pharmacy. But budget woes are becoming particularly intense in the pharmacy as the rapidly rising cost of pharmaceuticals



ILLUSTRATION BY PAMELA BROWN-VILLARUZ

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make it difficult to manage budgets, provide medications to uninsured or underinsured patients or improve patient care in the face of inadequate reimbursement. Shifts in use to newer, more expensive drug products, plus increased use due to an aging population and advances in drug therapy, are contributing to double-digit growth in pharmacy budgets, says Hartpence.

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— NJHA's George Hartpence

- Emergency preparedness — The Sept. 11, 2001, terrorist attacks and the anthrax scare that followed revealed the importance of the pharmacist's role in planning for and responding to bioterrorism, says the ASHP. Not only can pharmacists play a role in ensuring the proper drug treatments reach patients, but industry leaders can also lead an assessment of vulnerabilities in the pharmaceutical supply chain and the public health infrastructure.
- Advances in science and technology — From the Human Genome Project to robotics, science and technology have a tremendous impact on pharmacy. Some advances will open a world of new drug therapies, while others could revolutionize the ways medications are dispensed.

Severe Shortage

The persistent shortage of pharmacists is an underlying problem that provides an aggravating factor to all the industry's challenges. The healthcare worker shortage isn't limited to the pharmacy, but it may be at its most acute there. The American Hospital Association reports that the vacancy rate for pharmacists stood at 20 percent last year,

although ASHP says that number has improved to a current shortfall of about 13 percent.

There are a variety of factors contributing to the problem, including the widely varied practice settings available to pharmacists today and a booming demand caused by the rapid expansion of retail pharmacy chains. Those large retailers have driven up salaries, making it especially difficult for health systems to fill their pharmacist positions, says Hartpence.

The shortage is keeping many pharmacists locked in a role of strictly dispensing drugs, even though their expertise could be better used in a consulting or collaborative role to reduce medication errors or tackle other big-picture problems, says Walker.

Filling today's pharmacy positions isn't the only worry. Hartpence and Devereaux both expressed concern that the future will hold a dearth of pharmacy leaders. ASHP

warns that these practice leaders will become more and more scarce due to reductions in healthcare middle management and job stress in pharmacy department management.

The industry is pursuing a number of responses to address the manpower problem. Technicians, under the guidance of pharmacists, are becoming more active in the dispensing role, and automation is making the dispensing process more efficient (not to mention providing additional safeguards to prevent medication errors.)

Looking Forward

With so many critical issues before them, pharmacists face a future filled with challenges and opportunities. Pharmacists foresee a continued shift in their roles, from someone who merely dispenses medications to a consultant who

Perspective

GARY S. CARTER, FACHE – President

I can't help but think of an old Yogi Berra line when I read about the shortage of pharmacists: "It's déjà vu all over again."

Pharmacists, unfortunately, are not the only healthcare professionals whose services are in high demand and short supply. The shortage of nurses has grabbed the most attention, but other critical healthcare workers such as radiological technicians, certified nurse assistants and others are also sorely needed. And the reasons are strikingly similar — led by the opening of new jobs and practice settings for those who hold the valuable skills needed in healthcare today. That's why NJHA's workforce efforts are not limited to nursing. Our Center for Nursing and Health Careers recognizes that those all-important allied healthcare careers are also critical to quality healthcare. Under the leadership of



Director Barbara Tofani, RN, our center is working to address both today's vacancies and tomorrow's ongoing shortfalls for all members of the hospital team.

It's not an easy fix. Just as pharmacists are scattering to an array of practice settings, so too are nurses and other healthcare professionals. Plus, hospitals' lean margins caused by ongoing shortfalls in federal and state reimbursement make it difficult to compete with private industry.

But I believe that our hospitals offer a professional perk that few other settings can — "a premium in satisfaction," is how one hospital pharmacist described it. Those who want to care, to serve, to heal find that life's work in the nation's hospitals.

shares a seat at the table discussing major concerns such as patient safety and as a clinical collaborator who plays an important role in patient care.

"In hospitals, the last place you want your pharmacist is sitting in a centralized office making sure the right number of pills get in a jar," says Hartpence. "There are so many places they can impact in using drugs properly."

*Patient safety
is priority number
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pharmacists.*

A bill is pending in the state Assembly that would enact new pharmacist regulation and licensing standards and give pharmacists broader authority to collaborate with physicians to write and alter prescriptions. The measure, A-570, known as the "New Jersey Pharmacy Practice Act," is sponsored by Assembly members Anthony Impreveduto (D-Secaucus) and Joan Quigley (D-Jersey City.)

The NJHA Board of Trustees has reviewed the measure but last month tabled a vote on whether to support the bill. Board members said they needed more time to assess the measure and investigate amendments, including the possibility that the concept be tested first in a pilot phase.

Devereaux, however, believes such collaborative arrangements between pharmacists and physicians are a future trend. She says they would allow pharmacists to play a more integral role in patient treatment and outcomes — "along with physicians. I want to make that clear," says Devereaux.

Whether or not the New Jersey bill or others like it become law, Devereaux says health system pharmacists are there to make a contribution to the well-being of patients and the overall health of the healthcare system.

"If pharmacists are utilized in all settings to maximize their knowledge and ability to contribute, not only will we save money but also reduce the number of medication errors," she said.

NJHA Alerts Provide Latest Information on Drug Shortages

By KERRY McKEAN KELLY

Vancomycin, the drug often used as an "antibiotic of last resort" against antibiotic-resistant infections, is in the grips of a serious drug shortage.

In fact, vancomycin is just one of dozens of drugs that are in short supply across the nation on any given day. These drug shortages, caused by a variety of factors, are coming with increasing frequency and create yet another concern for pharmacists, said George Hartpence, R.Ph, director of NJHA Corporate Services Pharmacy program.

Hartpence says close to 50 drugs are "under shortage conditions" this month. To help pharmacists keep up to date on the shortfalls, NJHA this month introduced NJHA Drug Alerts on its Web site. The updates include the most current news on drug shortages, recalls and withdrawals, with details such as the causes, estimated supply dates, patient care implications and alternative therapies. To access the updates, log on to www.njha.com/corporate.services/bs.pharmacy.html and look under "News and Information."

"This is valuable information that we wanted to put in pharmacists' hands in as timely a fashion as possible," said Hartpence. "While there's nothing a pharmacist can do about supply problems, this information can at least help identify alternatives during drug shortages."

In addition to vancomycin, other pharmaceuticals in current short supply include certain neuromuscular blocking agents, the antibiotic piperacillin and certain injectable anesthetics. And in related news, the U.S. General Accounting Office reported this month that a shortage of five childhood vaccines has disrupted vaccination schedules for diphtheria, tetanus, whooping cough, measles, mumps, rubella, chickenpox and pneumococcal disease.

There are a number of factors that contribute to such shortages, said Hartpence. Supplies of raw materials used to manufacture the drugs could be disrupted, or the U.S. Food and Drug Administration could shut down a non-compliant manufacturing plant.

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Marketplace factors are also playing an increasing role in drug shortages. Hartpence notes that generic drugs, for example, are being made by fewer and fewer pharmaceutical companies because they are less profitable. The fewer manufacturers, the more vulnerable the drug is to shortages, he said. That's a contributing factor in the vancomycin shortage, says Hartpence; one of the nation's three manufacturers of the drug stopped making it when it became a generic.

A similar scenario is at work in the current shortage of childhood vaccines. The GAO report notes that the nation's vaccine supply is easily disrupted because one manufacturer makes five of the eight vaccines.

The shortage prompted some lawmakers to call on the federal government to play a greater role in ensuring proper drug and vaccine supplies. It also was the subject of a hearing this month before the Senate Committee on Health, Education, Labor and Pensions.

ADDRESS CORRECTION REQUESTED

Interview: Fred Trinkley, R.Ph.

By KERRY McKEAN KELLY

Fred Trinkley, R.Ph, is president of the New Jersey Pharmacists Association, which represents members from a wide variety of practice settings. As a pharmacist in an independent drug store, he shares a surprising number of concerns with health systems — starting with the pressures of managed care.

Q Tell me about the frustrations pharmacists are experiencing with reimbursement and other managed care problems.

Of course there's the lack of reimbursement, but it's not so much the reimbursement if everything went properly. Reimbursement would probably be not as much of an issue if the insurance companies, government and everyone else ran on a very efficient basis, but the problem is that the more health insurance gets involved the more the bureaucracy and the paperwork increases. That's where the problem, I think, has been. Pharmacy is probably one of the most streamlined health professions around as far as its ability to be computerized and change with the demands.

The big problem is that it's becoming a very piecemeal, bureaucratic nightmare. There's no continuity in healthcare in this country. I think that eventually all healthcare professionals have to unite as one faction in one voice (saying) "We've had enough of this. We have to change this or else we're not going to survive."

Q How does managed care reimbursement work for a pharmacy? Is it a negotiated rate with the payer?

I wish it were. It's a take-it-or-leave-it attitude. What most of us are fighting for is to keep the pharmacist in the (reimbursement) picture because I think they are a valuable part of the healthcare system.

Q Where do you see the pharmacist's role within the broader context of the healthcare system?

Well, I think we need to be allowed to become more of a drug expert — and get out of the mundane types of things and the paperwork problems that pharmacists have to do just for payment procedures. I think we need the pharmacist more involved with the patient's treatment — not necessarily the pre-

scribing, because that's still up to the physician, but the pharmacist should have a bigger role in monitoring the patient once they're put on medication and not just have to wait six months or a year until they're due to go back to the physician. I think pharmacists can be utilized more and actually help save healthcare dollars. We can play a very important role no matter what setting we're in.

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