

## **Minutes for the Clinical Administration PRN Business Meeting at the 2006 ACCP Annual Meeting**

Friday, October 27, 2006

Parkview Room, Renaissance Grand Hotel, St. Louis, MO

Opening:

Todd Nesbit called the meeting to order and welcomed the 21 participants. Everyone introduced themselves, and the members present represented a wide geographical area.

- I. Minutes from April 11, 2006 meeting were reviewed and approved.
- II. PRN Focus Section Programming – 2006 and 2007 Annual Meetings
  - a. All speakers from 2006 program held earlier the same day were thanked for their contribution. Special thanks were extended to Dr. Bill Miller, who was present at the meeting.
  - b. The 2006 Program was titled, “In Search of the Ideal Practice Model: An Informed debate.” Feedback on the 2006 program was very positive, including the comments below:
    - i. Excellent topic
    - ii. Timely – covered issues members dealing with right now
  - c. Materials from 2006 program will be posted on the PRN website.
  - d. Ideas for 2007 Annual Meeting Programming
    - i. **Implementing Clinical Decision Support in the Electronic Medical Record** (challenging endeavor, which cannot be done “out of the box”; could include rules, alerts, order sets)
      1. Could include Influence of CPOE/EMR on practice (many unexpected consequences on pharmacy practice)
      2. Would need to determine focus of program (only ~10% of hospitals have implemented CPOE, caution against making too focused on specific vendor (s))
      3. Recommend include someone from VA – system is well established and describe lessons learned
      4. Highlight institutions that have overcome challenges and their lessons learned
      5. May consider survey of technology use through PRN listserv and other methods
    - ii. **Medication Reconciliation**
      1. There are many different approaches, and it represents an important opportunity to improve/expand pharmacy services

2. Case studies on institutions that have done medication reconciliation well, especially those doing reconciliation for a large number of patients
  - iii. **Pharmacy's involvement in improving outcomes and how to measure**
    1. Describe specific metrics that would illustrate value of clinical pharmacists
    2. Should include metrics that go beyond intervention data
  - iv. **Human Resources**, especially issues related to workforce diversity and staff development
    1. How to manage pharmacists at different levels of practice (e.g. new practitioner vs. seasoned practitioner)
    2. How to develop clinical skills of seasoned practitioners
- III. PRN Officers Meeting – Items from the PRN Officers meeting were presented, including:
- a. Electronic balloting for PRN offices – group gave positive feedback
  - b. Programming – in an attempt to reduce duplication, PRNs must provide brief sentence of program plan for 2007 Focus session by November 20<sup>th</sup>
  - c. Pre-meeting symposium process – could be opportunity to generate revenue
    - i. Need to plan well in advance (e.g. plan now for 2008)
    - ii. CPOE vendors might provide corporate sponsorship (e.g. McKesson, Cerner, etc.)
  - d. Next ACCP meeting is in Memphis TN (April 2007)
- IV. *Pharmacotherapy* Editorial Board Nominations (Bill Miller, who is *Pharmacotherapy* board President, introduced the discussion of this topic.)
- a. The leadership of *Pharmacotherapy* is seeking to expand editorial board.
    - i. Many editorial board members are on the board since they are recognized leaders in very specific therapeutic areas.
    - ii. Some editorial board members have a more general focus on health services research (e.g. CA Bond, Michael Murray.
    - iii. However, there are not *Pharmacotherapy* editorial board members whose primary role is clinical leadership/management.
    - iv. The leadership of *Pharmacotherapy* recognizes the need for *publications* on clinical leadership/management topics, which could include original research, case reports, or review articles. For example:
      1. EMR/CPOE (e.g. case reports of new errors)
      2. Review of evidence for medication reconciliation
    - v. The ideal person for addition to editorial board was described
      1. Two types of individuals are generally on the editorial board.

- a. Clinician scholars (e.g. record of invited presentations, noted thought leaders on topics)
      - b. Research scholars (e.g. more traditional scientists, have grant funding)
    - 2. Need record of publication (ideally would also include non-pharmacy journals)
  - b. John Noviasky will send a listserv message to get ideas for names, and names will be sent to journal in confidential manner.
  - c. Other *Pharmacotherapy* Notes
    - i. Manuscript solicitation
      - 1. So far, *Pharmacotherapy* has not typically invited publications
      - 2. However, plan is to solicit more manuscripts, and editors would like to use PRNs to identify topics and authors for reviews
    - ii. The journal leadership is considering developing more specialized “spin off” journals.
- V. Board Liaison Report (Dr. Matzke)
- a. ACCP Academy
    - i. The first certificate program has started. It is focused on teaching.
    - ii. Other certificate programs are in development, including a leadership program.
      - 1. There was consensus that PRN should be involved in further development of the leadership program.
      - 2. Members of PRN would be able to provide content for the program.
  - b. A new nomination process for Fellow status and other awards has been established. It is electronic and more efficient. Dr. Matzke encouraged PRN members to recommend individuals for FCCP.
  - c. Opportunities exist to use ACCP membership data to promote PRN.
  - d. Research Institute
    - i. Encouraged PRN members to write grants for funding from Research Institute.
    - ii. Many opportunities exist to fund projects related to clinical administration (e.g. practice models).
  - e. Dr. Matzke noted that he functions as the board liaison throughout the year and is available as issues arise.
- VI. Frontiers Fund and PRN
- a. PRN members were encouraged to contribute to the Frontiers Fund.
  - b. The PRN considered a donation to the Frontiers Fund.
    - i. There was consensus that the PRN would contribute at least \$250 dollars to Frontiers Fund.

- ii. The PRN officers will review the group's finances to determine if funds are available for an additional donation (up to an additional \$250 for a total of \$500).
  
- VII. Guidelines/Policy Repository Update
  - a. John Noviasky has coordinated a repository of over 30 guidelines and policies on the PRN website. The PRN congratulated him for his efforts.
  - b. This activity provides value to PRN members, and it should be promoted to new and potential PRN members.
  - c. It was agreed that an email will be sent to the entire PRN to say that email attachments sent to listserv will be automatically archived in document repository.
    - i. However, PRN members could opt out of automatic posting if they note that they do not want the document posted on the web site.
    - ii. The email will note that the documents posted on the PRN website are password protected and only for use of PRN members.
  
- VIII. Mini-Sabbatical Update
  - a. The concept would be similar to other PRNs where members could spend time at another institution.
  - b. Interest definitely exists for such a program; but the following are needed:
    - i. Someone to take ownership of developing the programming.
    - ii. Need to determine how the PRN can provide financial support for the minisabbatical.
  - c. A successful program will require a commitment between PRN members to help each other grow professionally. Members could work together to match interests.
  
- IX. PRN Finances
  - a. Ideas to increase PRN revenue were discussed.
  - b. Revenue will grow as membership increases, and there is a need to promote the PRN. (further discussion below)
  - c. EMR vendors may be a good avenue for support of PRN programs and activities.
  
- X. New Business
  - a. PRN Listserv default response settings.
    - i. Recently, there was lively listserv discussion on the best way to handle listserv responses. There are two options:
      - 1. Responses can go to the entire listserv (current status)
      - 2. Response can go to individuals
    - ii. After discussion, it was agreed to keep the current setting, which will provide responses to all listserv participants.
  
- XI. Informal Topic Discussion
  - a. Growth

- i. PRN needs to grow (in terms of numbers and activities), and many opportunities exist.
    - 1. Growth may require a change in mindset. Currently, individuals in management/leadership positions look elsewhere for professional affiliation.
    - 2. We need to make it clear to clinical managers to that there is a place for them in ACCP through our PRN.
  - ii. Ideas to increase PRN's visibility (which will help prompt growth)
    - 1. There would be many options, including pre meeting symposium, products, and other activities.
    - 2. A clearly articulated opinion/white paper on a clinical practice management topic would attract positive attention.
      - a. For example, the ASHP comment period is open on the standard for practice management residencies.
      - b. ASHP would likely welcome the PRN's comments.
    - 3. PRN members were encouraged to submit abstracts to ACCP meetings and manuscripts to *Pharmacotherapy*. For abstracts, the Clinical Pharmacy Forum might often be a good category for projects by PRN members.
- b. Medication Histories/Medication Reconciliation
- i. An accurate and complete medication history is fundamental to entire medication reconciliation process.
  - ii. There was consensus that pharmacists are the best professional to do this activity, but there is a need for more pharmacist resources to provide service. Approaches to gain resources were discussed.
  - iii. Ideas to improve process were discussed.
    - 1. Position pharmacists in Emergency Department to help get history completed early in patient's admission.
    - 2. Involve pharmacy students in the process.
    - 3. There is a need to train pharmacists on the process. A certification with pharmacy students acting as patients was described.
  - iv. The topic presents many opportunities for publication in forums such as *Pharmacotherapy*.

The meeting was adjourned at approximately 8PM, but many members continued informal discussion.

Respectfully Submitted

James M. Hoffman  
Secretary/Treasurer