

Reflections on the COVID-19 pandemic and *Pharmacy Forecast 2021*

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Take a moment to think back to the ASHP Midyear Clinical Meeting in December 2019. What were our conversations that week? Did we discuss a pending pandemic? Likely not. The topics I discussed and overheard that week turned out to be useful in our current pandemic situation. *Pharmacy Forecast 2020* recommendations on topics such as the drug supply chain, use of technology and the resulting data, staffing, professional and technical training, specialty pharmacy, and payer issues have not lost their relevancy.¹ As we reflect on 2020, how has the past year changed our thinking for 2021? Have our priorities changed? What recommendations from this year's *Pharmacy Forecast*² should we take away and apply so we are best prepared for a future defined now as the new normal?

We should start with our staff. The recommendations from the *Pharmacy Forecast 2021* chapter "Patient Safety: New Frontiers for Pharmacists" create a foundation for us to ensure that we are mindful of the needs of our staff as we continue to battle the coronavirus disease 2019 (COVID-19) pandemic. Our staff require a new level of support: at work, to help mitigate anxiety over disease transmission, availability of personal protective equipment, and concern for our coworkers; then at

home, where many are struggling with the care of their families and grief from the loss of loved ones as well as personal freedoms. Staff well-being enables consistent focus on patient safety. Pharmacy leaders must understand and ultimately utilize the employee wellness and resilience programs available. In the context of COVID-19, the question "How are you?" has taken on new meaning, and we need to listen with understanding. Know where to access employee assistance programs and support your staff's access to these resources (as advised in *Pharmacy Forecast* panelists' recommendation 6).

Our focus on patient safety and medication use came under the spotlight more than once in 2020. Recommendations 1 through 4 create the underpinnings for a safe medication-use process. The COVID-19 pandemic has been a stark reminder for pharmacists that collaboration with our entire healthcare team is key for patient safety. Decisions on utilization guidelines regarding alternate therapies, emerging medications, and new uses for old drugs were made at light speed. The pandemic has renewed support for the application of evidence-based practices, innovation, streamlining of medication administration processes, and more interest in prioritizing safety as part of the drug formulary review process.

Concerns about the medication supply chain were accentuated as a result of the pandemic. High variability of medication availability was reported by pharmacy leaders, depending on their region of the country or where they fell in among critical medication allocations. At my organization, Sharp Healthcare, propofol was in extreme shortage last winter. Our intensive care unit pharmacists and intensivists, along with pharmacy buyers, quickly determined alternative regimens. These events

highlight a core operational competency that our health systems rely on: a strong, resilient medication procurement program. The recommendations from another *Pharmacy Forecast 2021* chapter, "The Certainty of Uncertainty for a Global Supply Chain," require active involvement at multiple levels of government: county, state, and national. Express your opinions and concerns with pharmacy and health-system associations such as ASHP and the American Hospital Association. Early in the pandemic there was disbelief amongst government officials and politicians alike that drugs were scarce or in shortage. Pharmacy leaders collectively were able to raise these concerns as we began to gather virtually across our states. It was difficult to come to agreement on guidelines for scarce drugs at our health system (recommendation 1 of *Pharmacy Forecast* panelists), and we agree that "guidance is desperately needed." In these trying circumstances at my health system, we were asked and agreed to share drugs and supplies within our county. While this felt difficult in the moment, it has been a comfort to know that we are in this together for our community's patients. This has served as a reminder that while our routine involvement in the clinical assessment of patients is critically important, we should not lose sight of our systems' reliance on us—pharmacy operations—to procure and provide required medications.

Many issues pertaining to the provider status-related recommendations addressed in the *Pharmacy Forecast 2021* chapter "Pharmacy Workforce," including the need for additional training opportunities for pharmacists, were active topics of conversation in roundtable discussions during the 2020 ASHP Virtual Conference for Pharmacy Leaders in October. Pharmacy leaders are moving forward

because of, or in spite of, the pandemic to expand pharmacy services in ambulatory care, specialty pharmacy, and telemedicine. As noted in recommendation 4, which is focused on expanded roles and required training for pharmacy technicians, we must be cautious not to add unnecessary qualifications for our technicians that may force them away from pharmacy work instead of reducing turnover. While Sharp Healthcare quickly prepared to add pharmacists both onsite and virtually during the initial COVID-19 case surge, we found our largest deficit was

in the number of pharmacy technicians. We must emphasize to our technicians the value of their knowledge and work. They should understand where they fit in the healthcare team, especially in times of crisis, as a critical component of the overall organizational response to the pandemic.

Each day has taught us new lessons about COVID-19 and about ourselves as leaders, mentors, and support counselors. We have uncovered resilience and ingenuity that will define how we work and how we practice pharmacy for years to come.

Disclosures

The author has declared no potential conflicts of interest.

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