Pharmacy: Charting the next frontier in public health

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A nationally recognized expert in medication safety, quality assurance in sterile product and hazardous drug preparation, and accreditation and regulatory compliance, Kienle has had a career spanning over 45 years, including experience as a practitioner and pharmacy director and a medication safety leader in hospitals and health systems.

Kienle regularly contributes her expertise to professional practice organizations, local and national professional associations, and accreditation, regulatory, standards-setting, safety, and quality groups. She is the author of *The Chapter <800> Answer Book*, the *Compounding Sterile Preparations: ASHP's Visual Guide to Chapter <797>* video and Companion Guide, and numerous other books and articles in peer-reviewed journals.

An active member of national, state, and local pharmacy associations, Kienle served on ASHP's Board of Directors and was president of the Pennsylvania Society of Health-System Pharmacists (PSHP). She is a member of the United States Pharmacopeia Compounding Expert Committee and was chair of its subcommittee and expert panel on hazardous drugs. She also has served on the Board of Pharmacy Specialties Pharmacotherapy Specialty Council, as the pharmacist member of the Hospital Professional and Technical Advisory Committee of the Joint Commission, as a board member of the Institute for Safe Medication Practices (ISMP), and on the Board of Governors of the National Patient Safety Foundation.

Kienle is a Fellow of ASHP and has received many honors for her contributions to pharmacy, including the ASHP John W. Webb Lecture Award and Board of Directors Award for Distinguished Leadership; the PSHP Sister Gonzales Duffy Lecture Award and Pharmacist of the Year; the Distinguished Achievement Award in Hospital and Institutional Practice from the American Pharmacists Association Academy of Pharmacy Practice and Management, and the ISMP Lifetime Achievement Award.

Kienle received her pharmacy degree from the Philadelphia College of Pharmacy and Science and a master's degree in public administration from Marywood University in Scranton, PA. She completed an executive fellowship in patient safety at Virginia Commonwealth University.

Thank you so much for this incredible honor. It's obvious that no one gets recognition like this without significant support from many others. Walt Disney said, "Whatever we accomplish belongs to our entire group, a tribute to our combined efforts." That's certainly true for me.

I've had the honor—privilege, actually—of working with 2 wonderful groups of pharmacists, technicians, and support staff. First, at Mercy Hospital in Wilkes-Barre, PA, and then for the Mercy system in northeastern Pennsylvania, and for the last 23 years, with my colleagues at Cardinal Health.

Unending support has come from my husband, Kurt, and all the pharmacy friends we have made over years of practice. I'd like to acknowledge two who have also made names for themselves in pharmacy: my college roommate Betty Harris, who has been on the board of directors at the American Pharmacists Association, and another classmate well known to ASHP, Steve Sheaffer. I owe heartfelt thanks to Sara White and Becky Finley, who have also kept me pointed in the right direction for decades.

The professional satisfaction, and in many cases passion, that results from participating in organizations like ASHP begins when we introduce students and new practitioners to their professional societies. The urge to actively participate in professional organizations starts with positioning students, pharmacists, and technicians to recognize the value of how that shapes our profession and our lives. I always joke that I kept sitting at tables with John Gans at the head: first in pharmacy school, then with the Pennsylvania society, and then with ASHP. I know that most of you precept students and residents. It's difficult to describe the influence that you have on these individuals, but it's there. You can all think of a mentor or two who have made an impact on your career. Students and residents you've precepted are certainly influenced by your commitment to our profession.

I often think of a vivid message from Linwood Tice, the dean at the Philadelphia College of Pharmacy, who told us that participation in professional organizations is the dues we pay for taking up space in the profession. It's a bit jarring to say it that way, but health-system pharmacy practice certainly wouldn't be in the position it is now without an essential ingredient: the years and decades of time, energy, expertise, and wisdom that every one of you has contributed at your practice sites and to professional organizations.

Things in healthcare tend to evolve slowly over time, but that's not been the experience in the last 2 years. We have focused for quite a while to gain the trust of individual patients. We've seen that in our role as providers of care. It continues to be the vital link to make us special to our patients as we take care of them, one at a time.

Our time has come to expand that role into another essential component: public health. The COVID-19 crisis has changed our game. We need to continue the visibility of pharmacy as an approachable, convenient, professional health location—physical and virtual—and emphasize knowledge and scientifically sound practices. We need to be nimble to adapt quickly to changing circumstances and to take advantage of appropriate and innovative opportunities.[1] ASHP's long-time mission of pharmacists helping people achieve optimal health outcomes is bigger than any one of us. ASHP's vision that medication use will be optimal, safe, and effective for all people all of the time fits in perfectly with a dual emphasis on individual patients and public health.

I suspect that it's an inherent approach for Whitney Lecture Award recipients to read all of the previous lectures. The Whitney Lecture is 70 years old this year. Looking at the list of award recipients and lecture themes in 10-year increments since 1952 shows an interesting progression:

- Edward Spease—professional pharmacy in the hospital
- Grover Bowles—need to learn and change
- Bill Heller—maturing (with some interesting history of sterile products)

(and now we get into the years since I've been in practice)

- Bill Smith—clinical pharmacy
- Roger Anderson—perceived value
- Mike Cohen—medication safety as a component of pharmacy leadership
- Rita Shane—"Where is my pharmacist?"

Some strike me as clear milestones that lead up to opening our frontier into a bigger role in public health.

Health should be our passion, and its emphasis provides the conduit to how we approach individual patients. Some of the comments in the past Whitney Lectures (and they all contain sage advice) lead up to our need to provide additional emphasis in the bigger role we can play in public health:

- Bill Smith said that the lack of consumer demand for clinical pharmacy services is based on poor understanding by the public of the services pharmacists can offer. I would ask, have we proven ourselves since the 1980s, especially within the past 2 years?
- Roger Anderson discussed perceived value. I would ask, have we added to the value? We know that many consumers–our patients–think of provision of a medication as a transaction. Our value to public health is obviously much broader, and we need to change the picture seen by the public.

- Mike Cohen's focus on medication safety as a core component of pharmacy leadership [in his work as founder of the Institute for Safe Medication Practices (ISMP)] has led the nation—and the world—in emphasizing safe practices. I would observe that we are now *the* medication safety officers in health systems.

This all points to our value as a prominent source of public health information and treatment. I don't mean just as advocates; I mean as leaders. And it's not just pharmacists. We need to promote pharmacy technicians' roles. (Can we move to the word "technologists"?) Other professions have taken that approach to practice at the top of their licenses while having standardized, well-educated, and well-compensated technologists assume much of the operational activities. I remember listening to Henri Manasse's 2007 Whitney lecture[3] noting the lack of national consensus on education, training, certification, and regulatory oversight of technicians as "pharmacy's dirty little secret." We have progressed over these 15 years, but we still have quite a way to go.

A qualified technician workforce is essential for ensuring the health of the public. We can't proceed effectively without a coordinated effort. Our practice model is quite advanced in many health systems—both large and small—but still stuck in a traditional practice in some. We have proven what we can add to patient care and public health. We don't have the barriers of several decades ago, before we trained side by side with future physicians, nurses, and other health professionals. But have we made that clear to health system executives and legislators?

The common visual of a pharmacist counting pills needs to vanish. I remember [ASHP past president] Cindy Raehl throwing away counting trays as she spoke to state affiliates. Sure . . . we still need them, but it shouldn't be how consumers automatically associate us with pharmacy.

We have moved on from only treating individual patients. We now have become an essential component of keeping people healthy. We know that healthcare needs to move from treating the sick to ensuring wellness. We are a fundamental player in that process.

Look at the last few decades of pharmacy successes. We've expanded services with clinical prowess and developed chief pharmacy officer and medication safety officer roles in health systems and related organizations. We recognize that clinical plus operational skills are symbiotic, not exclusive.

We had a crisis in our profession before COVID-19. Although certainly not as devastating as what we've seen the last 2 years, look how the New England Compounding Center debacle changed how we practice. We have recentered compounding—nonsterile, sterile, and hazardous—as a core component. It's one of the activities that transcends pharmacy practice, no matter what the setting. It offers another key role in patient safety—public health—that can be provided by both pharmacists and technicians.

There are operational and clinical skills we still need to maintain: medication use evaluation, safe and accurate dispensing, compounding. No one does those things better than we do. We need to use these resources and innovative technology to improve care in health systems and move that action to broader community health issues.

Is pharmacy not adequately engaged in public health, not recognized for its contributions, or both? What steps can we take to build on the recognition that we are the available medication-use experts—no matter what practice site we choose.

Stephen Eckel recently described the "compound interest formula" for professional development in an alliterative group of words: patients, perseverance, perception, participation, and the pursuit of excellence.[4] That can be a road map for our plan—another P word—for our increasing influence in public health.

How many of you have immunized at least one patient? Not only with COVID-19 vaccine but with any of the vaccines that we can administer? We've been doing this for years, but it took the COVID-19 crisis to make consumers—our patients—aware of the key role we play in this essential public health responsibility. I'm concerned that many patients don't realize this cataclysmic change, and we don't want to revert to hiding that anymore. Our community pharmacy colleagues got the well-deserved recognition of being the central point for immunizations, but I know that many of you also have immunized thousands in your organizations and neighborhoods.

How can we parlay that effort into the next frontier for public health? It's obvious that pharmacy is positioned, able, and ready to fill gaps in those efforts. How can we take the data and approach what we've gained to be sure that other practitioners—physicians, nurses, and others—and policy makers know what we can do and have done. Not just during a crisis, but all the time?

The Geisinger Health System in Pennsylvania (my previous employer Mercy Hospital is now part of this system, and Kurt was a pharmacist in that system) has been recognized for provision of pharmacy-managed centers of care. Emphasis—and impressive success—by systems like Geisinger on promoting healthy lifestyles among populations of patients is another road map for our more integral entry into public health promotion.

ASHP has a Statement on the Pharmacist's Role in Public Health emphasizing population health, preventive care, and optimizing patient outcomes.[5] Efforts in the areas of disease prevention and control, medication safety, and health education are strategic to our influence in public health policy. Those efforts apply to all public health situations, but we also need to adjust our focus as we learn from real-life circumstances. One of the stark lessons from COVID-19 was the differences in hospitalization, severe illness, and death

among minority groups. Our efforts need to be inclusive and focus on health needs of patients who need us most.

We need to build on our success. The foundation is here. The playbook has been written. Innovative practitioners need to improve on what we've already done. I have some strategies to consider:

- Expose students and new practitioners to contemporary and innovative options. They see these in their rotations, but education needs to emphasize how to expand their vision of their roles as pharmacists. I have the opportunity to participate in 2 activities at Wilkes University School of Pharmacy.
    - P1 students have the chance to speak with those of us in nontraditional roles and see what influence we have on the profession.
    - P2 students learn about pragmatic medication safety (using a lot of ISMP's work), then are challenged to devise an innovative plan to improve safety.
- Let's work hard on increasing the way pharmacy technicians—technologists?—are used in all facets of pharmacy practice. ASHP is a leading advocate for improving our technician workforce.
- Continue to promote pharmacy as a key leader in public health.
- Acknowledge that pharmacy isn't just community and hospital practice but, rather, a profession invested in improving the health and safety of the population. Many of us have positions they never would have been considered 5, 10, or 15 years ago. Those of you just entering practice have the opportunity to push the frontier, keeping our focus on individual patients and adding in those population health—public health—facets.

Let’s build on our momentum, still emphasizing treating each patient while pushing the boundaries of public health to population health and global influence.

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