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PRESIDENTIAL ADDRESS

Engaging the power of community

Pharmacists' expanding opportunities to improve community health

Welcome and acknowledgements

Good morning, friends and colleagues. For years, I've been proud to serve alongside you as part of this tremendous pharmacist family. And I'm honored by the opportunity to serve as the American Pharmacists Association's 161st President.

I hold with care and the utmost respect the confidence you've placed in me, and I will never take it for granted. There are so many people to thank—too many to name here—but I'd like to at least recognize a few.

First and foremost, I want to thank my family. We can't match the Osterhaus numbers, but we're no less supportive. You have given me lots of love, direction, and continual encouragement. As special remembrance for my grandmother, a true pioneer for women in the field of medicine, and my brother, both always in my heart and watching over me. My father, for steering me towards pharmacy, and my mother, for instilling pride for hard work. My husband, Billy, for his constant support, even when I leave him at home with the team (now just our 2 dogs and cat). My daughter, Ann-Robert, for recognizing at a young age how much I love my profession. When she was in preschool, her teacher asked her where she was born, and Ann-Robert enthusiastically replied, "Ukrops."

Please recognize my family who are here today. I love you all.

Thank you Dean Dipiro, the faculty, staff, and superb student pharmacists at the Virginia Commonwealth University School of Pharmacy, who are so supportive of my involvement with this organization, and understanding of my time away from school to serve the profession.

Thank you so much to Ralph Small, Tom Reinders, Bill Smith, and Becky Snead for all your guidance. And John Beckner for never being able to say no. I have been fortunate to work with a fantastic group of Community Pharmacy Residency preceptors: Andrea Brookhart, Michelle Fountain, Mary Beth Grimes, Anne Harrison, Tana Kaefer, Kelly Rea, and Sharon Gatewood; and an even more enthusiastic group of current residents: Anisha Doshi, Jessica McDaniel, Margaret Robinson, and Amy Sparkman, and the more than 50 residents who preceded them and are advancing community pharmacy practice. You are a great team and you make it easy! And a huge thank you to ALL the Virginia Pharmacists.

A special thanks, also, to Marialice Bennett, Matt Osterhaus, Steve Simenson, Kristen Weitzel, and all my other friends and colleagues from across the country who are role models and mentors, and who are working hard to drive patient-centered pharmacy practice.

Thank you to the former APhA Presidents who have taught me so much about leadership, including Harold Godwin, Ed Hamilton, Tim Tucker, and Bruce Canaday. My co-Academy Presidents who made the team approach of practice, science, and students work – Jon Schommer, Vibhuti Arya, Gary Smith and Dan Zlott. Members of the APhA Board of Trustees with whom I have had the opportunity to serve. And of course former APhA CEO, John Gans, for your vision and mentoring.

Many, many thanks to APhA and the APhA Foundation for being there throughout my career with all the tools and resources I needed for success. Every turn in my career maps to the innovation and leadership of the APhA:

- BPS certification provided the opportunity to validate my knowledge and skills and strengthened my qualifications as a faculty member.
- APhA Certificate Programs taught me about immunizations and springboarded my success in patient care, community outreach, and practice-based research.
- APhA's Academies offered networking and leadership opportunities. Clearly, this helped me build my network of wonderful colleagues, mentors, and friends across the country who taught me so much about patient care and practice change.
- The Community Pharmacy Residency Program allowed me to train future innovative community practitioners and further enhance my leadership skills. We now focus residents on building new models of team-based care.
- Education through the Annual Meeting and the Self-Care Institute enhanced my skills and knowledge, and provided a platform to share my patient care and practice experiences.
- The APhA Foundation's project IMPACTs allowed me to get involved with innovative patient care services, such as management of hyperlipidemia and osteoporosis, and to offer my homeless patients the proven outcomes of Diabetes IMPACT.

Every patient service I've just described leads us to the largest investment APhA has ever made in our profession—the quest for provider status, or more accurately, access for my patients to pharmacists patient care services.

The group of volunteers and colleagues I've thanked are all supported by a dedicated staff. Thanks to all of you for your

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dedication to the profession and for boatloads of encouragement for me.

Importance of community

My connections to the community have taught me so much about patient care and driving practice change. Most importantly, they have reminded me, "to not follow where the path may lead. Go instead where there is no path and leave a trail." Don't expect perfection. Be happy with every success, no matter how small. The limits we set for ourselves and pharmacy practice exist in our minds. Sometimes, if we let our hearts do the talking and believe in our ability to overcome past perceptions, we can create another reality—one in which pharmacists are engaged in their community and valued for contributions to patient health.

The underlying focus of my work can be summed up in one word: community.

When we think of community, we picture friends and neighbors, where we practice and where we live—the bricks and mortar of our everyday lives. As pharmacists, our community is *so* much more than that. It is a broader community: the community of patients and practitioners, of concerns and needs, of perspectives and service that surround us every day.

Mark Hyman once said, "The power of community to create health is far greater than any physician, clinic or hospital." In fact, we know that 90% of a patient's health care journey is outside the bricks and mortar of hospitals and clinics. Much of the impact that we can make in patients' lives resides outside those traditional boundaries and definitions. Pharmacists must be leaders in this area. Let's talk about how.

I believe that thinking about the health care community from this broader perspective is almost like putting on eyeglasses with "community lenses." These lenses allow us to have a fresh perspective on the world around us and the changes that we can make in it.

Consider this: in our broader community, with the lens I have from this podium and in my role as a trustee, I can see pharmacists in every practice setting stepping up to meet health care needs. Indeed, community pharmacists, be they chain or independent, have refined skills to deliver essential care in their neighborhoods, and these services are increasingly receiving the recognition they deserve. But often when reference is made to "clinical pharmacists," the inference is suggested by some that it does not include community pharmacists.

So, through residency standards, and in a soon-to-be-published article in the *Journal of American Pharmacists Association*, the term *community-based pharmacist practitioner* is presented, not as an ivory tower term, but to describe a pharmacist who routinely provides patient care services—yes, clinical services—within the community.

Community refers to direct patient care delivered outside the inpatient health care setting. Pharmacists who provide patient care in independent and chain pharmacies, ambulatory or outpatient clinics, physician offices, patient-centered medical homes, and other community-based settings such as churches, community centers, or patients' homes, are all community-based pharmacist practitioners.

Community-based pharmacist practitioners embrace 4 tenets:

- Deliver direct patient-centered care in the community,
- Contribute to team-based care by collaborating with other members of the health care team, community support networks, and patients and caregivers to provide access to care where people work, live, play, and pray,
- Manage clinical services by aligning resources, developing and training staff, and ensuring quality of care, and
- Serve as a leader for advancing patent care within their community-based practice settings, local communities, and broadly within the profession of pharmacy.

What does this perspective mean for pharmacists? It means serving our communities through pharmacists' quality patient care services and being recognized and valued members of the health care team. Frankly, the community perspective is part of why we are so devoted to reaching provider status. We're among the most accessible members of the health care team. The role we play when interfacing and connecting with patients and our communities is absolutely essential to optimizing medication use.

Recently, we lost one of the great woman pharmacy leaders and mentor to many—Mary Louise Andersen. Knowing her love of community, I know she would be cheering us on. Her commitment to serving communities and individuals in need and advancing the profession serves as a great example for the impact we can make. She was known for "pushing the envelope" in her leadership roles within the profession and her work in the federal government. Her 1970 address to the APhA House of Delegates before debating APhA's generic substitution policy demonstrated the importance of taking bold steps. That address has been a guide for me and others as we serve our patients, community, and profession:

> Leaders are called to stand in that lonely place between the no longer and the not yet and intentionally make decisions that will bind, forge, move and create history.
>
> We are not called to be popular, we are not called to be safe, we are not called to follow. We are the ones called to take risks, we are the ones called to change attitudes; to risk displeasures, we are the ones called to gamble our lives for a better world.

Thank you, Mary Lou, for your everlasting impact.

How many times have we heard "I wonder why somebody didn't do something?" Who is that "somebody" within our profession who can make a difference? It's you and me. Making that difference is what has driven my work with APhA and my community.

I have found throughout the years that our communities, and the impact that we can have on them, are all so different. Consider my own experiences—first, within my practice community at the Daily Planet, a medical clinic for the homeless, and second, the APhA community.