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We originally wrote this paper for the IMS-International Pharmaceutical Federation (FIP) Community Pharmacy Section competition, which asked the question “How can pharmacists be fully engaged in patient-oriented health care?” We hope this article provides a framework for pharmacists to think about their role in practice change.

Nous avons rédigé initialement cet article pour le concours IMS-Fédération internationale pharmaceutique (FIP) sur la pharmacie communautaire, dont le thème était « Comment le pharmacien peut-il pleinement participer à l'évolution du système de santé axé sur le patient? ». Nous espérons que cet article proposera aux pharmaciens un cadre pour guider leurs réflexions sur leur rôle face à l'évolution de l'exercice de la profession.

Changing pharmacy practice: The leadership challenge

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Abstract

Pharmacists can provide high-quality accessible care that improves patient outcomes, however these beneficial services are not widely available to patients. The profession faces a challenge with respect to contributing to patient care and changing practice. In this paper, we have drawn from the change management and leadership disciplines, and our own experiences in the Centre for COMMUNITY Pharmacy Research and Interdisciplinary Strategies (COMPRIS), to understand the complexity of achieving the vision of engaging pharmacists in patient-oriented health care. We outline 8 critical steps, offered by John Kotter, a leading expert in organizational change, in achieving wide-scale

practice change. The work required to achieve the vision of pharmacists working in patient-oriented health care represents a transformational change in the evolution of the profession. It is important to understand that the change process takes time and effort. Leadership towards practice change takes place on many levels, from individuals to organizations. Patient-oriented health care means keeping the patient at the centre of these changes. While it is tempting to frame all of these changes in terms of pharmacists and pharmacy practice, it's not about us, it's about the patients and what we can do for them. *Can Pharm J* 2008;141:174-80.

Pharmacists have the ability to provide high-quality, accessible primary health care that improves patient care and outcomes, but such services are not yet widely available to patients. Indeed, pharmaceutical care has been talked about for years, but change has been slow and incomplete.¹ We believe that one of the keys to understanding the growth and evolution of a profession is recognizing the complexity of professional change and the role of leadership in facilitating such change. In this paper, we present a framework for implementing practice change by sharing some of our experiences with research, pharmacy practice, and professional development. This is not a new pharmacy practice or change model; instead, we discuss ways of supporting practice change.

The seminal article by Kotter, “Leading Change: Why Transformation Efforts Fail,” published in the *Harvard Business Review* in 1995, provides some valuable insights into the processes of organizational change.² Although the article was written from a business perspective and targeted at corporations wanting to change their culture, we believe many of the same principles are highly applicable to health care organizations and health care professionals such as pharmacists. One of the major challenges in changing pharmacy practice on a widespread basis is that the pharmacy profession is diverse, involving numerous practice models and employers, and often includes competition in the marketplace. In this paper we outline Kotter’s 8 steps for change, with a focus on pharmacy practice. We hope this will serve as a focal point for pharmacy organizations and pharmacists to think about their role in practice change.

Step 1: Establish a sense of urgency

The first step in the process of bringing about change is to establish a sense of urgency — without a compelling reason for making a change, people will feel little motivation to carry it out. Indeed, half of all change efforts fail at this first step.

This need for a sense of urgency is particularly relevant when contemplating change to pharmacy practice: change may be difficult to justify when individuals working in pharmacy enjoy a comfortable status quo in this time of plentiful jobs and high salaries. It is at the level of the health care system where the urgency is evident — in the changing needs of an aging population, documented gaps in health care (such as underdiagnosis and poor application of evidence-based therapies), and changes to legislation (Ontario’s

Transparent Drug System for Patients Act³ and Alberta’s Health Professions Act). We believe that in this context a sense of urgency for change in the health care system and in pharmacy practice has been established, and that pharmacists are a part of the solution.

Two pitfalls when it comes to establishing a sense of urgency for change are the tendencies to underemphasize how difficult it may be for people to venture out of their comfort zone and to overemphasize successes in changing pharmacy practice. For example, professional organizations and leaders may focus heavily on the positive aspects of pharmacy practice change and avoid highlighting any potential drawbacks. Pharmacy professional organizations need to have the courage and leadership to confront the realities of change in practice, both positive and negative, and to work together to overcome the challenges of implementing change.

It has been said that change occurs when it is more uncomfortable to keep doing the same thing than to change to a new way of doing things. What will it take for organizational and individual change to occur? Will the profession itself drive the change, or will change be imposed on pharmacists by outside forces such as government (as in the case of Ontario’s Transparent Drug System for Patients Act)? Some current crises that are influencing change include the following:

Changing workforce, changing values

What will our workforce look like in 10 years from now? In a recent survey, 72% of new practitioners indicated that they were not satisfied with their current place of employment and would like to spend more time with patients.⁴ Many of these new practitioners also felt that the practice of pharmacy did not live up to their expectations prior to graduation.

Changing reimbursement and reward strategies

What will the future hold? In 2006, the Ontario government passed the Transparent Drug System for Patients Act. Effectively, this removed the

Key points

- Leadership towards practice change takes place on many levels, from individual pharmacists to organizations.
- Pharmacists are challenged to break from the status quo of dispensing, and move towards patient care.
- Pharmacy organizations are challenged to create ways to support involvement in patient-centred care.

This paper was summarized and updated from our original submission entitled “Leading Change in Pharmacy Practice: Fully Engaging Pharmacists in Patient-Oriented Healthcare,” which received the IMS Health and International Pharmaceutical Federation (FIP) Community Pharmacy Section⁵ special first prize in 2005. Permission to publish this work has been granted by IMS and FIP. A copy of the original paper can be downloaded from www.epicore.ualberta.ca/compris/LeadingChange.html.

‘The question was never if this was going to happen but when’

— Mr. Donnie Edwards,
Interim CEO, Ontario Pharmacists Association, June 19, 2007

system of rebates by generic manufacturers to pharmacists, which both parties claimed help to pay for clinical services. This Act has significant and far-reaching consequences for pharmacists in Ontario and in Canada, because it was a change that was imposed by government rather than led by the profession. Many other provincial governments are now looking at abolishing rebates. Despite the financial challenges, introduction of reimbursement for nondispensing services in Ontario is a step forward for the pharmacy profession. The question is whether these changes will bring new opportunities.

Changing technical/professional roles

How will the certification of technicians affect your operations? Will there be a need for dispensing pharmacists if technicians can be licensed to perform these tasks (at a much lower cost)?

Step 2: Form a powerful guiding coalition

Major change initiatives require strong leadership, and leadership for change does not usually arise from a single individual or organization. Indeed, in the case of pharmacy practice change, it comes from the entire spectrum of health

care — from national and provincial pharmacy organizations, government, managers, individual pharmacists, and even other health care professionals or patients.

Following the success of the Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP), which showed the benefit of pharmacist involvement in screening patients with high cholesterol,⁹ we recognized the need to assemble a group of colleagues to lead change in order to further the positive outcomes demonstrated by the research. As such, we formed the Centre for Community Pharmacy Research Initiatives and Interdisciplinary Strategies (COMPRIS) (www.epicore.ualberta.ca/compris), consisting of pharmacists, researchers, educators, and other health care professionals. The mission of COMPRIS is to demonstrate, support, and promote the development of new and renewed roles for pharmacists within the interdisciplinary health care team.

The Canadian Pharmacists Association (CPhA)–led Blueprint for Pharmacy is another example of the kind of leadership that is required for practice change. CPhA has led the formation of a task force representing a wide range of pharmacy stakeholders to create a plan for the future of pharmacy in Canada — the Blueprint for Pharmacy. This document will be a strategic action plan for the pharmacy profession in Canada, to strengthen its alignment with the health care needs of Canadians and to respond to the stresses on the Canadian health care system. The task force has been working since January 2007, but its vision can be implemented only if the profession designs it together. A lengthy consultation period was launched at the centennial meeting of the CPhA in June 2007. With the contributions of pharmacists and the various organizations represented on the task force, we can create a vision for our future together.

Step 3: Create a vision for pharmacy practice

A vision should be appealing and easy to communicate. Ambitious plans for change are given very little credence if they are not accompanied by a clearly articulated vision. Without a clear vision, efforts toward change can disintegrate into diffuse, small projects that do not have the intended effect. In contrast, when there is a compelling vision, people excel and learn not because they are told to, but because they want to — this is the essence of true leadership.

BOX 1 What is leadership?

Leadership is a word loaded with meaning. Concepts of leadership, ideas about leadership, and leadership practices are the subject of much debate, thought, discussion, writing, teaching, and learning.

A traditional definition is “the process of persuasion or example by which an individual (or leadership team) induces a group to pursue objectives held by the leader or shared by the leader and his or her followers.”⁶

A more contemporary definition describes leadership as “communicating to people their worth and potential so clearly that they come to see it in themselves.”⁷

Another eminent scholar reminds us that leadership is a kind of stewardship, stressing the importance of building relationships, initiating ideas, and creating a lasting value system within an organization. It is connected to the heart and soul of the followers: “Leadership is an art, something to be learned over time, not simply by reading books. Leadership is more tribal than scientific, more a weaving of relationships than an amassing of information....”⁸

The work of bringing about change is the work of leaders. What is your definition of leadership?

For the past 2 decades, a guiding vision for pharmacy practice has been based on the philosophy and practice of pharmaceutical care. Our vision in COMPRIS encompasses this philosophy and extends it: “We envision pharmacists engaged in patient-centred care, supported by high-quality research evidence of its efficacy, empowered in their work environment, continuously developing their professional skills, and recognized for their important contribution to patient care.” A similar vision for the pharmacy profession will be created and communicated through the Blueprint for Pharmacy.

Step 4: Communicate the vision

A common problem encountered in change management is under-communication of the vision. Without clear communication of a vision, pharmacists will not feel compelled to make necessary changes to their practice. Getting the various organizations that represent the profession to agree on and communicate a vision is no small task; however, we believe that inside all pharmacists (even the most jaded) is an intrinsic desire to make a difference and contribute to patient care. A common vision can be used to bring people together.

Even if the vision is articulated appropriately, however, leaders and managers may still behave in ways that are antithetical to the vision. For example, the message sent by pharmacy organizations advocating for increases in dispensing fees and not for payment for clinical services shifts the focus away from the desired vision of patient-centred care by pharmacists (see above).

Communications strategies need to be both extensive and ongoing. They must use every possible channel of communication, such as newsletters, e-mail, town hall meetings, presentations, conferences, etc. Strategies such as the relaunch of the *Canadian Pharmacists Journal* with a focus on pharmacy practice research in 2005 and the widespread consultation process for the Blueprint for Pharmacy build upon the principles of practice change and articulate this vision: “To practice our profession as medication experts offering patient-centred, outcomes-focused care to Canadians.”

Step 5: Remove obstacles to the new vision

Leadership involves enabling and empowering individuals to attain the vision. To advance the vision and effect change, there needs to be awareness of obstacles to the new vision and work must proceed toward removing them.

Several obstacles come to mind. Pharmacists may

not believe in themselves, may question whether their employers support them, or may doubt that physicians accept their role. Providing support for and building confidence in overcoming obstacles is part of an overall change (and leadership) strategy.

Another obstacle is a perceived or actual lack of knowledge of therapies or practice skills required for direct patient care. Educational programs need to support ongoing professional development, based on best evidence, empowerment, and practical strategies directly applicable to patient care. Comprehensive

educational programs should combine theory, experience, practice, reflection, and evaluation, such as the program based on the Alberta Anticoagulation Management Service.¹⁰

Other obstacles include a lack of remuneration strategies for clinical care and the need for evidence for the benefits of pharmacist care.

Taking action to remove obstacles to practice change is essential; otherwise, pharmacists will be complacent, cynical, and unwilling to move forward with the necessary changes. If pharmacists see leaders taking concrete steps to address barriers, they will feel more empowered to make changes in their own practice.

Step 6: Plan and create short-term wins

Practice change involving individual pharmacists, pharmacy organizations, regulatory authorities, work processes and other health professions takes time — often many years — and this can lead to a loss of momentum, particularly in today’s cultural mindset where there is little tolerance

Points clés

- *Le leadership en faveur de l'évolution du mode d'exercice doit s'appliquer à plusieurs échelons, depuis le pharmacien jusqu'aux organismes pharmaceutiques.*
- *Les pharmaciens sont invités à s'écarter du statu quo axé sur la délivrance de médicaments pour adopter une démarche axée sur les soins aux patients.*
- *Les organismes pharmaceutiques sont mis au défi de créer des moyens pour appuyer la participation à la prestation de soins axés sur le patient.*

BOX 2 Are we there yet?

Absolutely not! We must emphasize that we are only just beginning the change process and some pharmacists are at step 1 and may be oblivious to the current crises. While it is certainly appropriate to begin work on the other steps, there is a real danger in skipping steps. For example, proceeding with widespread dissemination of “early wins” could be detrimental to the change process if pharmacists have not yet acknowledged the need to change or feel that the change is already complete. Our goal for the coming year should be to make all pharmacists realize that a crisis is upon us.

TABLE 1 Early wins for pharmacy practice

Study	Intervention	Results
Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP) ⁹	Community pharmacist screening, education, referral to physician, 4-month follow-up in patients at high risk for cardiovascular events	3-fold improvement in lipid management
Second Study of Cardiovascular Risk Intervention by Pharmacists SCRIP- <i>plus</i> ¹¹	Community pharmacist screening, education, referral to physician, and 6-month follow-up in patients at high risk for cardiovascular events	Reduction in low-density lipoprotein cholesterol
Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics (IMPACT) ¹²⁻¹⁵	Incorporation of pharmacists into primary health care teams, individual patient assessments, monitoring and follow-up, and education of patients and providers	<ul style="list-style-type: none"> • Reduction of blood pressure (7.8/2.0 mm Hg) • Reduction of low-density lipoprotein cholesterol by 0.65 mmol/L • Reduction of glycosylated hemoglobin by 0.4% (See also www.impactteam.info)
Pharmacist identification of new, diagnostically confirmed osteoarthritis (PhIND-OA) ¹⁶	Pharmacist screening for newly diagnosed knee osteoarthritis	Community pharmacists can identify >80% of those individuals with knee pain who have undiagnosed knee osteoarthritis that may be amenable to intervention
Anticoagulation Management Service (AMS) ^{10,17,18}	Pharmacist-led anticoagulation services in hospital and community settings	Improvement in time in therapeutic range, reduction in hemorrhagic and thromboembolic events, improved patient satisfaction and cost savings
Asthma patient education ¹⁹	Pharmacist-led patient education for patients with asthma	Improvement in symptom scores, peak flow readings, absenteeism, beta agonist use, quality of life, and reduced emergency room and physician visits

for delays. There is nothing more motivating than progress! As such, it is important to plan for some short-term wins. Short-term wins should be used to celebrate incremental change and to continue to address obstacles. Kotter points out that creating short-term wins is different from hoping for short-term wins: we need to plan for wins, achieve the wins, and reward those involved with them.² In this way, pharmacists can see compelling evidence of the benefits of the new vision within a short period of time. Luckily, pharmacy practice research has already realized a number of short-term wins that should be celebrated, such as prescribing legislation in Alberta, and soon in other provinces, and completed studies such as SCRIP, SCRIP-*plus*, IMPACT, PHIND-OA, Anticoagulation Management Services, and asthma patient education (Table 1).⁹⁻¹⁹

Step 7: Consolidate improvements and produce more change

While celebrating short-term wins is a good strategy, declaring victory too early can be counterproductive to the change effort. Until the changes become deeply rooted in the culture of the profession, regressing to old behaviour is common. We have seen this occur in a number of our pharmacy practice research studies, in which pharmacists do not continue to provide enhanced care after the study has been completed, despite the benefits demonstrated during the study. In many cases, pharmacy practice research programs support pharmacists with education, mentoring, patient care process or tools, and remuneration for services, but at the conclusion of a study, many of these supports are no longer available. At this

‘Developing effective methods to drive change in the profession of pharmacy is our number one challenge. It will require a committed effort from all sectors of the profession to capitalize on current opportunities’

— Dr. Jeffrey Poston, Executive Director, Canadian Pharmacists Association, June 25, 2007

stage, it is vital for leaders of the change initiative to continue to build on what has been learned along the way to continue the momentum to change processes, structures, systems, and policies that do not promote the vision. These activities may entail changing policy, hiring new individuals, and continuing educational programs and gaining experience in providing patient care within the health care system. A challenge for leadership will be to motivate and maintain changes in practice.

Step 8: Institutionalize new approaches

The final leadership challenge is to institutionalize practice change so that engaging in patient-centred care becomes the norm in pharmacy culture. This requires extensive communication on how practice change can impact patient care and outcomes. It also means focusing on the newest members of the profession — pharmacy students, interns, residents, and recent graduates. Practice change will only become permanent when it becomes part of the shared values and social norms of the profession.

BOX 3 Tell us what you think!

We hope this document serves to ignite dialogue between pharmacists, academics, professional organizations, and policy-makers. We challenge all pharmacists to think about the following:

- What are other crises in pharmacy practice that can stimulate change?
- Where do you fit in the scheme for practice change?
- What are the obstacles to change?
- What will you do to remove these obstacles?
- What is the role of leadership in practice change?

Please let us know your thoughts by writing to us (ross.tsuyuki@ualberta.ca). We'll publish your letters in the journal and hope that it stimulates further discussion within the profession.

Conclusions

The work of leadership is to bring about change. The process of change takes time and is only accomplished through a series of strategically planned steps.² The change process is fragile: skipping steps or making errors in implementation can wipe out any gains made. In this paper, we have used examples from our own experience and combined them with other examples of research and professional leadership in a management science framework to illustrate the important concepts that need to be addressed to support change in pharmacy practice. Our hope is that the model described in this document can inspire leadership at all levels — from organizations to individual pharmacists — to lead change in pharmacy practice. All pharmacists have a role to play, not only for the future development and evolution of our profession, but for the benefit of our patients and the health care system in Canada. ■

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