

Advocacy as a professional obligation: Practical application

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The recent approval and publication of the “ASHP Statement on Advocacy as a Professional Obligation”¹ may leave many pharmacy professionals wondering about the best way to accomplish this goal. Advocacy is not always a key component of pharmacist training, and it is not necessarily a natural fit for clinicians focused on taking care of individual patients. Pharmacists who are weary of never-ending news cycles full of political stories may think advocacy falls into the general bucket of political activities—something to potentially ignore. Advocacy is not easy, but it is just as important to patient care as calculating a correct dose or administering a medication the right way. In fact, advanced pharmacy practice would not be possible had advocacy not previously occurred.

The ASHP policy statement says:

ASHP believes that all pharmacists have a professional obligation to advocate on behalf of patients and the profession. Pharmacists should stay informed of issues that affect medication-related outcomes and advocate on behalf of

patients, the profession, and the public. These issues may include legal, regulatory, financial, and other health policy issues, and this obligation extends beyond the individual practice site to their broader communities.¹

Further, ASHP believes pharmacists have a moral and ethical professional obligation to advocate for “changes that improve patient care”² as well as “justice in the distribution of health resources.”³ Specific ASHP policies on various aspects of healthcare, population health, and public health stem from this general obligation. To meet this professional obligation, pharmacist advocates will need appropriate training and education.¹

The term *advocacy* can have many connotations. Some may think advocacy means being on the news or testifying before Congressional committees. Those activities are indeed advocacy, but advocacy does not always mean being in the media spotlight. As pharmacists who have prioritized advocacy, we offer a range of practical tips to help caregivers become more comfortable with advocacy, as there are many ways to fulfill this professional obligation. We also offer tips for pharmacists who are already comfortable with advocacy and are looking for more advanced opportunities.

Be informed and develop a vision

How do you develop a vision for professional advocacy? Vision is a learned skill that is developed and honed through observation and repetition. It incubates, often unconsciously, through interactions with others and through paying attention to the world. The following strategies can help you digest and make sense of the seemingly

overwhelming amount of information surrounding us.

Healthcare is changing at a breath-taking pace. At a minimum, clinicians must stay informed of potential changes to best advocate for their patients. There are many ways pharmacists can stay informed, including reading the ASHP Foundation’s *Pharmacy Forecast* report,⁴ reviewing articles listed in the ASHP Daily Briefing and ASHP Government Relations Newslink, and subscribing to specific news outlets (eg, STAT News, The Wall Street Journal, The New York Times, The Washington Post, Politico). Staying informed does not have to break the bank.

Commit to spending 10 minutes a day on Twitter to follow reporters from your favorite news outlets and thought leaders like Andy Slavitt (former administrator of the Centers for Medicare and Medicaid Services [CMS]) or Aaron Kesselheim’s PORTAL (Program on Regulation, Therapeutics, And Law) research group. You will find lots of pharmacists to follow on #TwitteRx. If you do not want to spend time on Twitter, subscribe to professional listserves such as those facilitated by ASHP and other professional organizations. It is easy to become overwhelmed, so pick a specific area that most affects your practice. Be curious and open to discussion.

It is important to develop a vision for what you would like to advocate for.⁵ The Joint Commission of Pharmacy Practitioners’ vision is that “[p]atients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.”⁶ Review the vision from a variety of other pharmacy organizations as well. To develop ideas on an advocacy vision, spend time on an area you are curious or passionate about. For example, if you are providing direct patient

care, consider following CMS rules for quality measures or accrediting bodies like the Joint Commission. If you are more focused on general pharmacy operations, follow USP and the Food and Drug Administration for changes related to compounding or repackaging. When opportunities for feedback on proposed changes are available, or you happen to meet a congressional leader, you will be ready to comment.

Talk about these issues with other pharmacy leaders and learn from one another. When you pay attention to the events around you, you start to accumulate data points. As you accumulate more data points, you start to connect the dots, and patterns become apparent. Patterns transform into tangible issues, and further discussion with your peers generates action plans.

Participate at local, state, and national levels

The next level of advocacy is to get involved! Yes, this takes time, but your patients will benefit from your volunteer hours and you will gain tremendous experience and opportunities to network with other healthcare providers interested in creating change. Involvement can range from volunteering for local and state societies or boards of pharmacy to national involvement. Most state pharmacy societies host legislative days, and national organizations also offer opportunities to meet with legislators. Since these groups are generally made up of volunteers, all you have to do in most cases is to say yes and you will most likely be added to a group.

The following examples from pharmacy advocates in various states demonstrate how individuals can meaningfully change our profession. In 2012, the Kansas Council of Health-System Pharmacy (KCHP) proposed to the Kansas Board of Pharmacy the creation of a task force including members of multiple key stakeholder groups in the state to develop legislation around pharmacy technician certification. KCHP members Linda Radke and Lindsay Massey led the efforts. The proposed legislation was introduced and passed during the 2014

Kansas legislative session. As of July 1, 2017, all newly registered technicians are required to pass either the Pharmacy Technician Certification Board examination or the Exam for the Certification of Pharmacy Technicians prior to their first renewal.⁷

While Ohio had a collaborative practice act for over a decade, like many new laws it was quite onerous to actually operationalize. State pharmacy associations spent years trying to update it, and in 2015 a coalition of the Ohio Pharmacists Association (OPA), the Ohio Society of Health-System Pharmacists (OSHP), hospitals across the state, key physician leaders, and individual pharmacists implemented a strategy that led to passage of one of the most liberal and empowering collaborative practice acts in the nation.⁸ Antonio Ciaccia with OPA led this initiative, which was supported by OSHP and OPA members including Mary Ann Dzurec and Chet Kaczor, who arranged for engaged physicians to testify in support of this law at committee hearings.

In California, Rita Shane drafted legislation (SB 1254) adding a new section to the California Business and Professions Code (section 4118.5) that established the pharmacist's responsibility in acute care hospitals for obtaining an accurate list of a patient's current medications on admission or promptly thereafter.⁹ In hospitals, the pharmacist is responsible for obtaining an accurate medication profile for high-risk patients upon admission. This function can be completed by technicians and interns who meet certain criteria, under the supervision of a pharmacist. It was passed into law in September of 2018. The idea for this legislation stemmed from discovering that on admission, high-risk patients have, on average, 8 errors in their medication lists.¹⁰

Pharmacy advocates at Virginia Mason Medical Center in Seattle, WA, were the first in the state to align pharmacist reimbursement (provider status) under the medical benefit to mirror that of other providers. The team collaborated internally for 6 months and was prepared to submit pharmacist-generated medical

claims through Current Procedural Terminology evaluation and management (CPT E&M) codes by January 1, 2016. The pharmacy department, led by Roger Woolf and Amanda Locke, partnered with finance, documentation and coding, informatics, contracting, and revenue services to set the team up for success in billing for services. This internal hospital advocacy allowed Washington pharmacists to take full advantage of state laws regarding reimbursement. If a law is passed but nobody does the work to implement it, then it does not really accomplish anything. This is a great example of attention to detail by pharmacy advocates to actually implement change.

During the aftermath of Hurricane Maria, multiple pharmacy leaders, including Ross Thompson at Tufts Medical Center and Chris Fortier at Mass General Hospital in Boston, as well as Mark Thomas at Cincinnati Children's Hospital in Ohio, appeared on television to educate the society about the tenuous nature of our pharmaceutical supply chain.

A pharmacy student in Utah, Wilson Pace, identified a need for broader access to contraception and worked with pharmacy mentors Dave Young and Karen Gunning to navigate the legislative process. They worked to build consensus with the Utah Medical Association, Utah Board of Pharmacy, and nursing organizations, writing a bill and obtaining legislative support. As of May 2018, Utah pharmacists can dispense self-administered hormonal contraceptives under a standing prescription drug order.

Permission and teamwork. While a broad alliance is necessary in securing major legislative or policy wins, alliances are made up of individual pharmacists like you! In the example from Ohio, each hospital coalition member had to gain approval from their organization to pursue this goal. Pharmacists from each health system worked with the government relations (GR), lobbying, marketing, and/or public relations teams as well as the advocacy-related committees of the state pharmacy organizations. These other hospital departments

often have a significant historical and political knowledge base to leverage. They can help you gain important perspective, such as knowing when to strike and how to engage your local medical organizations.

Another proven strategy in many ventures is to identify key physicians to help you advocate for patients, going as far as to personally testify before house and senate committees. Having physicians advocate for a change to a pharmacy law can be much more effective than pharmacists speaking to the issue, which may appear self-serving.

One benefit of the organized team approach to advocacy is being able to reconvene a previously assembled and committed team to fend off challenges. For example, the State Medical Board of Ohio drafted rules in January of 2018 to potentially undo much of the benefit that the passing of the aforementioned progressive collaborative practice law allowed. Local health systems and individual pharmacists immediately jumped into action in conjunction with OPA and OSHP. This well-organized group including hospitals and pharmacy organizations shared draft language and ultimately submitted formal comments to the board of medicine along with the signatures of many supportive physicians. As a result, the Ohio medical board removed most of the more restricting language from the final rules. Another example is working with other state organizations. In California, Dr. Shane worked closely with the California Hospital Association for 3 years before legislation around improving medication histories was drafted and successfully passed into law.

Amplify your voice

Characteristics of successful advocates include having a bias for yes, understanding that success breeds success, becoming benevolent opportunists, understanding that life is about relationships, establishing credibility and trust, choosing your words wisely, and working to build consensus as teams.

The first step in making a difference is saying yes. While it is important to balance other commitments, saying yes to advocacy can result in real change. The other important lens through which to view our actions is its impact on society.

Opportunism is defined by Merriam-Webster as “[t]he art, policy, or practice of taking advantage of opportunities of circumstances often with little regard for principles or with what the consequences are.”¹¹ Rahm Emanuel, former Obama White House chief of staff and mayor of Chicago, famously said, “You never want a serious crisis to go to waste.” It is true that things can suddenly come up and provide an opportunity to move previously stalled agendas forward. However, action “with little regard for principles or with what the consequences are” for others does not fit into the healthcare philosophy of service and healing. We recommend that pharmacists (and really everyone) should leverage opportunity from a perspective of benevolent opportunism. While there is no specific definition to reference, we propose defining this concept as follows: “The art, policy, or practice of taking advantage of opportunities or circumstances with the intention of producing outcomes that are objectively good for society without the intention of personal gain.”

Taking advantage of opportunities or being in the right place at the right time is half of the advocacy equation. As you work with professional societies and as you develop professional networks, you may simply be in the right place at the right time to advocate for change. For example, you might be asked to join a meeting with someone who knows somebody, and the next thing you know you’re talking to a US senator and offering recommendations to change laws to benefit your patients.

In 2011, when drug shortages appeared to be at their zenith, an opportunity to create a coalition and change a national law presented itself when the GR director of federal legislation at the Cleveland Clinic, Gina Petredis, arranged a meeting with Ohio US Senator

Sherrod Brown’s lead healthcare staffer to discuss drug shortages. This meeting led to an offer to attend a drug shortages town hall where Senator Brown was presented with an answer to the question “What can Congress do to help alleviate drug shortages?” Understanding the importance of having an elevator speech ready, an immediate fix was presented to allow hospitals to use scarce supplies wisely (allowing one hospital to prepare smaller doses from larger vials for another hospital during official drug shortages). Senator Brown asked for draft language to remedy this problem, and after building national consensus with clinicians at many health systems plus Joe Hill, the former director of GR at ASHP, the language was written into the Prescription Drug User Fee Act of 2012.

Another example of taking advantage of an opportunity is when the authors independently agreed to interviews with Wall Street Journal reporters interested in the recent price hikes of 2 old generic drugs, isoproterenol and nitroprusside (see the article “Pharmaceutical Companies Buy Rivals’ Drugs, Then Jack Up the Prices”¹²). Both authors provided detailed accounts of how these egregious price hikes were affecting their organizations. Neither knew these interviews would be part of a cascade of events that would significantly affect the national debate, create Congressional panels, erase billions of dollars in a company’s value and force it to change its name,¹³ and lead to further opportunities to advocate for the profession of pharmacy and patients.

Tell your story

All pharmacists should be ready to inform both the public and professional colleagues about the contributions pharmacists make to improve patient care. This could involve an elevator speech for the chief medical officer, blog posts on your organization’s intranet, or even contributing to a news story on an issue that affects your patients and your organization. Hospitals and health systems are some of the most politically influential organizations in the community. Make sure you

are connected with your organization's advocacy efforts and that they understand your priorities.

In order to be successful in any role involving human interactions, one must be able to empathize with the other party. You must intuitively know what is important to them by being able to put yourself in their shoes. As ASHP Past President Paul Bush says, "DWYSYWD" (do what you said you would do). If you happen to meet someone and discuss advocacy-related items, follow up. Provide that promised bit of information. Invite your local congressional representatives to visit your workplace and see your team in action. Take time to make a connection. Be willing to provide background information or explanations of why a change would be helpful for your patients. If you have the opportunity to work with a reporter, keep in mind that timeliness and confidentiality are most important for the media. Timeliness is essential, as reporters have critical deadlines. If you cannot meet the deadline, your information is unlikely to appear in the story. Confidentiality is also critical. It is tempting to talk to multiple news outlets, but this strategy actually backfires. Editors want to know they have a scoop and that no other reports of the story are available.

Establish credibility and trust

Whether you are working on a committee for a professional organization, working with congressional representatives, or providing background for other parts of your organization, work within the organization's hierarchies and structure. This is even more essential if you are working with news media. Regardless, take advantage of any media training opportunities available at your health system. These educational sessions will help you learn to develop key messages, which is useful for any type of communication, not just with the news media. Before speaking to congressional representatives or the news media, check to make sure you have permission to do so.

Don't forget where your paycheck comes from. Once you demonstrate your ability to navigate reporters,

you may be given more freedom at your organization. Do not abuse this freedom. Be sure to inform your communications and/or GR team whenever you speak to the media or legislators. Never forget that the reason you have this opportunity is that you represent your organization and your profession. If you did not have an official role at a hospital, nobody would likely care what you thought about healthcare issues. Demonstrating responsibility in this realm will likely allow you more freedom.

Success breeds success. Once you have proven yourself to be a helpful resource, you may have additional opportunities for either you or others on your team. If you provided timely, helpful, and credible information, expect to get additional calls when other issues come up. This is especially likely if you offer to be a resource regarding any pharmacy practice issue, not just the current issue at the time. Success often breeds success. New opportunities to tell your story will present themselves.

Choose your words wisely. If you are recommending policy changes or drafting legislation, it is essential to choose your words carefully. It is a good idea to run specific language by other folks to make sure the policy recommendation or legislative language you have in mind will not be misinterpreted. Watch for potential unintended consequences. If you are working with the press, make sure you craft your key messages ahead of time. For example, if you are talking about price increases, you may want to use an adjective such as "unsustainable" or "egregious."

Teamwork. No single person is responsible for success due to advocacy. Making changes to laws requires teams of GR, media relations, and pharmacy departments working hand in hand with professional organizations and key stakeholders such as physicians. Teamwork is essential when researching, fact checking, and providing quotes. For example, many members of the Cleveland Clinic pharmacy enterprise contribute to the background research and expertise necessary to accurately

communicate with reporters. Several of these "behind-the-scenes" caregivers have, through exposure to the media themselves, also contributed to the national debate and are now recognized as national experts. The drug shortage information provided by the University of Utah Drug Information Service is only possible with the entire team of clinicians working together. Make sure team members understand how their hard work contributes to advocacy efforts, and make sure your employer knows about their contributions. Cards, internal newsletters, and celebrations are all ways to recognize the team.

Other ways to advocate

Another way to advocate is by being active and vocal in your pharmacy organizations. Advocate that the limited resources of the organization should be prioritized to accomplish the most important issues for the profession. ASHP advocates through other organizations. For example, it lobbied the Joint Commission to focus on the serious safety issues that were identified in the seminal *To Err Is Human* report¹⁴ (that lobbying was an example of benevolent opportunism).

While this article focuses primarily on influencing legislation, laws, and policy through media-targeted and societal advocacy, many pharmacists advocate daily through work with boards of pharmacy, departments of health, CMS, and FDA. Do not limit yourself to advocating in a predefined or highly traveled path. Be bold, be creative and think of new ways to improve the lives of our patients through branching out into new worlds of advocacy.

Pharmacists are not helpless in the fight against societal issues such as the extreme drug price increases we see that propel companies into the immoral zone. While it is tempting to feel like victims and commiserate amongst ourselves about such issues, it is much more effective to do something about it. Speaking publicly about concerns is one of the most important actions pharmacists can take.

Closing and call to action

As stated in official ASHP policy,¹ pharmacists do in fact have a professional, moral, and ethical obligation to advocate for improvements in patient care. Consider the following tips as you prepare to fulfill this obligation:

1. Develop relationships with the media, marketing, communications, and government relations teams in your organization.
2. Participate in local, state, and national pharmacy organizations that lobby for state and federal laws to improve patient care.
3. Develop relationships with state and US senators and members of Congress. Offer them tours of your department to make an impression on them related to what pharmacy does for patient safety.
4. Make time to speak to the media about events affecting patient care.
5. Support state pharmacy political action committees (PACs) and the ASHP-PAC to help professional organizations advocate with legislators.

Conclusion

We as pharmacists have inherited a noble profession that is highly respected. We did not achieve this success by accident. We are able to care for patients at the highest of technical levels through applying our unique knowledge and skills because our predecessors demonstrated the value that we provide. These trailblazers

advocated to improve the medication-use process, for patient safety, and for advanced roles to maximize our potential. They did this by putting the patient at the center of every decision and by being active, vocal, and engaged members of the community. As stewards of this esteemed occupation, all pharmacists do in fact have a moral and ethical obligation to advocate on behalf of patients and are obliged to leave it in a better place than that in which we found it.

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