



2020 PELA® Virtual Summit

Opportunity for Pharmacy Leadership and Innovation: Shifting from Recovery to Reimagining



INTRODUCTION

The ASHP Pharmacy Executive Leadership Alliance (PELA)® held its inaugural event on Oct. 29, 2020. The virtual summit, Opportunity for Pharmacy Leadership and Innovation: Shifting from Recovery to Reimagining, convened health-system pharmacy executives and thought leaders to discuss strategies for business recovery and rebuilding in response to the COVID-19 pandemic. PELA, an initiative announced in early 2020, was created for chief pharmacy officers and pharmacy executive leaders who face distinct challenges working within highly complex, vertically and horizontally integrated networks, and multi-hospital health systems. PELA is structured to connect thought leaders and executives for peer-to-peer networking; provide a venue to partner in new and enhanced ways; develop actionable tools and resources; and understand and respond to external factors and advocacy priorities. Pharmacy executives face distinct challenges working to support complex health systems, and recently have been called upon to respond to unprecedented demands related to the COVID-19 pandemic. The summit objectives were as follows:

1. Establish the inaugural annual event for our nation's pharmacy executives to provide strategic direction for pharmacy practice and navigate the changing healthcare landscape.
2. Discuss tactics, advocacy issues, and long-term planning for business recovery from the COVID-19 pandemic.
3. Discuss areas of innovation and disruptors that health systems need to react to, develop, implement, and perpetuate to maintain marketplace competitiveness and enterprise sustainability.
4. Discuss the unique challenges that pharmacy executives face in leading the pharmacy enterprise and identify potential solutions.



Paul W. Abramowitz
Pharm.D., Sc.D. (Hon), FASHP
Chief Executive Officer
ASHP

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ASHP is very appreciative of the support and participation of the truly exceptional pharmacy executives that made this event, and the launch of the ASHP Pharmacy Executive Leadership Alliance, a success. We created PELA because we believe ASHP is uniquely positioned to develop distinctive, engaging, and highly productive networking, strategic planning, and professional development activities for pharmacy executives. Our inaugural PELA event created a strong foundation on which to build, facilitating collaboration and knowledge sharing among pharmacy executives and the creation of valuable tools, resources, and advocacy for all ASHP members.

A NATIONAL PERSPECTIVE ON LEADING HEALTHCARE THROUGH RELIEF, RECOVERY, AND REIMAGINING

Richard Pollack, Chief Executive Officer of the American Hospital Association (AHA) and Thomas Johnson, Vice President of Pharmacy at Avera Health and ASHP President, discussed a national strategic framework for leading healthcare through relief, recovery, and reimagining/rebuilding. Health systems are faced with a perfect storm of 1) increased expenses incurred during the pandemic (e.g., patient shift to alternative sites of care) and high cost of caring for patients with COVID-19 (e.g., long lengths of stay); 2) lost revenue from regular operations (e.g., decreased non-emergent procedures); and 3) increased uncompensated care costs for an expanding number of uninsured patients. Organizations now need to be in constant state-of-emergency readiness while staying COVID-safe. To compound these realities, the workforce is strained, behavioral health issues are exacerbated, and health equity and disparities are amplified. To support the well-being of the workforce, organizations need to ensure availability of appropriate personal protective equipment (PPE), provide alternative housing arrangements, and enhance child care support.



Richard Pollack



Thomas Johnson

Pollack believes pharmacists play a critical role in responding to this public health crisis and provide “islands of stability,” continuing to provide services in a time when all hospitals are a safety net for communities. The pharmacy enterprise can best contribute by supporting a new era of emergency preparedness (e.g., ensuring appropriate drugs in the stockpiles), creating new staffing models in response to shift in sites of care, adopting and expanding telehealth services, and working to ensure a reliable supply chain. Moving forward, external policy factors that will continue to impact the healthcare delivery system (regardless of election results) include drug shortages and other supply chain and manufacturer issues, expanded alternative payment mechanisms, increased presence of Medicare Advantage, increased health disparities, and increased entry of other players into the healthcare system (e.g., CVS, Google, and Amazon).

Building on this national strategic framework, a panel including pharmacy leaders was engaged in a group discussion to share their experience and lessons learned during the response to COVID-19. New enterprise solutions and strategic directions are emerging to support recovery and the reimagining of health-system care delivery and pharmacy services. Panelists included **Samuel V. Calabrese, Executive Chief Pharmacy Officer, Cleveland Clinic; Lynn Eschenbacher, Chief Pharmacy Officer and Vice President, Medication Management, Ascension; and Christy Norman, Vice President, Pharmacy Services, Emory Healthcare.** The panel was moderated by **Kathleen S. Pawlicki, Immediate Past President, ASHP.** Panelists shared their experiences in three broad areas — organizational strategic imperatives, challenges, and opportunities — for the pharmacy enterprise. Organizational strategic imperatives included reassessing all program offerings (sustain, stop, or add new programs), retaining

patients within the system (e.g., meet the patients where they are), and finding ways to increase revenue. For example, to retain patients within the system, pharmacies have increased virtual visits, supported shifts in the site of care (e.g., home infusion, home INR testing, and remote anticoagulation clinic visits), and added home medication delivery. These activities also, in some cases, provided new sources of revenue. Challenges voiced by the panelists included building value propositions within variable payment models and finding ways to support workforce wellness for both remote and on-site staff. In light of these organizational strategic imperatives, specific opportunities have emerged for pharmacy services, including expansion of ambulatory care services to virtual settings, positioning pharmacists as experts on COVID-19 therapies, and new program and technology adoption. The pharmacy leaders found that rapid decision-making by organizations and elimination of historical barriers to change created an unprecedented acceleration of approval and implementation of new initiatives. Furthermore, regulatory and legislative emergency changes have opened new doors and created an “innovation laboratory,” an opportunity to study, show, and sustain value of pharmacy.

PANELIST FACULTY



Samuel V. Calabrese



Lynn Eschenbacher



Christy Norman



Kathleen S. Pawlicki

Moderator

PHARMACY EXECUTIVE LEADER DISCUSSION GROUPS: STRATEGIES AND TACTICS FOR RECOVERY, REDESIGN, AND REIMAGINING

In these times when we are energized to move from recovery to reimagining, strategic decision-making by pharmacy executive leaders is critical. The PELA Advisory Panel, a group of over 160 diverse pharmacy leaders representing health systems, shared their experiences and lessons learned over these past months in a new, COVID-19 reality. Panelists were assigned to facilitated discussion groups of similar-type organizations and asked to address a variety of topics **(see Appendix)**. Five broad themes, or strategies, emerged that were considered high areas of importance that need to be explored over the next 12-24 months. Pharmacy leaders must:

1. contribute to financial stabilization and growth of their organizations,
2. sustain and scale the pharmacy enterprise through innovations in care delivery,
3. ensure all patients have timely and safe access to medications,
4. respond to external factors through enhanced and new partnerships and advocacy, and
5. support the resilience and well-being of the pharmacy workforce.

These critical considerations were discussed in detail, including opportunities and challenges, in the spirit of business recovery and reimagining. It is anticipated that various cycles of recovery will be necessary regional and within organizations as they respond to recurrent and variable waves of COVID-19 infection surges. Furthermore, it is anticipated that some of the strategies will be sustained and continue to evolve as a “new normal” emerges over time. In all regards, preparedness and ability to rapidly respond to challenges will continue to be of utmost importance.

Figure 1. Strategies and Tactics for Recovery, Redesign, and Reimagining



STRATEGY 1: CONTRIBUTE TO FINANCIAL STABILIZATION AND GROWTH OF THE ORGANIZATION

Across the board, health systems have seen a significant, negative impact of COVID-19 on revenue due to decreased patient visits and elective procedures, increased costs to treat patients with COVID-19, and increased infrastructure costs to support a changing care delivery system. It is imperative that organizations redesign their work and strategize for recovery so they can move toward financial stabilization, and hopefully, growth. Strategies include shifting the site of care to the patient to ensure continuity of care while maintaining market share and patient safety (e.g., hospital to home and virtual care visits), optimizing alternate revenue streams, and managing costs where possible. The timing of the virus's impact has been varied across the country, in anticipation of or in response to a surge (or multiple waves) of COVID-19 patients. The extent of financial constraints and recovery efforts have also been varied, but at the time of the convening of this summit, most organizations had not seen long-term staff furloughs, with business slowly returning to normal volumes. Sustainability of health systems (or some hospitals within systems) will be challenged if the financial situation does not improve. Almost all executive leaders reported specific pharmacy strategies that supported their organization's response to these shifts in the site of care and decreased revenue streams (**see Table 1**). Most organizations did not see significant changes in the executive leadership organization structure per se, but functions and roles were shifted to preparedness planning and more operations involvement required for managing the response to issues requiring rapid planning and implementation.

A consistent theme touched on by leaders was how organizational decision-making became more centralized and nimble and how cross-functional teams learned to function quickly and efficiently to address urgent issues. Most participants felt that, given the nature of the pandemic response, pharmacy was not only "invited to the table," but considered to be essential to the organization's overall response and recovery, and some pharmacy leaders were given additional areas of responsibility. As a result, pharmacy has gained visibility throughout the organization as COVID-19-related drug stewards (e.g., investigational drug management, development and implementation of evidence-based guidelines, aligning drug supply and distribution priorities; and likely vaccine distribution). In general, the culture has been more collaborative (e.g., medical staff understanding of formulary controls), as people become aligned by shared objectives.

Table 1. Organizational Strategies for Financial Recovery and Sustainability

- Identify opportunities to increase or generate revenue (revenue center vs. cost center); specifically, increasing specialty and retail pharmacy volume and virtual ambulatory care visits
 - » Expand services to outpatient clinics, including specialty clinics
 - » Optimize revenue cycle and margin opportunity
 - » Optimize usage of 340B Drug Pricing Program (including employee benefits and expanding contract pharmacies)
 - » Implement or expand infusion services (including home chemotherapy infusions)
- Retain retail prescription volume by leveraging retail and specialty pharmacy services
 - » Shift to home delivery and mail order, limiting campus visits
 - » Implement central fill programs (contactless for patient)
 - » Support off-site employees through prescription delivery
- Support organization-level cost containment efforts
 - » Decrease discretionary spending (e.g., travel, capital expenditures)
 - » Delay replacing non-essential vacant positions
 - » Leverage remote services to support other hospitals within the system (e.g., order verification, medication reconciliation, antimicrobial stewardship)

STRATEGY 2: SUSTAIN AND SCALE THE PHARMACY ENTERPRISE THROUGH INNOVATIONS IN CARE DELIVERY

A significant shift was seen in willingness by organization leadership to explore new pharmacy practice models and innovations in care delivery. For example, some organizations had previously been reluctant to open the gates to remote work, but dramatic changes were quickly imposed due to COVID-19 and related crises. This allowed for operational shifts within pharmacy and an unprecedented opportunity to sustain and scale the pharmacy enterprise through innovations in care delivery. Opportunities included expanding existing services and implementing new services.

Examples of innovative services included implementing remote patient care rounds and consultations, centralized order verification and compounding, and remote learning experiences (see Table 2). Interestingly, pharmacy leaders noted that most of their organizations invested in new programs (e.g., at-home hospitals, central distribution program, and telehealth) despite COVID-19 financial challenges. They also received very little pushback from staff and leadership about changes, citing a combined

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With added virtual capability, clinical medication therapy management pharmacists were able to expand and still see patients for facilities across the health system, even in smaller, rural areas. It's been a great benefit for the patients and our providers.

Ann Byre, Pharm.D.

Vice President Pharmacy Services
Allina Health
Minneapolis, MN

sense of purpose created by the need to respond to a crisis, and leadership recognition of the need to push decision-making to the most responsive level. Pharmacists became recognized in the organization for expertise in priority services, particularly those that supported a shift to ambulatory services and bridging inpatient and outpatient transitions of care by filling discharge prescriptions, providing courier to home service, offering contactless delivery, and conducting virtual visits. The virtual environment has created efficiencies with patient visits, spurred innovation (e.g., drive-through COVID-19 testing) and accelerated adoption of technology (e.g., virtual visits, remote monitoring). Virtual visits also stretched capacity of pharmacists to provide ambulatory care visits to patients across the system and in rural areas. To ensure sustainability and scale of services, pharmacy leaders emphasized the enhanced need to monitor specific metrics to manage staff and other resources (e.g., daily admissions and discharges, COVID-19 admissions, and ambulatory infusion visits).

Table 2. Pharmacy Enterprise Strategies for Innovations in Care Delivery

- Implement Innovative Solutions
 - » Centralized distribution hubs
 - » Expanded access to ambulatory patients through virtual visits and specialty clinic support
 - » COVID-19 therapies stewardship effort to ensure evidence-based therapy decisions
 - » Home-based infusion services
 - » Remote patient care rounds
 - » Retail and specialty pharmacy services
 - Curbside pickup and home delivery
 - COVID-19 transitions of care support
- Expand Existing Services
 - » Revenue cycle management
 - » Remote order verification
 - » Medication reconciliation
 - » Ambulatory care testing services
 - Drive-through INR testing
 - » Retail/specialty pharmacies
 - Vaccine distribution, storage, and administration
 - Physician practice prior authorization support
 - Discharge medication delivery

STRATEGY 3: ENSURE ALL PATIENTS HAVE TIMELY AND SAFE ACCESS TO MEDICATIONS

With healthcare disparities magnified by COVID-19, there was a renewed awareness and urgency for healthcare organizations to address social determinants of health. The Centers for Disease Control and Prevention (CDC) conducted a survey of health-related needs during COVID-19 among low-income households with children. Four themes emerged: 1) fear of contracting COVID-19, 2) disruption of

employment status, 3) financial hardship, and 4) exacerbated food insecurity.¹ Fears were soon realized as unemployment soared and social determinants seem to be a significant factor in the disproportionate impact from the virus's effects.²

Some organizations revised their mission and vision statements, and others redoubled or kicked off initiatives to address those issues in their communities and even within their own organizations. Pharmacy leaders mentioned that those efforts echo the work the organizations have done on the opioid crisis, which can serve as a model. Leaders described one organization that had a dedicated leader for community health and equity whose outreach helped inspire and focus organizational efforts on the community's most pressing needs. Acknowledging that this model may not work for all organizations, the leaders pointed to examples of ways organizations have raised expectations regarding their focus on these issues, from structured integration of the issues into strategic planning to mandatory training of leaders and staff. Leaders pointed out that, although these efforts do not necessarily create revenue, they can create value in other ways. In addition to the goodwill and public relations value, they build infrastructure and relationships that support public health efforts, such as opioid mitigation and flu and COVID-19 vaccine distribution, which will become a major issue in coming months. Organizations also realized that those patients at higher risk of morbidity and mortality from chronic conditions needed additional medication management support and timely access to medications. Health systems were committed to addressing these disparities, including ensuring access to medications.

Pharmacy-specific strategies related to addressing social determinants of health were not well defined, although a role was acknowledged and some examples cited (**see Table 3**). Strategies described included pharmacy residents and students engaging with community events, volunteer efforts and vaccine education and distribution. Several strategies previously described (**see Strategy 2**) were designed to “meet patients where they are,” and likewise, help to close gaps in access to medications and their management in high-risk populations.

Table 3. Strategies to Enhance Patient Access to Medications

- Encourage pharmacy residents and students to regularly engage in community events
- Partner with local groups on flu vaccine distribution
- Have pharmacists and faculty work in community clinics and shelters on a regular basis
- Provide no-cost pharmacy services to local Federally Qualified Health Centers
- Partner with local employers to provide pharmacist care at job site events
- Implement programs that “meet the patients where they are” (see Table 2)
- Assist physician offices with obtaining prior authorizations
- Dispense, when possible, 3-month supply of chronic medications (vs. 30 days)
- Educate patients about vaccine safety

STRATEGY 4: RESPOND TO EXTERNAL FACTORS THROUGH PARTNERSHIPS AND POLICY ADVOCACY

The initial COVID-19 response and regional surges strained capacity of healthcare systems, their partners, and suppliers. Leaders noted that existing relationships, for the most part, became stronger as everyone tried to meet patient needs in a timely manner. However, it was noted that suppliers and partners were strained as well and were trying to manage increased regional demands and rapidly changing needs; as a result, some suppliers, for example, were more responsive than others. Leaders also noted that it was difficult to establish new relationships in a virtual environment. Vendors' ability to work with organizations and be agile was critical. One benefit of an existing relationship was trust that allowed vendors to arrange more flexible payment models that freed up resources for other urgent organization priorities.

One of the most critical relationships tested during COVID-19 surges was that of drug suppliers, as demand exceeded supplies and critical drug shortages were reported nationwide. Most organizations maintained their existing relationship with drug suppliers. Drug shortages were exacerbated by high demand for certain drugs used to treat COVID-19 patients and increased crisis management safety stock purchasing that occurred in anticipation of demand. Leaders stated that new channels of distribution for COVID-19 related drugs were developed (e.g., drop-ships directly through the wholesaler to the hospital, secondary wholesaler) when the usual channels for supply were disrupted. Pharmacy leaders stated that they expected that these relationships will continue going forward due to the benefits experienced. During surge periods, weighing the pros and cons for inventory management strategies was essential (e.g., warehouse stockpile vs. reliance on wholesaler and direct lines of supply acquisition.) Leaders also relied on data for situation dashboards and predictive modeling to make decisions about critical drug supply for the health system (e.g., required days supply on hand for different scenarios).

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COVID-19 has forced us to rethink how we deliver experiential education and how to use virtual systems to provide feedback, engage students, and involve them in patient care.

Paul C. Walker, Pharm.D., FASHP

Clinical Professor and Assistant Dean, Experiential Education and Community Engagement and Manager, Department of Pharmacy
The University of Michigan College of Pharmacy

Table 4. Strategies to Leverage Partnerships

- Strengthen relationships with drug suppliers and manufacturers
 - » Expand use of direct purchasing and secondary wholesalers
 - » Consider partnering with suppliers for raw materials if compounding is an option
 - » Use data to model drug requirements and inventory needs
- Strengthen relationships with schools of pharmacy
 - » Consider students essential workers and maintain on-site programs
 - » Use virtual preceptors for remote support, allowing flexibility even from other parts of the country
- Collaborate with community pharmacies
 - » Expand contract pharmacies and ways to support prescription access for off-site employees
 - » Plan for COVID-19 vaccine administration
 - » Deliver medications prescribed in virtual urgent care clinic visits, initially, and expanding to discharge prescription
- Collaborate with other health systems
 - » Collaborate on emergency preparedness and response
 - » Monitor resources, capacity, and distribution systems

Impact of Government Regulation and Payer Policies

Regulations and payer policies that have long influenced pharmacy practice have been upended in light of the pandemic and emergency provisions that have been enacted at the federal and state level. The disproportionate impact of the pandemic on minorities and lower income “essential” workers has also shed light on the need to address healthcare disparities as hospitals and community pharmacies become safety nets for a large segment of the population. Barriers to change were stripped away by COVID-19 as regulatory agencies and payers needed to broaden access to care and medications, anticipate needs in light of long-term “lock-downs,” and prepare for a shortage of providers and resources if health system capacity is exceeded. Most leaders felt there was a need for a “path to advocacy” within their organizations in support of pharmacy-related government affairs issues, but there are few resources consistently available; one organization is considering adding a dedicated person with this role. The overall strategy related to external policy impact is to make stakeholders aware of the potential for risk for reduction in revenue or increase in expenses (e.g., looming impact of 340B changes); work with payers to insure specialty pharmacy volume is retained (e.g., need to remove the barriers to network inclusion and access to limited distribution drugs, especially oral oncolytics); and work with payers to fill gaps in remote employee access issues, such as for flu shots (and for COVID-19 vaccine in the future).

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All threats to reimbursement and revenue have stressed a lot of leaders across the country.

Mark Sullivan, Pharm.D., M.B.A., BCPS, FASHP
Associate Chief Pharmacy Officer
Vanderbilt University Hospital & Clinics

Some key regulation and policy changes that have impacted the pharmacy enterprise during COVID-19:

- Shift in the site of care driven by payer policies (e.g., limited distribution networks, doing more home infusion, payer-based infusion centers)
- Easing of telehealth billing requirements
- Expanding the use of extenders, such as pharmacy technicians (e.g., allow tech-check-tech programs, expand the technician to pharmacist ratio)
- Permit remote order verification and drug distribution across state lines
- Allow graduate pharmacy interns to practice early without examination
- Permit, with proper training, technicians and students to administer COVID-19 vaccines

STRATEGY 5: SUPPORT THE RESILIENCE AND WELL-BEING OF THE PHARMACY WORKFORCE

A 2019 report from the National Academy of Medicine, *Taking Action Against Clinician Burnout: A Systems Approach to Supporting Professional Well-Being*, identifies clinician burnout as a threat to the quality of patient care and identifies priority actions for healthcare organizations and leaders.³ Organizations have been keenly aware of how COVID-19 has heightened the stress experienced by healthcare workers on the front line as well as managers and other “displaced” remote workers given the uncertainty, fear, and tense situations with caring for patients experiencing unprecedented morbidity and mortality and isolation from families, particularly during case surges. Furthermore, there are employee concerns with childcare, worry about infecting family members, fear of job insecurity, and even, “COVID-fatigue” from prolonged social distancing. Employee emotional supports are even more critical now than ever before. Leaders felt that their organizations recognized and responded to this by implementing workforce well-being and resilience support strategies (**see Table 5**). It also has been imperative to redesign roles and provide support for those new roles, particularly for learners and technicians. For example, by nature of their work, pharmacy technicians are less likely to have remote work options. A shortage of experienced and qualified pharmacy technicians and turnover have also made cross-training difficult. More incentives are needed for pharmacy technicians to advance and encourage recruitment and retention, such as creating a career ladder with salary consistent with expanded responsibilities. While remote experiences have added some new opportunities for learner participation in organization activities, reimagining student and resident learning has been a challenge; however, the majority of leaders felt that face-to-face interaction with patients, faculty, and other providers is an essential element of pharmacy student and residency training. The overall approach has been to consider learners as essential healthcare workers at a time when “all hands on deck” is required.

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Pharmacy residents have played a critical role in managing our efforts around the COVID-19 pandemic. The meaningful and essential patient care they provide has made our departments stronger and contributed to innovations in how we support learners and pharmacy services.

Philip W. Brummond, Pharm.D., M.S., FASHP
 Chief Pharmacy Officer
 Associate Dean of Health-System Pharmacy
 Froedtert and the Medical College of Wisconsin

Table 5. Workforce Resilience and Well-Being Support Strategies

- Work to ensure the availability of sufficient PPE
- Support childcare issues
- Establish a “peer responder” group
- Encourage taking time off (vacations and long weekends)
- Offer hotel rooms for essential workers
- Increase access to counseling programs
- Thank and recognize staff contributions
- Encourage staff and leaders to take time for recharge (“Action on resilience”)
- Provide frequent and regular communication
- Participants agreed that frequent communication is essential. Huddles were conducted daily initially, and now continue weekly.

The pharmacy leaders also pointed out that the threefold stresses of the COVID-19 pandemic, the political divisions in our communities, and economic hardship are affecting pharmacy as well, and it is difficult to for staff to leave behind what is going on at home at work. The leaders emphasized that these stresses are affecting the pharmacy technician community harder than pharmacists. They expressed concern that racial and ethnic disparities have a greater impact on pharmacy technician staff, reflecting what is going on in society at large.

CONCLUSION

ASHP’s Pharmacy Executive Leadership Alliance (PELA) inaugural event addressed the Opportunity for Pharmacy Leadership and Innovation: Shifting from Recovery to Reimagining in the turbulent environment of the COVID-19 pandemic. The event provided a national perspective on leading healthcare and the delineation of strategies and tactics for recovery, redesign, and reimagining pharmacy practice in the core areas of

1. Financial stabilization and growth of the organization
2. Sustainability and scalability of pharmacy enterprise through innovations in care delivery
3. Ensuring all patients have timely and safe access to medications
4. Response to external factors through partnerships and policy advocacy
5. Support of pharmacy workforce resilience and well-being

REFERENCES

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2 (REF: [HTTPS://WWW.NCBI.NLM.NIH.GOV/PMC/ARTICLES/PMC7234789/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7234789/))

3 ([HTTPS://NAM.EDU/WP-CONTENT/UPLOADS/2020/11/CR-REPORT-SECTOR-BRIEF-LEADERS-FINAL.PDF](https://nam.edu/wp-content/uploads/2020/11/CR-REPORT-SECTOR-BRIEF-LEADERS-FINAL.PDF))

APPENDIX A

- 1 ORGANIZATIONAL REDESIGN**
Discuss initiatives within your health system for financial recovery and sustainability amid the COVID-19 pandemic and how pharmacy is included in these activities.
- 2 ORGANIZATIONAL REDESIGN**
Discuss any changes in organizational structure and service line priorities within the health system or within pharmacy.
- 3 PHARMACY ENTERPRISE REDESIGN**
Discuss impact of COVID-19 on relationship with suppliers and other pharmacy business partners (e.g. wholesalers, technology vendors).
- 4 PHARMACY ENTERPRISE REDESIGN**
Discuss new and emerging opportunities for pharmacy services you implemented or are implementing – as a result of the impact of COVID-19 on the healthcare environment.
- 5 EXTERNAL FACTORS**
Discuss current or anticipated changes in governmental regulation or payor policies that are impacting the business of pharmacy within your organization.
- 6 EXTERNAL FACTORS**
Discuss any influence the pandemic has had on your health system and pharmacy services' focus on addressing healthcare disparities.
- 7 PHARMACY WORKFORCE REDESIGN**
Discuss any initiatives to support the health and well-being of your workforce during this time of uncertainty and high stress (including before, during, and after any COVID-19 patient surges).
- 8 PHARMACY WORKFORCE REDESIGN**
Discuss unique changes to workforce that enable sustaining or expanding services through the use of pharmacy technicians, students, and residents.

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