MISSION (statement of purpose / reason for existing)

Impacting the optimization of medication use for the benefit of patients and society.

VISION (what we want to become)

The Department of Pharmaceutical Care & Health Systems will be the world-wide destination for education, research, and service that optimizes medication use and improves the health of all people through advancing pharmacy practice and effecting systems change.

TARGETED ‘ACTION PLANS’ FOR 2015 through 2020

Targeted action plans are descriptions of focused areas of scholarship activities that can help us be intentional about achieving our mission and vision. There are other actions, outside the scope of the targeted action plans, which will be important as well. As time passes, it is likely that our target action plans will be updated and modified.

T1. Patient-Centered, Personalized Medication Innovation (page 6)
T2. Health System Improvement Consortium (page 8)
T3. Pharmacy Practice Transformation (page 10)
T4. Curriculum Innovation & Scholarship of Teaching and Learning (SOTL) (page 12)
T5. Interprofessional Education and Team-Based Practice Models (page 14)

ADMINISTRATIVE ‘ACTION PLAN’ FOR 2015 through 2020

Administrative action plans are descriptions of focused areas of administrative activities that can help us be intentional about achieving our mission and vision.

A1. Transition Planning (page 15)
CORE VALUES (what we embrace and expect)

1. Development of practitioners, leaders, scholars, and educators.
2. Mentoring of students by engaged faculty.
3. Conduct and application of theory-driven research.
4. Innovations in pharmacy practice and policy.
5. Innovations in teaching and learning.
6. Expansion of breadth and depth of understanding that comes from the diversity of people, cultures, health systems, and methods of inquiry.
7. Leadership and engagement at local, national, and international levels.
8. Collaboration (including interprofessional, interdisciplinary, and interdepartmental).
9. Maturation of individuals and professional advancement of faculty, staff, and trainees.
10. Joy and satisfaction in our work.
11. Unselfish commitment to each other and our stakeholders for their benefit (servant leadership concepts that include listening, empathy, awareness, stewardship, commitment to growth of people, and building community).

TACTICS / OBJECTIVES (what must be done to achieve goals)

1. Provide a work environment that is well-managed, flexible, adaptable, and supportive of the needs of faculty and staff members so they are able to fully contribute their talents to their professional, societal, and academic responsibilities.
2. Prepare and support professional, residency, and graduate program, and other postdoctoral trainees who will shape a future of health care that reflects our values for innovation and patient-centeredness.
3. Advance theories, frameworks, and research methods that are used in our scholarship.
4. Invest in communities of collaboration comprised of other disciplines, organizations, professional societies, and academic institutions for improving health and well-being.
5. Recognize and promote the interdependent relationship between the SAPh Graduate Program, the Residency Program, and PCHS.
6. Produce a body of scholarship and a culture of engagement that is recognized for its impact on practice, policy, and pharmacy education.
7. Be the connection between the practice of pharmacy and the college of pharmacy; expressing the voice of the practitioner.
8. Capitalize on Minnesota health systems growth in pharmacist-provided patient care.
9. Advance inquiry and practice development regarding patients’ medication experiences.
10. Succession planning.
SKILLS / RESOURCES (what we need in order to accomplish what must be done)

1. Develop compact proposals with intentionality that fit with departmental objectives.
2. Develop grant proposals with intentionality for tactics/objectives.
3. Identify and utilize faculty development opportunities at college and university levels (including sabbaticals, semester leaves, training awards).
4. Identify and utilize key research networks for collaborations through those being developed through the department, college, and university.
5. Identify (all sources) and invest funds at sufficient levels for supporting faculty travel, development, and training.
6. Invest existing departmental funds that have been generated by faculty salary offset for supporting new initiatives and promising ideas (seed grants).
7. Enhance departmental faculty orientation and mentoring programs.
8. Develop performance monitoring systems (key performance indicators) for guiding decisions.
9. Engage in succession planning, including the need for new (added) faculty hires.

METHODS OF ASSESSMENT (measures that should be used to describe desired results)

1. Acquisition of Resources
   a. External Grants
   b. Internal Grants
   c. Contracts
   d. Technology Transfer
   e. Consulting
   f. Gifts
   g. Clinical Services Revenue
   h. Medication Management Revenue
   i. Pay-for-Performance Revenue
   j. Alumni Giving for Initiatives
   k. Revenue from Global Markets and Partners
   l. Tuition for Expanded Programs
   m. AHC – Current grant funding as PI and % salary support off grants/contacts
   n. AHC – Grant/contract applications on a quarterly basis for department
   o. AHC – NIH and other grant funded expenditures

2. Dissemination of Work
   a. Publications as authors
3. Leadership and Service
   a. Awards, Fellowships
   b. Programs and Centers
   c. Research Networks (e.g. PBRNs, Workforce Consortium)
   d. Leadership roles (including collegiate-level)
   e. Volunteer roles (including collegiate-level)
   f. Notoriety (e.g. press coverage)
   g. Influence (e.g. expert testimony)
   h. Impact on policy decisions
   i. Adoption of work by others

4. Collaboration
   a. Patient engagement and partnerships
   b. Practitioner engagement and partnerships
   c. Educator engagement and partnerships
   d. Researcher engagement and partnerships
   e. Policy-maker engagement and partnerships
   f. Systems engagement and partnerships
   g. Community engagement and partnerships

5. Practice Advancement
   a. Number of patients served
   b. Number of clients served
   c. Number of drug therapy problems identified and number resolved
   d. Clinical outcomes impacted
   e. Pay-for-Performance goals impacted
   f. Practice innovation in practice sites
g. Patient satisfaction in practice sites  

h. Patient engagement measures in practice sites  
i. Practitioner engagement measures in practice sites  
j.Extent to which career goals are achieved by trainees

6. Advancing Education  
a. Teaching and Learning Evaluation, Assessment, Outcomes  
b. Engagement with graduates  
c. Job placement of those we mentor  
d. Education innovations led by us (e.g. course, skills lab, experiential)  
e. Curricular change led by us (e.g. team-based learning)  
f. Curricular domains led by us  
g. Courses and educational programs led by us  
h. Number of advanced practitioners mentored to completion  
i. Leadership activities and positions of trainees  
j. Time-to-Degree for full-time students (SAPh program)  
k. Time-to-Degree for part-time students (SAPh program)  
l. % completion (SAPh program)  
m. Student awards, fellowships, grants, publications, etc. (SAPh program)  
n. Adoption/adaptation of our educational innovations by others within the college, university, pharmacy academy, or education academy.  
o. Engagement with educational communities.
Aim: Utilize the diverse research and clinical practice skills of the department and strategic collaborators to understand, manage and enhance patient-centered, personalized medication innovation.

Personalized medicine (also known as precision medicine) may be thought of as the tailoring of medical treatment to the individual characteristics, needs, and preferences of a patient during all stages of care, including prevention, diagnosis, treatment, and follow-up.

The PCHS department applies this approach to the use of medications and uses the term “medication experience” to describe this domain.

The medication experience is defined as: “an individual’s subjective experience of taking a medication in his or her daily life.” The medication experience is more than a clinical experience … it is a social and personal experience. It is rooted in medication beliefs, personal abilities and motivations, information processing, decision-making, relationships, finances, and the effects of life experiences on medication use.

Vision: Understand and advance medication experience science and scholarship and its role in understanding and improving patient-centered, personalized medication use in the broader health system.

Tactics/Objectives:

1. Identify strategically focused areas of the medication experience on which to develop scholarship, teaching and community engagement utilizing the diverse departmental skills.
2. Develop research and practice intersection areas to support the development of a “center of excellence” on which to coordinate work for internal quality improvement and external proposal review.
3. Develop practice-relevant scholarship and research to support competitive center-based funding with focused work at the medication experience interface.
4. Assess the opportunities to align scholarly activities with internal and external funding opportunities to facilitate sustainable research and practice efforts.
5. Engage graduate trainees to facilitate their training and facilitate medication experience scholarship.
6. Incorporate available knowledge on the medication experience to inform sustainable reimbursement models for pharmacy practice.
7. Identify opportunities to utilize existing practice-based efforts to support translational research opportunities.

Skills/Resources

Faculty with expertise in practice-based research, clinical decision-making and value-based care, health systems administration, behavioral health economics, outcomes research and big data, health systems improvement, data-driven personalized medication use and pharmacogenomics, data-driven population health and epidemiology, informatics, biostatistics and behavioral sciences.

Methods of Assessment:
This focus on understanding, managing and enhancing the medication experience is expected to result in year-to-year growth for our department’s key methods of assessment including: (1) acquisition of resources, (2) dissemination of work, (3) leadership and service, (4) collaboration, (5) practice advancement, and (6) advancing education.
PCHS Targeted Action Plan #2 (2015 to 2020)
Health System Improvement Consortium

Aim: Create continuous collaboration between the College and high performing health systems (people, institutions, and resources that deliver health care services to meet the health needs of target populations).

Vision: Academic and practice partners committed to producing practice innovation, engaging in scholarly inquiry and modeling excellence in education to the mutual benefit of all parties.

Tactics/Objectives:
1. Establish a foundation and framework for continuous collaboration between the College and high performing health systems in Minnesota through the identification of three to four health systems with advanced health care services, robust data management systems, an innovative spirit and a commitment to collaborate on a diverse research and teaching agenda.
2. Establish an inventory of collective strengths and opportunities for scholarly activities and align these with potential funding programs.
3. Create mechanisms for engagement across key stakeholders (patients, interdisciplinary healthcare professionals, process/quality improvement personnel, health system administrators, etc.)
4. Establish collaborative efforts in informatics, big data, behavioral economics, point-of-care data, transitions of care, population health, pharmacogenomics, or other emergent areas of inquiry that are germane to progressive health system improvement.
5. Build graduate student traineeships that bring capacity and expertise for evaluation of the health system and meaningful learning experiences to the student.
6. Adopt a multi-faceted plan for dissemination of work.
7. Provide consistent opportunities for health system partners to bring contemporary health service experience to the professional curriculum.
8. Recognize and support model practice-based learning experiences.

Skills/Resources
1. Faculty with expertise in practice-based research, clinical decision-making and value-based care, health systems administration, behavioral health economics, outcomes research and big data, health systems improvement, data-driven personalized medication use and pharmacogenomics, data-driven population health and epidemiology, informatics, biostatistics and behavioral sciences.
2. Facilitators that can work with faculty, professionals and patients to engage all key stakeholders to develop a joint research proposal
3. Project managers that can organize week to week logistics, agenda, notes for each project
4. Faculty and graduate student development (research proposal writing, programming skills, etc.)
5. Internal departmental funding to support faculty and graduate student development, small pilot grants to jump start research
6. Take advantage of AHC Engagement grants (there will be more forthcoming)
7. Take advantage of PCORI Pipeline to Proposal funds to help develop research teams, pay facilitator and develop proposals
8. Develop compact proposal to support epidemiologist/pharmacoepidemiologist, pharmacoeconomic, informatics faculty (consider joint position with informatics)
9. Incorporate pharmacy trainees into these projects.

Methods of Assessment

A focus on health systems improvement is expected to result in year-to-year growth for our department’s key methods of assessment including: (1) acquisition of resources, (2) dissemination of work, (3) leadership and service, (4) collaboration, (5) practice advancement, and (6) advancing education.

Specific metrics are likely to include:

1. Year-to-year growth in Acquisition of Resources associated with this domain.
2. Year-to-Year growth in Dissemination of Work associated with this domain.
3. Leadership and Service associated with this domain.
Aim: Create continuous connection amongst members of the College and the transformative leaders, practitioners, and trainees in the pharmacy profession.

Vision: The voice of the practitioner fully represented in the College with continuous connection amongst the practice community throughout Minnesota in a way that is impactful within the state, nationally, and internationally.

Tactics/Objectives:
- Provide up-to-date representation of current and emergent practice.
- Evaluate practice model innovations.
- Establish a pharmacy practice seminar (for all who are interested, not just PCHS) that engages leaders from the MN practice community with faculty.
- Identify curricular opportunities to connect learning to contemporary practice and facilitate innovation and growth in those areas.
- Develop opportunities for all faculty, administrators, and staff to better understand contemporary pharmacy practice.
- Maintain an inventory of all of the ways in which faculty are connected to state health entities or state/national professional organizations to strategically identify leadership opportunities.
- Collaborate with others to create positive relationships between sites/preceptors and the College.
- Identify ways to engage alumni and other friends of the College in educational activities.

Skills/Resources:

Strategic connections with Professional and External Relations to leverage our network of alumni practicing throughout the state. Additional faculty with expertise in practice-based research, practice-based leadership, clinical decision-making and value-based care, health systems administration, behavioral health economics, outcomes research and big data, health systems improvement, data-driven personalized medication use and pharmacogenomics, data-driven population health and epidemiology, informatics, biostatistics and behavioral sciences.

Methods of Assessment:
Serving as a pharmacy practice connection is expected to result in year-to-year growth for our department’s key methods of assessment including: (1) acquisition of resources, (2) dissemination of work, (3) leadership and service, (4) collaboration, (5) practice advancement, and (6) advancing education.
PCHS Targeted Action Plan #4 (2015 to 2020)
Curriculum Innovation & Scholarship of Teaching & Learning (SOTL)

Aim: Advance pharmacy education by initiating innovation in the U of M curriculum and disseminating successful educational strategies.

Vision: Enhance pharmacy education by proactively creating educational opportunities and addressing learning challenges in the pharmacy curriculum.

Tactics/Objectives:
1. Utilize Scholarship and Networks to advance the curriculum:
   a. Provide consistent opportunities for health system partners to bring contemporary health service experience to the professional curriculum.
   b. Utilize scholarship on The Medication Experience to better prepare graduates to enhance the medication experience.
   c. Identify ways to engage alumni and other stakeholders of the College in educational activities.
2. Serve as a model in facilitating curricular innovation and SOTL of department members by:
   a. advancing systems for workload management and teaching support
   b. evolving systems for recognition (e.g. credit, merit, awards, metrics)
   c. supporting a robust peer review system for teaching and SOTL
3. Innovate in methods for faculty development aimed at expanding teaching skills and SOTL skills
4. Partner with the SAPh Graduate Program and Ambulatory Care Residency Program to create visible and sustainable development paths/tracks for trainees interested in teaching.
5. Partner with the Wulling Center for Innovation & Scholarship in Pharmacy Education to assist in identifying high need/high impact areas for investigation, formulation of projects and dissemination of SOTL work.
6. Partner with collegiate efforts regarding “Praxis Institute for Community Health and Education: A Global Community-Engaged Health Education and Scholarship Initiative” to build capacity for transformative partnerships with the community that include students, faculty and community members as co-educators, co-learners, and co-generators of knowledge. PRAXIS is a university-level initiative with key leaders coming from our department and college.
7. Maximize the potential of Innovations in Pharmacy (Education Section) as a mechanism for extending influence nationally and internationally
Skills Resources:

1. Additional faculty to create a critical mass with interest, experience and expertise in effective and sustainable curricular innovation and a successful track record in the Scholarship of Teaching and Learning (SOTL), including multi-course and multi-institutional collaborations, comprehensive evaluation leading to continuous quality improvement and communication and dissemination of curricular successes locally and nationally.

2. Faculty development opportunities in SOTL methods for data collection, analysis and reporting, including qualitative and quantitative methods.

3. Support for new initiatives, including support for SOTL related data collection, management and dissemination.

4. Faculty effort to support teaching/SOTL development of residents and graduate students, considering college-based trainees as well as those in affiliated and/or local program.

5. Funding/resources to support recognition programs.

6. Support for efficiencies in managing and expanding Innovations in Pharmacy (Education Section) to respond to evolving SOTL directions and needs.

7. Partnerships with PED, Office of Assessment, Curriculum Committee, etc., as well as other schools with similar education related needs/opportunities

Methods of Assessment:

A focus on curriculum innovation and SOTL is expected to result in year-to-year growth for our department’s key methods of assessment including: (1) acquisition of resources, (2) dissemination of work, (3) leadership and service, (4) collaboration, (5) practice advancement, and (6) advancing education.
PCHS Targeted Action Plan #5 (2015 to 2020)
Interprofessional Education and Team-based Practice Models

**Aim:** Develop, enhance and assess interprofessional education and team-based practice models.

**Vision:** Advance interprofessional educational, team-based practice models and scholarship and its role in understanding and improving the health of patients in the broader health system by creating team ready future pharmacists.

**Tactics/Objectives:**
1. Identify “best practices” for teaching team-based practice models.
2. Develop and enhance opportunities to assess team readiness during experiential education.
3. Strategically identify and promote new team-based practice models for pharmacists. Identify “best practices” for pharmacist collaboration within these models.
4. Utilize multiple clinical practices affiliated with the PCHS department.
5. Apply expertise and teaching skills contained within the PCHS department.
6. Collaborate with the AHC, the National Center for Interprofessional Practice and Education, and other external partners.
7. Promote pharmacy throughout the AHC and the National Center for Interprofessional Practice and Education as a leader in interprofessional education and team-based practice models.
8. Utilizing our experience, resources, and faculty promote interprofessional education models to the profession.
9. Assess the opportunities to align scholarly activities with internal and external funding opportunities to facilitate sustainable research and practice efforts.
10. Identify opportunities to utilize existing practice based efforts to support translational research opportunities.

**Skills/Resources:**
Faculty with expertise in interprofessional education, practice-based research, clinical decision-making and value-based care, health systems administration, behavioral health economics, outcomes research and big data, health systems improvement, informatics, biostatistics and behavioral sciences.

**Methods of Assessment:**
This focus on understanding, managing and enhancing interprofessional education and practice is expected to result in year-to-year growth for our department’s key methods of assessment including: (1) dissemination of work, (2) leadership and service, (3) collaboration, (4) practice advancement, and (5) advancing education.
PCHS Administrative Action Plan #1 (2015 to 2020)
Transition Planning

Aim: The Department of Pharmaceutical Care & Health Systems is comprised of clinical/practice faculty and social and administrative pharmacy faculty who, together, strive to be the world-wide destination for education, research, and service that optimizes medication use and improves the health of all people through advancing pharmacy practice and effecting systems change.

Vision: A robust faculty with international renown in these domains is requisite.

Tactics/Objectives: In addition to current faculty levels, hire an additional four (4) clinical/practice faculty and an additional four (4) Social and Administrative Pharmacy faculty before 2020.

Clinical / Practice: Currently, most faculty positions in this domain are shared positions with a focus on practice development and teaching. The shared-position model involves contractual partners who divide the faculty member’s efforts between two organizations. This model works well for practice development and teaching, but % research effort for these positions is relatively small. Additional hires in this domain should be focused upon the following to fill existing gaps:

- Practice-Based Research (PBRN, K-Award Training)
- Clinician with a focus on Insurance and Formulary Decision-Making / Value Based Care
- Clinician with a focus on Acute Care / Inpatient Practice combined with Interprofessional and Experiential Learning
- PharmD with MS or Fellowship training in Hospital / Health-Systems / Clinic Administration

Social and Administrative Pharmacy: In this domain, our goal is to hold world-class expertise in the areas of (1) Social and Behavioral Aspects of Pharmacy Practice and (2) Pharmaceutical Economics and Policy.

Currently, the Social and Behavioral Aspects of Pharmacy Practice domain is populated with PCHS faculty with expertise in cognitive psychology, organizational management, social and behavioral sciences, educational psychology, education and human development, health policy, population health, data-driven decision making, qualitative evaluation, and computational linguistics. Currently, this domain is relatively robust, but additional hires in this domain are needed to fill existing gaps:

- Curricular Innovation and the Scholarship of Teaching and Learning (SOTL),
Currently, the Pharmaceutical Economics and Policy domain is populated with PCHS faculty with expertise in pharmaceutical pricing, policy, and economics; organizational and systems management/finance; clinical epidemiology; and program evaluation. At this time, we need to rely on adjunct faculty to cover needs in the pharmaceutical outcomes and big data research domains. There are multiple gaps that exist currently. Additional hires in this domain should focus upon the following to fill existing gaps:

- Behavioral Health Economics
- Outcomes Research and Big Data
- Data-Driven Personalized Medication Use and Pharmacogenomics
- Health Systems Improvement (PCORI Merit Review Panel Focus)
- Data-Driven Population Health and Epidemiology

**Methods of Assessment:** Each person hired in faculty roles should have a sound fit with our departmental MISSION, VISION, and CORE VALUES. Success for this Action Plan would be shown through all six of our Department’s METHODS OF ASSESSMENT which are: (1) acquisition of resources, (2) dissemination of work, (3) leadership and service, (4) collaboration, (5) practice advancement, and (6) advancing education. Hired faculty will significantly contribute to these METHODS OF ASSESSMENT at levels commensurate with their experience and expertise.