



Strategic Plan

May, 2008

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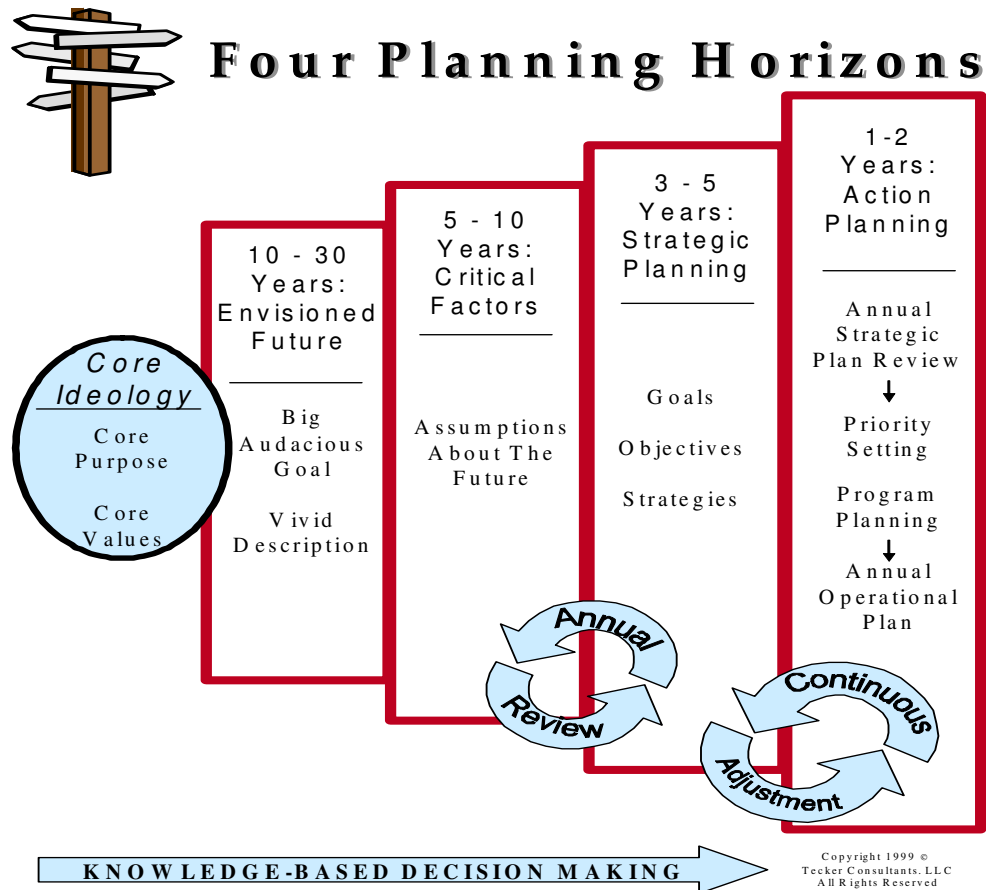
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OVERVIEW

The Pharmacy Foundation of California (PFC) has begun a new strategic planning and thinking process that will create a stronger and more vital organization. This process will be *ongoing* and will help PFC pursue its mission by guiding:

1. The identification of the organization's unique strengths and opportunities, and
2. The allocation of its limited resources in a manner that provides the greatest strategic return-on-investment (in terms of serving the organization's public-benefit purpose)

The framework used for this planning process is a model of strategic judgments organized



into four time-related horizons.

Using the Four Planning Horizon's model as a framework, the Executive Committee of PFC developed the following:

- The organization's "**core ideology**" which consists of its "core purpose" and "core values."
- A list of relevant factors in the long-range horizon (10-30 years into the future) and a **vivid description of future success**.

- A set of **assumptions** about the current and future pharmacy-related health needs of Californians.
- **Goals** that identify where the PFC will direct its resources over the next several years. Please note that these goals are purposely stated as broad, immeasurable outcomes.

This information was reviewed by PFC's Board Committees which were tasked with creating the following:

- A set of concrete and measurable objectives for each goal that must be achieved for that goal to be met. These objectives describe what we want to have happen with an issue. What would constitute success in *observable* or *measurable* terms? They indicate a direction (e.g. increase, decrease, expand, reduce, consolidate, abandon, improve, or enhance).
- A set of **strategies** that identify the manner in which the organization will work to achieve these objectives over the next 1-3 years.

The information provided by the Board Committees was analyzed, refined and prioritized to create the objectives and strategies included in this document. These objectives and strategies identify what PFC will dedicate itself to achieving over the next 1-3 years.

Once approved by the full Board, PFC staff will use this information to create a set of Action Plans that detail the specific activities, responsibilities, and timelines for achieving the defined objectives according to the designated strategies. It will be these action plans that make up the PFC Business Plan. The Business Plan will be the companion document to this Strategic Plan and will drive the day-to-day operations of PFC (including all activities related to financing the work of PFC).

An Ongoing Process of Thinking Strategically

PFC views the process of strategic thinking and planning as an **ongoing process** within PFC. The activity described above is not a "strategic planning project" that at some point becomes completed. Eventual adoption of a plan is simply an affirmation of the general intent and direction articulated by the vision, goals, objectives and strategies. It is understood that progress toward achieving the strategic objectives of the plan will be assessed annually, and that the plan will be updated as it is determined that objectives are achieved, strategies need to be modified, and pharmacy-related health needs of Californians evolve.

TIMELESS
~ CORE IDEOLOGY : CORE PURPOSE & CORE VALUES ~

*Core ideology describes an organization's consistent identity that transcends all changes related to its relevant environment. It consists of two elements - **core purpose** - the organization's reason for being - and **core values** - essential and enduring principles that guide an organization.*

Core Ideology

Core Purpose:

To improve and protect public health by ensuring the fulfillment of California's pharmacy-related health needs.

Core Values:

- **Consumer focused, pharmacy-minded**
We were created in 1977 by the California Pharmacists Association and have deep roots in pharmacy. However, as a 501(c)(3) public benefit organization, we exist to serve the public.
- **Collaborative**
We pursue partnerships with a diverse group of healthcare stakeholders including patients, providers, payers and policymakers.
- **Outcome-driven**
We direct our efforts to activities that will make measurable and meaningful progress towards our envisioned future.
- **Catalytic**
We look to provide and support programs that will spark increased and sustained activity among a diverse group of stakeholders.
- **Innovative**
We believe many current challenges can only be addressed through the development of creative new solutions.
- **Pragmatic**
We understand that effective solutions must take into account the realities of the current environment.
- **Systematic**
We believe that effective solutions must work to change the system rather than simply those behaviors of the individuals who are affected by it.
- **Humanistic**
We believe in the premise that people are intentional - that meaning and value determine the behaviors they pursue. We believe in the importance of accounting for this in everything we do.
- **Strategic**
While we believe we can do anything, we know we cannot do everything. We must be selective in the activities we choose to pursue and all of our activities must move us towards our envisioned future.

10-30 YEAR PLANNING HORIZON **~ENVISIONED FUTURE~**

Envisioned future conveys a specific yet unrealized vision for the foundation. It consists of a **big audacious goal** - a clear and compelling catalyst that serves as a focal point for effort; and a **vivid description** of the desired future- a vibrant and engaging vision of what it will be like to achieve the big audacious goal.

Some of these statements might seem fanciful. You might ask "How is PFC going to make this happen?" Or, "Is it even possible?" But these kinds of questions miss the point. These statements should be seen as a driving force, an aspiration. They should spark the imagination and inspire passion.

Envisioned Future

Draft Big Audacious Goal

Safe medication practices are pursued across the entire medication use process*.

A Vivid Description of the desired future:

Teams of prepared healthcare providers (of which pharmacists are a critical component) proactively provide effective medication management services through productive interactions with informed and activated patients and caregivers. As a result:

- Medication is never prescribed, dispensed, or used without a current indication.
- Only the "right" medications are prescribed to the "right" patients at the "right" dose.
- Medications and their names, doses and instructions are never confused or misinterpreted.
- Patients always receive and take their (and only their) medications exactly as prescribed.
- Harmful drug/drug and drug/disease interactions never occur.
- Patients never receive a medication to which they have a known allergy.
- Adverse reactions to medications are rare and when they occur, they are immediately identified and effectively addressed.
- Every patient taking a medication obtains its intended benefit.
- Because of safer medication use, overall healthcare costs decrease while productivity and quality of life increase.
- The Pharmacy Foundation of California is recognized as a driver of important safety improvements to the medication-use process.

* This process involves the following stages: selecting and prescribing a drug, transcribing a prescription and delivering it to the pharmacy, preparing and dispensing a drug, using/administering a drug, and monitoring the effects of a drug.

5-10 YEAR PLANNING HORIZON **~ ASSUMPTIONS ABOUT THE RELEVANT FUTURE ~**

In order to make progress towards fulfilling the 10-30 year Envisioned Future; an organization must constantly anticipate the strategic factors likely to affect its ability to succeed, and to assess the implications of those factors. This process of building foresight about the future will help PFC constantly recalibrate its view of the relevant future, a basis upon which to update the strategic plan from one year to the next. As the outcome-oriented goals that will form the basis of the long-range strategic plan will be based on this foresight, annual review of these statements will be an appropriate method of determining and ensuring the ongoing relevance of the strategic plan.

Assumptions (based on the best currently available information)

Thanks to advances in medicine, many previously deadly or debilitating conditions can now be managed or even prevented with the effective use of medications.

While medications have the potential to improve and save lives, they can also cause harm. Every year, medication-related injuries harm millions of Americans and cost our country billions of dollars.

Given factors such as the aging of our population, the increasing incidence of chronic disease, and the growing multitude of treatment options, more Americans are being managed with more medications over longer periods of time.

As a result of this trend, we can expect that:

- 1) There will be increasing pressure to reduce costs and improve quality through the use of medication therapy management and evidence-based treatment guidelines, and
- 2) The problem of medication-related injury will continue to grow at a rapid pace.

A significant proportion of these medication related injuries are the result of errors (which may occur during any stage of the medication use process including prescribing, transcribing, dispensing, using or monitoring). These medication errors can and should be prevented.

Technology will address a great proportion of the medication errors related to prescribing, transcribing and dispensing. However, the introduction of this technology will introduce new types of errors in the medication use process that must be identified and addressed.

The most significant and difficult to address types of medication errors are those related to medication use and monitoring in the outpatient setting. This is where the vast majority of medications are used and where patients have the least amount of supervision and support.

The trend to reduce healthcare costs by keeping patients in the community rather than an institution will further increase the incidence of these errors. This trend is also forcing patients to become increasingly reliant on friend and/or family caregivers who in turn are becoming increasingly burdened with issues related to parent- and child-care.

Addressing medication use and monitoring errors in the outpatient setting requires consumers to receive support that allows them to become more informed and activated on issues related to their medication therapies.

Engaging patients in this fashion is challenging for a variety of reasons. These include factors related to the US healthcare system and those related to the patient.

- Regarding the healthcare system:
 - Health care in America is largely financed and delivered through a fragmented system of purchasers, payers and providers that have reward systems which in many ways force them to a) operate according to a “crisis management” mentality, and b) focus their resources on programs that provide a tangible and relatively immediate returns-on-investment.
 - Such structures do not encourage the types of services needed to make patients more informed and activated about their medication therapies.
 - The only force that will change these structures is a sufficient level of public/consumer demand which is difficult to achieve because of the issues described below.
- Regarding the patient:
 - Some patients do not have the mental and/or physical capacity to become informed and activated on issues related to their medication therapies.
 - Many believe that assuring the safety of their medication therapy is not their responsibility (i.e. it is the responsibility of their doctor, pharmacist, government, etc)
 - Others have inappropriate attitudes or beliefs about the medications they should be taking (see below).

There exists a wide diversity of beliefs and attitudes in the US about medication use. At one end of the spectrum are “medi-philes” who have an over appreciation for the ability of medications to “cure every ill” and an under appreciation for their ability to cause harm. At the other end are “medi-phobes” who are overly concerned about the risks associated with medications, and under-appreciate the benefits their medications can provide.

In other words, there are many Americans who have an “inappropriate” level of concern regarding one or both of the following:

1. **Risks associated with *not* taking a medication** (i.e. the adverse health outcomes that will be experienced if their condition is not effectively managed).
Interestingly, levels of concern regarding this risk tend to be more appropriate when related to loved-ones vs. self.
2. **Risks associated *with* taking a medication.** (These may be simple fears about side-effects (esp. the potential for unknown, long-term effects), or more complex psychosocial fears about “control” (e.g. concerns that they may become “dependent” on a medication, and/or that taking their medication is an “admission of defeat” over one’s ability to control their own health).

The net effect of these inappropriate levels of concern are (for the first group) frequent use of medications in a frequently unsafe manner, and (for the second group) medication non-compliance.*

* Some individuals are not compliant with their medication therapies because of more basic “practical problems” such as cost, complex dosing regimens, annoying side-effects, etc. Research suggests however, that such problems are “late obstacles which play a relatively small role in the process.”

3-5 YEAR PLANNING HORIZON
~ OUTCOME-ORIENTED GOALS, OBJECTIVES,
AND STRATEGIES ~

*The following thinking represents **goals** for the next 3-5 years. They are areas in which PFC will explicitly state the conditions or attributes it wants to achieve. The achievement of each goal will move the organization toward realization of its vision. The goals are not in priority order and are purposely stated as broad, immeasurable outcomes. This is in contrast to the **objectives** which describe what constitutes success in observable or measurable terms. Lastly are the **strategies** which identify the manner in which the organization will work to achieve these objectives over the next 1-3 years.*

Draft Goals, Objectives and Strategies

Goal 1 - Patients and caregivers seek out and obtain quality information and education to promote safe medication use.

Objective 1.1 - Increase patient and caregiver knowledge about the scope and severity of problems that result from unsafe medication use.

Strategy 1.1.1 - Establish a consumer education effort about the importance of safe medication use that leverages pre-existing materials (e.g. NCIPIE's [MUST](#) program), current PFC programs (the *Strike Out Medication Errors Bowl-a-Thon*, [Pharmacy Film Festival](#), etc.), and various organizational partnerships (AARP, Schools of Pharmacy, etc).

Objective 1.2 - Increase the level of personal risk that patients and caregivers perceive from the unsafe use of medications.

Strategy 1.2.1 - Develop a [strategic risk communication effort](#) aimed at female caregivers of children and aging parents.

Objective 1.3 - Enhance patient and caregiver perceptions regarding the benefits of a pharmacist consultation.

Strategy 1.3.1 - Establish "quality pharmacist consultations" as the theme for PFC's '08-'09 [awards program](#).

Goal 2: Pharmacists and other healthcare providers have the information and resources needed to pursue the most essential safe medication practices.

Objective 2.1 - Increase understanding about the medication fulfillment processes that are most prone to errors and the practices most likely to prevent them.

Strategy 2.1.1 - Continue to collaborate with the [Institute for Safe Medication Practices](#) and follow their study on errors and error reduction strategies related to prescription fulfillment processes in community pharmacies.

Objective 2.2 - Enhance healthcare provider knowledge regarding important safe medication practices.

Strategy 2.2.1 - Continue to collaborate with the [American Association of Colleges of Pharmacy](#) (AAPC) Task Force on Medication Safety, and follow AAPC's development of a "medication safety" curriculum. Once completed, help to facilitate the integration of the curriculum into the curricula of all CA schools of pharmacy, and additionally, help repackage the information into a continuing education (CE) program that PFC can deliver to practicing pharmacists throughout the CA.

Strategy 2.2.2 - Continue to administer the [CA Accreditation for Pharmacy Education \(CAPE\) program](#) and [Outlook](#) CE offerings. Where possible, leverage these activities to help disseminate important pharmacy education about safe medication practices.

Strategy 2.2.3 - Assist the [California Pharmacists Association](#) in their development of an online "CE Bank" by providing technical advice and populating the bank with various CE programs including those related to medication errors & safety.

Goal 3: PFC is broadly recognized as an important player in the area of safe medication use promotion, and is frequently asked to provide input into a variety of related initiatives.

Objective 3.1 - Increase PFC's number of quality programs that promote safe medication use and are highly visible to a broad array of healthcare stakeholders.

Strategy 3.1.1 - Successfully execute and effectively promote the strategies described above.

Strategy 3.1.2 - Seek out awards and recognitions for PFC and its programs.