



## American Association of Colleges of Pharmacy

“Capitalizing on our Success”

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### “The Successful IHS and Pharmacy Partnership”

by

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Thank you for the warm introduction. I am pleased to be here with you today so that I can acknowledge my appreciation for your interest, support, and advocacy as a member of the “Friends of the Indian Health Service.”

This is the first time that a Director of the Indian Health Service has addressed the academic leadership of the pharmacy profession. And this is one opportunity I did not want to pass up because I want to talk about the remarkable relationship that exists between the pharmacy profession and the Indian Health Service.

Pharmacists have been an integral part of our health team for many years, and the initiative and creativity of IHS pharmacists have greatly improved the health and safety in our communities and, in the process, have fundamentally changed the entire pharmacy profession.

Before we started this session, many of you spoke to me about having served with the Indian Health Service. I would like everyone to stand who has served with the Public Health Service as a student, an intern, a resident, or as a pharmacist . . . I now ask those to stand who have sent your students to us as part of a student experience. It is a pleasure to see so many of you standing. That is an indication of our long-term pharmacy partnership.

In the next few minutes, I plan to accomplish three things:

- First, We’ll get better acquainted and you’ll know more about the Indian Health Service.
- Second, I’ll tell you why our friendship is so unique and important to both of us.
- Third, by the time I leave today, we will have strengthened our friendship, our partnerships, and I’ll suggest some ways that we can work more closely together.

The Indian Health Service is one of the principal components of the Department of Health and Human Services. Many people are familiar with our sister components such as the National Institutes of Health, the Food and Drug Administration, the Centers for Disease Control and Prevention, the Centers for Medicare and Medicaid Services, and others.



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The Indian Health Service is the primary federal agency responsible for providing health care services for American Indian and Alaska Native people across the U.S.

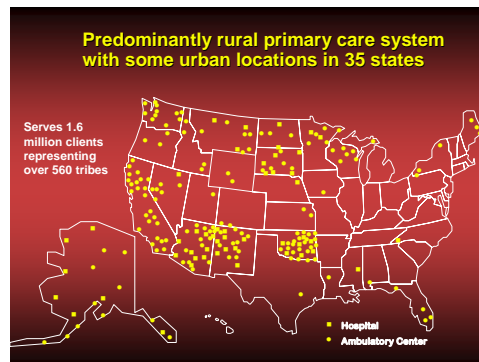
We serve a population of 1.6 million clients who are members of over 560 different federally recognized Tribes. We have come a long way since our transfer to the Department in 1955.

Mortality rates have decreased in almost all categories; including maternal deaths, infant deaths, unintentional injuries, pneumonia, influenza, homicide, alcoholism, and suicide. And the lifespan of Alaska Natives and American Indians has increased from 51 years in 1940 to 71 years today, but that is still 6 years below the average life span of other Americans. The Indian Health Service brought improved water and sanitation systems to Indian Country that, in combination with public health initiatives, dramatically decreased the gastroenteritis and infant mortality rates. Tuberculosis was a particularly devastating disease in Indian communities for many years, and was a major impetus leading to the establishment of the agency itself. Applying public health practice and standards to this disease was also an early achievement of the Indian Health Service.

Even with significant improvements in health status, Indian people continue to experience health disparities and death rates that are higher than the rest of the nation. Over time, our illness and disease challenges have transitioned away from infectious disease control to challenges of chronic disease and the consequences of behavioral and lifestyle choices.

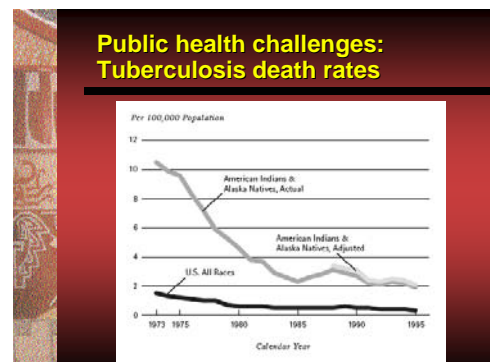
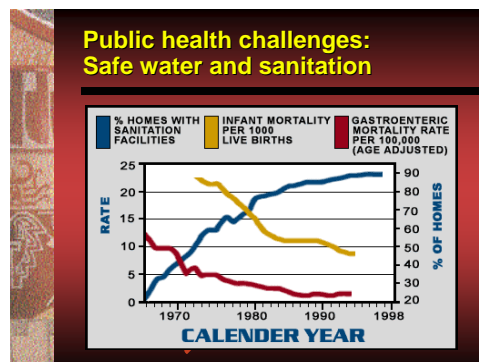
Before 1940 there were no reported cases of diabetes in Indian Country. For many years diabetes has been a significant and growing health concern in the U.S. and incidence of diabetes in the American Indian and Alaska Native population is 420% higher than the national average. To reduce or eliminate the burden of diabetes is a particular challenge for the Indian Health Service. The Administration, the Congress, and Department of Health and Human Services and tribal leadership have each played a part in increasing congressional appropriations to help us make progress toward better diabetic treatment and prevention programs and efforts.

How have we achieved our success – and how will we achieve success in the future? We make extensive use of interdisciplinary teams to deliver care, **and pharmacy is an integral part of that team.** Our total staff includes 675 pharmacists who provide services in 49 hospitals and 236 health centers. Thanks to the advocacy of the



**The Indian Health Service**

- One of the principal components of the Department of Health & Human Services
- HHS includes NIH, FDA, CDC, HRSA, CMS, and others
- The IHS is the only HHS component whose principal mission is to deliver public health services directly to individual citizens.



**Public health challenges: Disparities**

- Alcoholism – 770% higher
- Diabetes – 420% higher
- Accidents – 280% higher
- Suicide – 190% higher
- Homicide – 210% higher

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American Association of Colleges of Pharmacy and other major pharmacy professional organizations, there are 12 pharmacy residencies. We have trained more than 60 pharmacists so far through these residencies. That is an example of effective partnerships and we appreciate the opportunity to have had those pharmacists on our team.

Over the years, we have been blessed with visionary pharmacy leaders with a strong sense of mission and dedication. They recognized the great public health needs that faced us in our daily service, identified the resources available to meet that need, and explored opportunities to maximize or increase those resources. Our pharmacists envisioned new ways that they could do more to protect the health and safety of those we served, and in so doing, they moved into uncharted territory.

Here are a couple of examples that demonstrate the vision and dedication of the Indian Health Service pharmacists.

- When an overworked physician, bewildered by the large numbers of patients to be seen, complained to a pharmacist about the duplicate work of entering information in the patient's medical record and then rewriting the same thing on a prescription blank, a simple yet monumental solution was developed. The Indian Health Service pharmacist recommended that the pharmacist could fill the prescription order directly from the patient's medical record. A tradition was broken and a new one begun. The use of the prescription blank as the means to communicate drug orders from physicians to pharmacists was eliminated across the entire system, and for the last 40 years pharmacists have been filling prescriptions directly from the patient's medical record. This practice has made a rich source of clinical information immediately available to the pharmacist and not only made it possible for, but actually required, pharmacists to use their own untapped knowledge base to improve patient care. When your students and graduates come to us, this access to the medical record makes it possible for them to practice what you teach.
- When pharmacists observed that patients did not fully understand what their medications were for, how they were to be taken, or what to expect, they began to counsel patients directly. Today, that is what is commonly expected from pharmacists across the profession. But keep in mind that when the IHS began this practice and made it a standard over 35 years ago, pharmacy students were being taught clever ways to avoid questions from patients and the professional code of ethics for pharmacists did not condone the practice of pharmacists counseling patients about their medications. For many years, the Indian Health Service found it necessary to teach some common skills that were not being taught in school. In 1990, a creative partnership allowed the production of a pharmacist-patient consultation video that was made available to the profession. In that original video, the simplicity of a technique involving "3 prime questions" for patient consultation was presented. The video was made available publicly and our Chief Pharmacist Officer mailed a copy to each college and school of pharmacy. It was also made available to all of the pharmacy professional organizations in conjunction with the 1990 AACP meeting in Boston. The video is now a basic tool that is used to teach patient consultation skills to pharmacists and pharmacy students around the world. In a very real way, a small group of Indian Health Service pharmacists collectively formed a seed that fundamentally changed the way the pharmacy profession serves the public in this nation and around the world. Assistant Surgeon General Richard Church was the Indian Health Service and the Public Health Service Chief Pharmacist at that time. He is here today and can relate a very fascinating story behind it. We view it as a public health contribution to the profession.
- In other situations, pharmacists empathized with patients who experienced long waiting times for a variety of disease conditions. Again, pharmacists stepped forward and made the case and convinced us that for a variety of common high volume acute diseases and chronic stabilized conditions, pharmacists were ideally suited to provide primary care services. Once again, we were able to mobilize an untapped clinical resource driven by competent enthusiasm and encouraged by a group of mission-driven pharmacy leaders who changed the definition of the word "impossible" to "a challenge overcome." Our pharmacists have demonstrated new roles that have enriched the profession and at the same time, improved our ability to meet our mission and the public health challenges we face.



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The service environment of the Indian Health Service has been a vital resource to the profession. It has been an incubator for some of the most exciting new clinical roles for pharmacists serving our public. Over the years, thousands of pharmacists have spent formative years with us. Many have embraced our mission and stayed with us for their entire career. Many others have gone on to other places and have built upon their Indian Health Service foundation to lead and serve in many other ways.

**That is why our relationship is so important.** I believe there is more that our relationship and our partnerships can do.

As a nation, we will continue to face a variety of public health challenges, and it is critical that we have the very best team that we can to successfully address them. The Indian Health Service helps in meeting the national responsibility to meet health challenges. The Indian Health Service is the largest employer in HHS of clinical health care providers. Our providers are available in times of national emergency to respond directly and to fill other positions vacated by first-line responders.

Just like other health care organizations, we face a critical shortage in some of the health care professions. Our shortage of pharmacists is currently at 11 percent. There are opportunities and vacancies for pharmacists entering the field.

- We need a minimum of 60 pharmacists this year to fill critical vacancies and replace those who will be retiring or transferring to other locations.
- Others are needed to allow us to expand our services to address additional critical public health needs.
- We ask that you provide us the name and contact information of a faculty member who can work with us and with your students to build a stronger profession to serve our communities better.

If one pharmacist from each of the 88 colleges of pharmacy across the nation joined the Indian Health Service – as a member of the Commissioned Corps or as a civilian employee – that would be a good start. There is information about our agency on the internet and information about opportunities for pharmacists.

Every health career should start with the very best preparation possible to establish a strong foundation. I also believe that foundation must further be strengthened through a sense of service. A 2-year commitment is a very small investment considering the personal growth and professional experience gained through public service. The Indian Health Service is just one way, but it is the one that many of us have chosen.

We can help your students strengthen their academic foundation in pharmacy and we ask that you partner with us to make your students aware of the opportunities for training, jobs, careers, and service with the Indian Health Service. We provide a rich practice environment of more than 200 sites across the nation staffed by some of the finest pharmacists in the nation. We welcome your students into our culture of caring.

Before your students graduate, there are paid professional experiences during summers through the Junior Commissioned Officer Student Training and Extern Program or COSTEP.

- We have available a Senior COSTEP program that provides for early commissioning and salary before graduation.
- There are opportunities for senior clinical clerkship experience where students gain academic credit.
- After graduation, we now have 12 residency programs.
- We also have a loan repayment program. I am very aware of the burden of student loans. At this time there are 56 pharmacists benefiting from our loan repayment program. They are able to concentrate their efforts on professional practice rather than worrying about repayment of loans.

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**Why our relationship is so important**

- Resourceful leadership in developing new ways for pharmacists to serve
- Use of patient's medical record
- Patient consultation
- Primary care services
- Career foundation for 675 pharmacists in the IHS and thousands of others
- The IHS service environment is a vital resource to the profession

**It is important for us to be more than friends – we must be partners**

- Progress in facing public health challenges through partnership
- We need highly skilled pharmacists
- Send one pharmacist from each school and college of pharmacy
- Build careers based on a foundation of service
- Opportunities for pharmacists at <http://www.pharmacy.ihs.gov>

**Ways we can help**

- Junior and Senior COSTEP
- Clinical clerkships
- Post graduate residencies
- Loan repayment & Scholarship programs
- Practice opportunities for faculty
- Research and publication opportunities



- We also have a scholarship program for American Indian and Alaska Native students. There are 103 Native American pharmacy students receiving IHS scholarships. As you consider applicants for your colleges, some of your American Indian and Alaska Native applicants may be eligible for an Indian Health Service scholarship.

There are also practice opportunities for your faculty members who want to maintain their clinical skills and provide public service. We have hosted a number of pharmacy faculty members for short tours of duty, during sabbaticals, or during selected research projects. There are also a variety of untapped research and publication opportunities. We can provide you, your faculty, and your students with two, or more, of the best and most professionally rewarding years of their lives.

I hope you now have a better idea of our mission, why our relationship is so important, and why we should strengthen our partnership. As I mentioned earlier, it is to the credit of our health team that we have achieved the successes we have in Indian health, and a vital part of that success is attributable to our pharmacists and the care they provide.

Your graduates, our pharmacists, are making a positive difference in the health of the nation, and because of our partnerships, we are also improving the health of American Indian and Alaska Native people.

Thank you.

