



ASIHP

POST-MIDYEAR

2024

12 FEBRERO 2025 • BARCELONA



AVANZANDO CON BUEN RITMO EN NUESTRA PROFESIÓN

Jordi Nicolás Picó

MIDYEAR 2024

Welcome!

Introduction to the Pharmacy Forecast 2025

Joseph T. DiPiro, PharmD
Editor, *Pharmacy Forecast 2025*

Today's Session



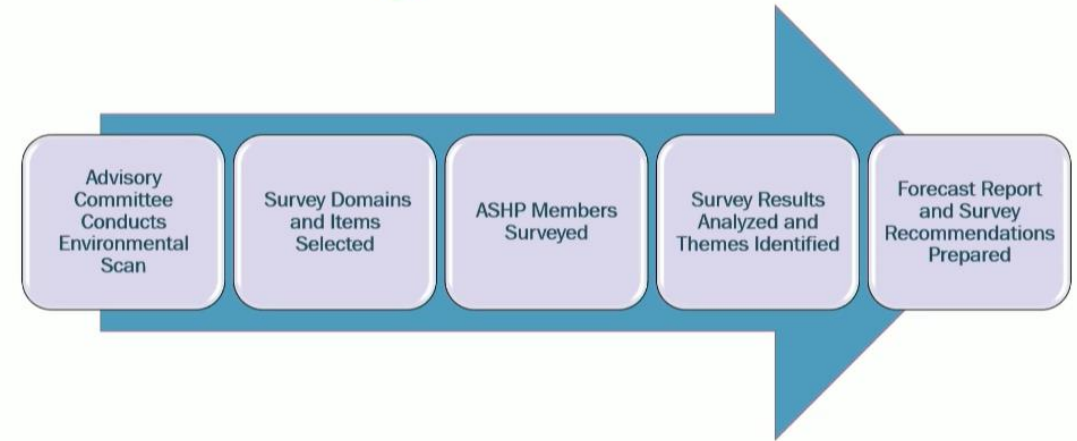
- Purpose and Background
- Highlights of the 2025 Forecast
- Panel Discussion
- Leaving with an Action Agenda



Forecast 2025 Survey Response

- Forecast panelists (FPs):
 - Nominated by leaders of ASHP sections and state affiliates
 - Recognized experts in an area of pharmacy practice
 - Demonstrated ability to identify and respond to future trends
- 84% response rate (321 FPs surveyed; 269 responded)

The Forecasting Process



Forecast 2025 Domains & Chapter Authors

The Business of Healthcare

Eric Tichy, Suzanne Shea, and Michael Sanborn

Managing Ultra-High-Cost Drugs

Erin Fox and Anna Hung

Closing the Primary Care Gap

Jonathan Watanabe, Virginia Torrise, and Paul Abourjaily

Whole Person Health

Francesca Cunningham and Pamela Schweitzer

Generative Artificial Intelligence

Scott Nelson, Lisa Stump, and Harvey Castro

Stabilizing the Pharmacy Workforce

Todd Nesbit and Christopher Scott

In the Forecast: Survey Results



Figure 1 (The Business of Healthcare). Forecast Panelists' responses to the question, "How likely is it that the following will occur, by the year 2029, in the geographic region where you work?"

● VERY UNLIKELY
 ● SOMEWHAT UNLIKELY
 ● SOMEWHAT LIKELY
 ● VERY LIKELY

1 Increased private equity ownership in health systems will adversely impact health equity.



Inside the Forecast: Preparedness

Preparedness. Forecast Panelists' responses to the question, "If the following occurs by the year 2029, how prepared is your health system, pharmacy department or staff to respond?"

Very Unprepared
Somewhat Unprepared
Somewhat Prepared
Very Prepared

Scenario	Very Unprepared	Somewhat Unprepared	Somewhat Prepared	Very Prepared
1. To compensate for losses associated with prescription benefit management reform, payers will increasingly force the reimbursement of outpatient infusions through the pharmacy benefit of an insurance policy, resulting in a 50% decrease in health-system pharmacy revenue.	16%			
2. At least 25% of acute care patients who are treated as inpatients will receive equivalent acute care services at home.	18%			
3. The Centers for Medicare & Medicaid Services (CMS) will require call and gene therapy centers to document the participation of a clinical pharmacist on their multidisciplinary team to meet accreditation standards (as with solid organ transplant programs).	16%			
4. In health systems, call and gene therapies will be managed by pharmacy (e.g., patient screening for therapy appropriateness, manage pre-medications, and provide outpatient clinic follow-up and monitoring).	18%			
5. Pharmacists and pharmacy technicians will be integrated into 50% of health-system-based primary care practices to improve the efficiency and job satisfaction of primary care providers.	7%			
6. 50% of health systems will develop centralist, remote pharmacist clinical services to provide support to primary care physicians.	6%			
7. Pharmacists will collaborate with other health care workers to ensure that addressing whole person health is incorporated into medication management plans.				
8. Health-system pharmacists will incorporate whole person health into the medication use process (e.g., comprehensive medication management, policies, workflow, and the drug formulary).				
9. 50% of health systems will permit generative artificial intelligence communication (i.e., Chatbot) to respond to patients' health-related questions.				
10. 50% of health systems will adopt technology in the electronic health record to allow pharmacist documentation to be completed by generative artificial intelligence.				
11. A decline in pharmacy student enrollments will result in 25% of PGY1 residency program positions being unfilled.				
12. 75% of health systems will implement virtual platforms to extend the reach of the pharmacy workforce (e.g., providing clinical services to home-based or rural patients).				

Strategic Recommendations for Practice Leaders

PHARMACY FORECAST

ACHIEVING CARE EQUITY

STRATEGIC RECOMMENDATIONS FOR PRACTICE LEADERS

- Health systems should provide in-home technology and digital tools and/or increase the number of satellite healthcare clinics with digital access to ensure at-risk patients have access to infrastructure to support inclusion in a digital-first approach to healthcare delivery for optimal patient outcomes and enhance health equity. This is especially important for healthcare and pharmacy leaders to address in order to promote safe and appropriate medication use and ensure pharmaceutical
- States with rural healthcare deserts should adopt best practice policies from other states, government agencies, and payers that have improved access to care in rural areas where hospitals and clinics have been closed. Pharmacy leaders must ensure optimal therapeutic outcomes achieved with more widespread attention by payers, healthcare and states.

CONCLUSION

Some segments of our population remain at greater risk for disparities in health or healthcare, including rural health populations and rural health populations. To focus on equity within health systems and consider it a key dimension of quality of care. Without these efforts, achieving equity in healthcare for rural residents is not possible.

ashp MIDYEAR 2024

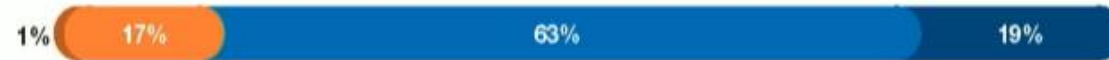
The Business of Healthcare



Increased private equity ownership in health systems will adversely impact health equity.



To compensate for losses associated with prescription benefit management reform, payers will increasingly force the reimbursement of outpatient infusions through the pharmacy benefit of an insurance policy, resulting in a 50% decrease in health-system pharmacy revenue.



At least 25% of acute care patients who are treated as inpatients will receive equivalent acute care services at home.





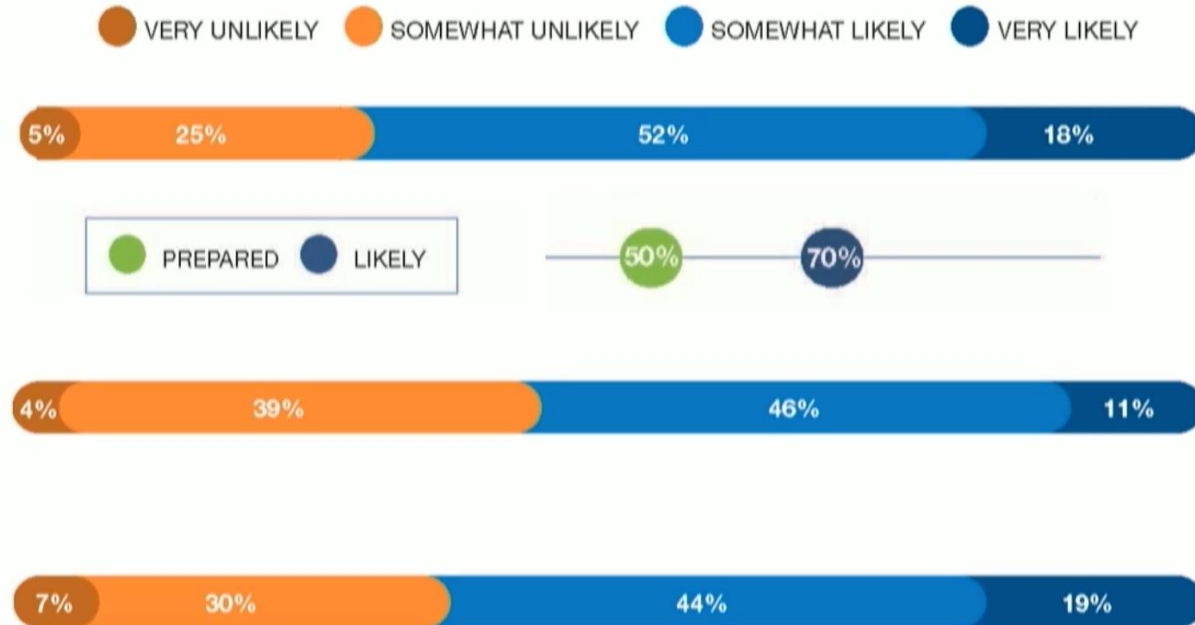
Managing Ultra-High-Cost Drugs



In health systems, cell and gene therapies will be managed by pharmacy (e.g., patient screening for therapy appropriateness, manage pre-medications, and provide outpatient clinic follow-up and monitoring).

75% of ultra-high-cost drugs will be reimbursed under outcome-based payment arrangements.

At least 75% of health systems will have a well-defined process for applying ethical principles for allocating access to ultra-high-cost drugs.



Recommendations

The Business of Healthcare

- Health-system leaders should work to ensure that policy makers understand the advanced standards of care required to ensure safety and quality when administering medications in health-system-based facilities, which justifies differential payment.
- Pharmacy leaders should collaborate with health-system finance experts to model the budget impact and measure financial risk associated with the site-neutral payment policies.
- Pharmacy leaders should identify treatments suitable for safe and effective administration in the home.

Recommendations

Ultra-High-Cost Drugs

- Health systems should partner with manufacturers to become a preferred site of UHCD administration, particularly if clinical trials were conducted at their healthcare setting.
- Pharmacy leaders should be prepared to work with C-suite administrators to prepare for inevitable financial variances that may occur due to significant purchases (e.g., >\$2M) and lagging reimbursements.
- Pharmacy leaders across health systems should develop training programs to equip health system pharmacists and technicians with the knowledge and skills to manage and administer UHCDs efficiently and safely.
- Health-system pharmacists must ensure they have a seat at the table to work with organizational revenue cycle and contracting teams to determine the potential full cost of an episode of care for UHCDs.

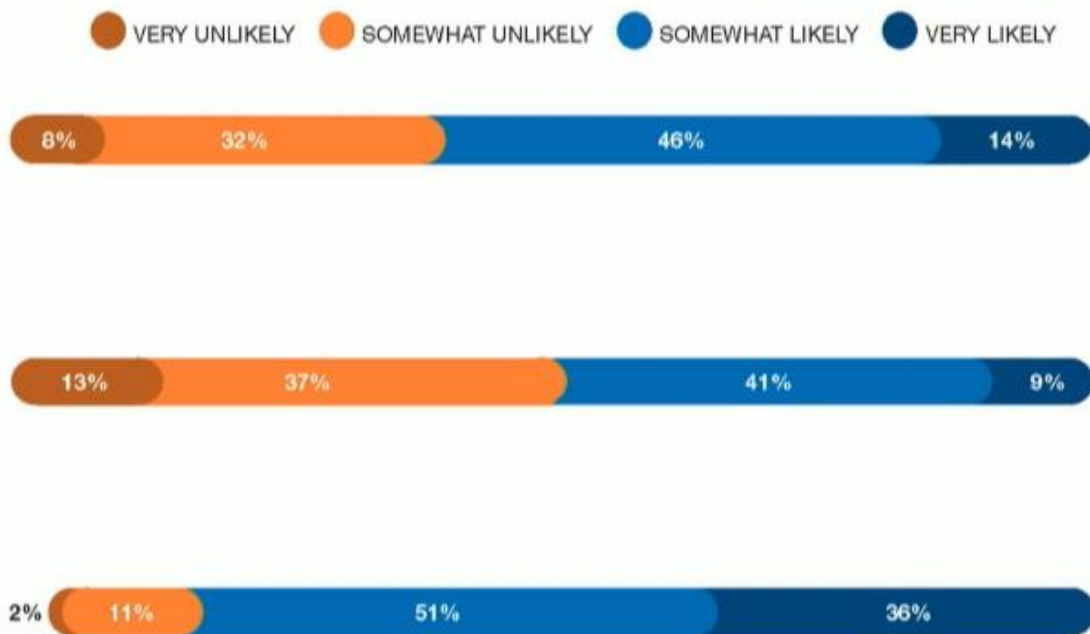
Closing the Gap in Primary Care



The Federal Government will declare the "primary care access crisis" a public health emergency (e.g., as with the opioid crisis), which allows for allocation of resources to support a national response.

The Federal Government will initiate an assessment of all licensed health care professionals' scopes of practice and provide guidance to states to address the shortage of primary care physicians in the United States.

50% of US primary care visits will be with a non-physician primary care provider.





Whole Person Health



Payors will establish meaningful measures of health-systems' effectiveness in integrating whole person health into care delivery.



Pharmacists will collaborate with other health care workers to ensure that addressing whole person health is incorporated into medication management plans.



Health-system pharmacies will incorporate whole person health into the medication use process (e.g., comprehensive medication management, policies, workflows, and the drug formulary).



Recommendations

Closing the Gap in Primary Care

- To address the primary care gap, health systems and pharmacy leaders should vigorously pursue policies that will reduce variations in pharmacists' scopes of practice and amplify uniformity in team-based care.
- Health-system and pharmacy leaders should advocate for improved payment systems, metrics, and quality indicators that facilitate reimbursement in-line with pharmacist value.
- Health-system and pharmacy leaders should convene stakeholders and develop policies to facilitate expanding remote pharmacist service programs to improve patient outcomes and access to primary care.



Recommendations

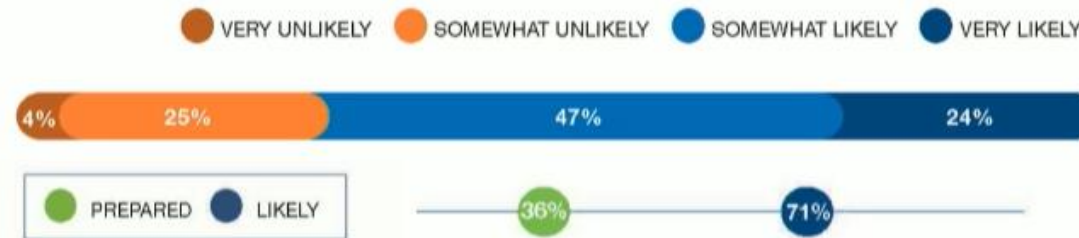
Whole Person Health

- Health-system leaders should strengthen their informatics infrastructure and improve interoperability needed to partner with community programs, social care, and public health systems.
- Pharmacists and health-system pharmacies should develop tools to optimize inclusion of whole person health into the daily practice of medication management and the medication-use process.
- Health-system leaders and pharmacists within healthcare systems should develop methods to measure the impact of integrating whole person health on health outcomes and patient experiences.

Generative AI: Risk and Opportunity



50% of health systems will permit generative artificial intelligence communication (i.e., Chatbots) to respond to patients' health-related questions.



50% of health systems will adopt technology in the electronic health record to allow pharmacist documentation to be completed by generative artificial intelligence.



25% of health systems will utilize a Chatbot to obtain medication histories.





2024
POST-MIDYEAR
12 FEBRERO 2025 - BARCELONA

Stabilizing the Pharmacy Workforce



● VERY UNLIKELY ● SOMEWHAT UNLIKELY ● SOMEWHAT LIKELY ● VERY LIKELY

A decline in pharmacy school enrollments will result in 20% of PGY1 residency program positions being unfilled.



Pharmacy student enrollment will increase by 25% compared to 2024.



ashp MIDYEAR 2024
Clinical Meeting & Exhibition

Stabilizing the Pharmacy Workforce



● VERY UNLIKELY ● SOMEWHAT UNLIKELY ● SOMEWHAT LIKELY ● VERY LIKELY

75% of health systems will require pharmacists who manage cell and gene therapies to receive advanced training.



75% of health systems will implement virtual platforms to extend the reach of the pharmacy workforce (e.g., providing clinical services to home-based or rural patients).



Recommendations

Generative AI: Risk and Opportunity

- Schools of Pharmacy and professional societies must incorporate AI principles and practices into the competencies and curricula and ongoing education and training of the pharmacy workforce.
- Healthcare organizations must foster a culture where AI is seen as an augmentation to human decision-making rather than a replacement.
- Health-system leaders must establish institutional governance processes to manage AI risks, investments, ethical use, continuous monitoring, and progress, while encouraging innovation.

Recommendations

Stabilizing the Pharmacy Workforce

- Health-system pharmacists and ASHP should introduce approaches to increase awareness of health-system pharmacy practice opportunities among current student pharmacists and potential enrollees to colleges and schools of pharmacy.
- Pharmacy leaders should consider incorporating into their strategic plans the potential impact of decreased filled residency positions on practice models, advanced roles, and the delivery of patient care.
- Health systems must prepare the current and future workforce to ensure that clinical, operational, financial and longitudinal care needs of patients are met when receiving innovative and complex cell and gene-based therapies.

RELACIONES INTERNACIONALES ASHP-SEFH

”

Avanzando
a buen
ritmo

