

## **Rough Durant Lecture – December, 2014**

### **A Half-Century of Wisconsin Pharmacy Leadership: Expanding the Legacy**

Thank you. I am humbled and very grateful to stand before you today as the 2014 recipient of the Winston J. Durant lecture award. For me, there is no greater honor, as The Wisconsin Network provides me with constant inspiration to succeed. It's very rare that one gets the chance to be recognized by people whom you love and respect, for something you are fortunate to do, and enjoy doing.

Before I get started with my remarks, I'd like to recognize the purpose of this award, which is celebrating and honoring the legacy of Win Durant, the father of our program, and carrying on his traditions. From 1958 – 1971, Win's focus was on planning, leading and advocating for pharmacy at UW Hospital and across our profession. Over the course of his 13-year tenure at UW Hospital, he cultivated a sense of innovation, pride, confidence and strong professional values that remain the core strengths of our pharmacy department and our residency programs some 50 years later. He is the man whom we all owe a great deal of gratitude for our success and our livelihood. All of my comments today are in recognition of this. And I would like to point out that Win was about the age I am now when he left UW.

We all have benefited from mentors, colleagues and friends throughout our careers. Any success I've had can be traced to the success of the people who came before me, the people who've trained and mentored me, my outstanding leadership team and staff, and my friends. Thus, I would be remiss if I didn't spend a little time talking about and thanking those who have advised, guided, supported, encouraged, and protected me from my many shortcomings through the years.

First, I would like to thank the **past Durant award winners** for their vote of confidence and for this selection. I respect and admire all of you all. I would like to take a moment to speak in remembrance of one past winner who we lost this year, **Mike Flagstad**. Mike was the ultimate ambassador of our program, incredibly proud of his UW Family, and he exemplified the meaning of the Wisconsin Network. And he never missed a Durant luncheon, nor any other UW event for that matter. While he is here with us today in spirit, his presence is certainly missed.

Next, I would like to thank my parents, **Linda and Don Rough** for their steadfast encouragement, support and belief in me through the years. **My mother** has always been very gentle, caring and giving. She is also a maker of great sandwiches (no one ever leaves her house hungry), and to this day she will always do anything she can to help another person. Thank you, Mom, for the sharing and serving traits that you've passed along to me. **My Father**, unfortunately, passed away about six years ago. He represented "the last of an American salesman" generation. He was the life of every party, and he had a joke to tell for every occasion. He was always very proud of his sons, and I know if he were alive today he would be here wearing a badger sweatshirt with plaid britches and he would be buying a round for everyone after the luncheon.

I'd also like to give thanks and recognition to my brother, **Tom Rough**. I have a great deal of respect for you as a professional and as a father of three. I always learn from you when we talk, and it's been one hell of a journey.

Professionally, I've had many mentors who have shaped and molded me whom I wish to thank.

First, **Tom Thielke (TT)**. You are the proudest Wisconsinite and Badger I've ever known, a great mentor and implementer, and you embody a passion for pharmacy that's unparalleled. You are a true believer in people. You always somehow make me want to do things to make you proud, but I know that even when I screw up, you are always proud of me as you are always unconditionally proud of all of your past residents, and this perhaps is your finest trait. And perhaps most importantly, you've taught me to work hard, play hard, fire up, to live each day like there's no tomorrow. Without you, I would not be standing here today.

Next, **David Zilz (DZ)**, you are the Yoda of not just our residency program, but of our profession. I know you are responsible for me getting my first management job out of the residency (there was no way Stan would have hired me if he didn't owe you a big favor for mentoring him). Your passion for the profession, your vision for the future, and your sincere interest in helping others succeed have enabled you to positively influence thousands of lives through the years, and I'm proud to be one of those whom you have greatly influenced. Thank you for teaching me to think broadly and for making sure I'm always aware of the "3 things" I need to be thinking about.

Tom and Dave, I know that it's because of you that I have the best job in the world and get to work with so many great people and friends. Thank you for this!

Next, **Pam Ploetz**, you paved the way for women as formal leaders at UW Hospital and helped pave the way for them nationally in our profession, and this is a very important legacy of yours. When I was a resident, I'm sure I didn't appreciate this, but now that I'm a father of two daughters, this means a great deal to me. When I was a resident, you taught me several things: how to stand up for what I believe in, the importance of getting to the table and never being afraid to speak up, that life isn't fair (it's about choices), and that we must never forget that patients are the reason we are here. You also taught me about respect and humility, and you taught me how to proficiently read red ink. Thank you for all of these things.

Next, I need to thank **Stan Kent**. I know that I would never be where I am today without you, and I couldn't have asked for a better first boss. You were patient with me, you believed in me, and you gave me responsibility beyond my experience and ability. You taught me a very important lesson about the importance of working for the right mentor in your first job, and that's a lesson I share with all of my residents today. You taught me about follow-up and how to lead people, notably about the importance of setting high expectations (because no one rises to low ones), and about the importance of having difficult conversations right away. You are a great mentor and friend, and I would follow you anywhere.

No one can be successful as a leader without a great team. So next, I'd like to recognize and thank the **all-star UW pharmacy leadership team** with whom I work. Together we set clear objectives and work to achieve them, and we have a great time doing it. You are a huge part of this recognition I'm receiving today.

Next, I'd like to thank several of my closest past-resident pharmacy friends. Past residents **Wayne Bohenek, Rowell Daniels, Dan Degnan, Nancy Gilbride, Chris Hatwig, Jim Klauck, Vic Perini, and Lee Vermeulen**. Thank you for your advice and mentorship, but mostly for all the great times we've shared and continue to share. You all mean a great deal to me, I learn from you, I respect you, and you've all influenced me more than you know. We have many great stories (most of which would not be appropriate to tell at this venue), and you make coming to meetings fun.

I also would like to give a great shout out to the 133 residents I've trained since my time as Director of Pharmacy at UW Hospital, especially the **49 administrative residents**, many of whom are in this room. You all mean everything to me, I learn from you, and you help to keep me rejuvenated and challenged. I am proud of every one of you and I have your backs. Thanks for all the work you have done through the years from which our department has benefited.

Also, I would like to thank my true pharmacy professional partner in crime, **Scott Knoer**. Your passion for moving our profession forward is unparalleled among leaders in our generation and I'm proud that last year you joined our family as an Honorary Badger.

Lastly, there are 3 more people I need to thank, and they are all sitting at the head table, my children. **Taylor, Alex, and Ella**, I want to thank you for skipping two days of school to be here with me ☺. Through you, I've learned what is truly important in life. You are wonderful people, and it has been my pleasure to watch you grow, and I'm thankful you are at the stages of life you are, and that I have a few more years before you grow up and enroll in UW Madison!. Hopefully after today you can understand a little better now why some days I'm gone or home late. I love you. I am very proud of you. You make my life worth living, and you make everything worthwhile.

**Now I would like to move on to my message.** Since the announcement about this award was distributed, I've been asked many times "so, what's your message going to be?" DZ told me a few weeks ago "no pressure, but the message is key". Others, like Chris Hatwig told me "you don't need to waste our time with a message, just say thanks and be done". Sorry Chris, I chose to follow DZ's advice. However I do not believe my message today is all that profound. One of the reasons this award means so much to me is because I'm only hitting the middle of my career. I have 20 years in, and I hope to have another 20 years of work ahead of me. My past several years have been spent working hard to build the UW pharmacy enterprise, staying very involved in a variety of leadership capacities with professional organization, raising my kids, and of course carving out time to watch every Badger and Packer game. So, I'm not completely sure I've been around long enough (nor have had enough downtime) to have a "wise message." But I do have a few thoughts, opinions and recommendations that I will share today.

I want to talk about 4 things that are very important to me.

- 1. The UW pharmacy residency program.** The importance of the program that Win started, what it has meant to me, and other past graduates of the program.
- 2. The legacy of the UW pharmacy department and residency program.** I will attempt to define the legacy of the department as I inherited its' directorship 11 years ago, and what I see as our key areas of evolution since that time.
- 3. My hopes for the future of our profession,** and how I believe past UW residents can contribute to these hopes.
- 4. The importance of leaving a legacy.**

***I. The Importance of UW Pharmacy Residency Program.***

In 1996, DZ surveyed past residents from the first 30 years of our program prior to his Durant lecture. He asked them one simple question: "Please comment on the impact your affiliation with the Wisconsin Residency has had on your career". The responses he received told a common story, most all respondents attributed their professional (and personal) success to their time in the UW residency program. Some themes in past resident "ideals" that were conveyed in that survey, which are longstanding hallmarks of the UW residency program, included:

1. Passion for excellence.
2. Pride, professional belonging, and loyalty to the history and tradition of the program ("THE NETWORK" was mentioned time and time again).
3. Life long learning and leadership as a strong "Wisconsin Family" trait.
4. Shared vision for accountability for the entire medication use process.
5. Focus on patients being the reason for all that we do.
6. Hard work – you can achieve anything, never accept the status quo.
7. Risk taking and innovation – no fear of failure.
8. Optimism – anything is possible, importance of having a "can do" attitude. There is nothing you can't do, it's just a matter of how long it will take if you really want to do it.
9. Their time at UW was the best time of their lives, their single best decision they ever made.

In preparation for my Durant lecture, I conducted the same survey of past residents who completed the residency since my time of being associated with the program, 1992. The results of my 2014 survey, and DZ's 1996 survey, are included at your seats. I received a 37% response rate (76 past residents responded), and I will discuss some details about the survey results later on during the lecture. However, I must tell you now, that when reviewing the comments of respondents to my survey, it is clear that the impact of the program on our graduates over the past 20 years very closely parallels the comments DZ received in 1996, and I'm very proud and thankful that we've been able to keep it going.

**In terms of me personally, the program has done many things for me.**

First, like for many of you, the program has influenced everything in my professional life. It provides me with a second family when I'm not with my real family. It has taught me the importance of accountability, and instilled the philosophy that I am 100% responsible for how I choose to react to what happens to me. Everyone else is 0% responsible.

Before I entered the residency, I had heard the Vince Lombardi quote "It's not whether you get knocked down, it's whether you get back up". But I had never truly known what it meant. After completing the residency, I understood a lot about getting knocked down. The program also taught me the importance of preparation and attitude, and that if you believe strongly in something you must find a way to achieve it, even if you can't secure new resources to move it forward right away.

Soon after completing the program, I learned that being a graduate of our program garners one instant respect for two reasons. First, because you were able to endure the hard work and dedication required within our program. Second, because others know you will have a passion and energy for what you are doing, and that even if you aren't the smartest person in the room you are going to be the most passionate, and thus you usually end up leading. This passion that has been instilled in me by the program has opened many doors.

The program has also taught me the importance of discipline to be willing to do things I don't particularly want to do, and then to try to learn something from it. And as a result, throughout the years, I've found that I am often willing to tackle challenging tasks that others often aren't willing to do. I believe that this one trait of being willing to do the work that others aren't, has led to my success and the success of many past UW residents.

And the program also instilled in me the importance of teamwork. Through involvement with the program, I've learned that success, as well as powerful and enduring legacies, require the effort of many as opposed to the acts of a few single individuals.

**Next, I would like to share with you my thoughts on a few specific aspects about our program that have led to the success of hundreds of graduates over the years.**

One obvious attribute that spans through all generations of our program and deserves special attention is the notion of mentoring. Every successful past UW resident has had a mentor who played an important role at critical points in their training at UW Hospital and often beyond their time as a resident. The program reliably provides residents with broader responsibilities than should be expected of young professionals, providing them with a high degree of comfort with being responsible for making "gray zone" decisions early in their careers. This sets residents up for success in the toughest of situations early on in their first jobs and throughout their careers.

There are 5 specific skill sets that I believe are very unique to past UW residents, things instilled in us that other programs don't produce as consistently. These are philosophies of training as I see them that eventually seep into you as you complete the rigors of our program. They are a result of our early leaders who have trained new leaders, and I believe they have likely been woven into the fabric of our residency program since day-1.

1. Understanding of analytics, and ability to systematically evaluate and manage data, and tell stories with it. Let's face it – UW residents love data. And we love to sell with data. Having strong data management skills, I believe, is a hallmark of the graduates of our program
2. Understanding of finance, economics and reimbursement. And never taking shortcuts in understanding the money. This includes the importance of understanding your budget better than anyone else, and using the budget to make a business case for pharmacy service expansion. The program has taught us to ALWAYS follow the money.
3. Taking an Evidence-based approach (thank you Kathy Grant). The program instills a philosophy that our job is to bring evidence-based care to patients, and this is our culture. We aspire to make decisions

based on evidence. And everything we do has the patient's interest at heart.

4. Project management – simply put, leaders in our profession across the country know that based on our training, we can always be relied upon to get things done. So when leaders want big changes made in their department, especially in the area of operations, and they want those changes to be maintained after initial implementation, they seek to hire a UW graduate.
5. Public speaking and the ability to clearly tell a story – we love to pass on knowledge.

## ***II. Legacy of the department that I inherited, and how it has evolved.***

So, what is Legacy? In his 2003 Harvey A.K. Whitney Lecture Award address, Jim McAllister III (an honorary badger past resident) defined legacy as *“something handed down from an ancestor or a predecessor or from the past....and a sense of importance that someone feels including attitude and commitment toward overall effectiveness”*.

In December of 2003, I was lucky. I inherited a pharmacy practice model that most would love to have even today. A department and a residency program, with collective vision, values, sense of purpose, commitment and responsibility. I inherited other people's legacy, and was expected not to mess it up.

In terms of the department, there was an excellent practice environment with many resources and very talented employees. Leaders before me had established a culture and practice model in which pharmacy controlled the medication use process from the time of admission, working with prescribers to manage drug therapy throughout the inpatient stay to assure optimal medication management, through the discharge process. A model where pharmacy technicians were an integral component of the patient care team. A model that did not exist elsewhere at that time

In terms of the residency program, there was a sustained record of successfully training leaders who were difference makers and very successful. There was strong kinship and a 40-year track record of strength, endurance and respect (both within its graduates and nationally). And there was a culture where residents were expected and relied upon to heavily contribute to the department's success and to the establishment of new services and programs.

In terms of legacy as it relates to the department, here is what I see as the roles that Win Durant, David Zilz, and Tom Thielke had played in their tenures as Director of Pharmacy prior to me:

**Win Durant** established us as a department, conceptualized core services, moved control of drugs from nursing to pharmacy, computerized pharmacy operations, got pharmacy recognized, played the C suite relationship very well, and he overcame tons of resistance from the school of pharmacy in establishing our administrative residency program.

**David Zilz** was relied upon to implement Win's bold ideas (unit dose, computerization, controlling drugs up to point of administration). DZ was a pioneer with early new systems, he was the first one on the units, he established IV admixture services, he taught the first clinical course, he established our home care program, the drug information center, and he advanced the organization's P&T committee and formulary structure.

**Tom Thielke** took everything DZ and Win could dream up, and started and managed it better than they ever could. He fought battles and got the resources to foster significant clinical pharmacy advancement as DZ was caught up with other departments and outside organizational activities. TT grew our residency program and also started the department's business structure (outpatient pharmacies, managed care programs), established ambulatory clinical services, research and drug policy programs, and finally automation of the medication use process through the point of care. He had an 18-year tenure as Director of Pharmacy and became the "Godfather" of our department, of our administrative residency program, and of Wisconsin Pharmacy.

Then, in 2003, it was my turn. What was my role in all of this? My role (as I believe TT and DZ planned it) was to tie it all together better (the clinical, the residency programs, the education and the logistics) and to expand it to new levels.

***So, now I'd like to share my reflection on how we've done as a team in terms of evolution and establishing our legacy over the past 12 years***

I will start by saying together (with the help of MANY talented residents, managers and employees) we've achieved more than I ever thought possible.

To begin with, here are some pharmacy statistics from 2003 as compared to today:

	2003	2014
Pharmacist FTE	78	132 (54% growth)
Total FTE	223	354 (131, 59% growth)
Revenue	\$141m	\$560m
Residents	13	23
Residency Programs	3 (Administrative, PGY1, Critical Care)	11

One thing that I'm proud to say has never changed is that much of we continue to do still centers around our residency training programs. Our successes are still largely due to the commitment and hard work of pharmacy residents. We continue to push residents far beyond their comfort zones in terms of making decisions, leading and responsibility. We continue to view change as an opportunity to succeed, and we've maintained a consistent vision for pharmacist's accountability as patient care providers.

**So, what has changed?** What has our legacy become as a department? I think there are 4 key things that define our legacy from the past 12years, and what we've achieved, we've done through constant re-evaluation and improvement of our programs to better serve our patients.

- 1. We've optimized the integration of pharmacist patient care services, logistics, and patient access to medications.** To be more specific, I believe we've developed novel systems and programs in terms of integrating pharmacist patient care services, with very comprehensive drug delivery and business program. These programs are supported by pharmacy technicians and other support staff providing prior authorization and financial assistance service to assure patient medication access and simultaneously maximizing organizational financial performance (e.g.; revenue). Why is this important? Because clinical, logistics, and access are all three needed together to assure patient adherence. We've been very proficient with producing a business case for obtaining the resources to make these new services happen. We now have over 20 pharmacy technician FTE involved in supporting patient transitions in care and medication prior authorization and access services, so pharmacists can focus on patient care services and lead the team. This has led to the implementation of a

very progressive specialty pharmacy program that is responsible for huge revenue growth for the organization and better care for our most complex patients. We've leveraged ownership of the revenue cycle to achieve this.

**2. Innovative residency training programs and residency expansion as a means to foster department growth and success.**

- a. Medication Systems and Operations (MSO) two-year PGY1 and 2 residency training program (world's first accredited MSO program);
- b. Specialty Pharmacy two-year PGY1 and 2 residency training program (world's first accredited two-year specialty program);
- c. PGY1 Community Pharmacy residency training program;
- d. Expanded PGY2 residency training programs (Infectious Disease, Oncology, Transplant, Ambulatory Care and Informatics);
- e. A growth rate of one new resident position per year has been achieved within the department;
- f. Commitment to continuous improvements in all programs and leadership training within all programs;
- g. Throughout their two years with us, our residents gain significant exposure to all aspects of pharmacy services that are fairly well developed.

**3. Advanced professional practice roles for pharmacists in many areas, and improved integration of learners into our practice model to extend our capabilities and services.** Examples of pharmacist patient care role expansion include antimicrobial stewardship, infectious disease stewardship, the establishment of a pharmacist as part of the patient care team in new areas including the hospital-based infusion center, many UW Health primary care and specialty clinics, the stroke team, the nutrition support team, the acute care for elders team, advancing the pharmacist role in both inpatient and ambulatory immunization services, the establishment of pharmacist coordinator roles in the areas of oncology, infectious disease and anticoagulation management, and the establishment of remote after-hour pharmacist patient care services for our regional partner hospitals. Learners have been better integrated into our care model to expand the capabilities of all pharmacists through development of a robust pharmacy student intern program for second and third year pharmacy students and the state's first advanced professional practice experience residency track (APPE-RT) program, as well as through pharmacy

student clerkship rotation expansion in all care areas including within the department's leadership team. Both the internship and APPE-RT programs emphasize longitudinal leadership development for students to provide them with the foundation needed to succeed in residency training programs as well as future leaders within the profession.

- 4. Informatics infrastructure.** The department has built an informatics support infrastructure centered around the Epic electronic medical record platform consisting of over 15 full time pharmacists and technical analysts who are accountable for all things medication related in the electronic health record. This includes medication record building, implementing safe medication ordering and administration processes, automation and technology interface management including smart infusion pumps, creating and maintaining preference lists for physician groups, clinical decision support, clinical knowledge database oversight, e-prescribing, drug information and other third party medication information management, data analytics, medication billing and reporting. This team of experts reports through pharmacy and has a dotted line relationship with Information Technology Services as they must cross the chasms daily between the pharmacy and IT world. Pharmacists on this team maintain a clinical practice within our department and are embedded within the department's operational and clinical decision making infrastructure, and they also work to enact all P&T Committee decisions within the electronic medical record. They are skilled in the principles of change management and collaborate closely with professionals from many patient care disciplines. This team participates heavily in our training of pharmacy students and pharmacy residents, and clinical informatics is essential to our ongoing success in assuring value-based care that improves patient outcomes, quality, safety and the patient experience while simultaneously controlling costs.

Our philosophy has been that this expertise is essential to assure safety and efficiency across all phases of the medication management process as the organization has deployed a comprehensive electronic medical record. The work of these individuals supports evidence-based care and through their work we strive to bring important information about patients to pharmacists and physicians to enable us to most efficiently expand their capabilities. All of our informatics pharmacists have clinical backgrounds and as I stated maintain a clinical practice and this focus has created expanded career paths for pharmacists and

technicians and new ways for them to influence high quality patient care.

**Next, I'd like to turn my attention to what impact the program has possibly had on our profession over the past few decades.** To do this, I will first refer to the results of the recent survey I completed of past UW residents who have completed the program since 1992. In this survey, I had 76 responses for a 37% response rate.

1. 1,865 resident have been trained by past UW residents. Assuming 37,000 residents have graduated nationally since 1992, if you extrapolate the response rate to the full allotment of past residents (based on just our 37% response rate), it is very possible that 13% of the nation's residents have been trained by past UW residents since 1992. That is quite a bit of influence from just one program.
2. 1,387 invited state or national presentations (average of 60 per year).
3. 801 professional journal articles authored (average of 36 per year).
4. 63% of our graduates have been hired by past UW residents.
5. 34 elected national positions (average of 1.5 per year)
6. 34 past residents currently in "executive" roles
  - a. 3 Vice Presidents
  - b. 30 Directors of Pharmacy
  - c. 1 School of Pharmacy Dean
7. An average of 15 national council or committee appointments per year.
8. 11 Past Presidents of state pharmacy societies.
9. 9 past treasurers or board members of state pharmacy societies

And in terms of the program's impact on the profession, I believe the influence and legacy of the Wisconsin Resident Network is stronger now than ever before. Past UW residents routinely hold formal leadership roles in state and national pharmacy organizations, and they are regularly on stage at most national pharmacy organization meetings sharing their work with colleagues. Administrative residents who have come through the program over the past ten years have much to do with this success, as they have strived to carry on the traditions of legends that preceded them in the UW residency program. This group that has graduated from the program since my tenure as pharmacy director has made me very proud. We are producing folks who are ready to lead pharmacy services in the most complex healthcare environments. I believe our future is in very good hands with this group.

***III. My hopes for the future of our profession, and how I believe past and future Wisconsin Residents can work to further expand the Wisconsin Legacy on a national level.***

Today's healthcare environment is changing fast. These are turbulent times and things will not get any easier. Economic forces and politics will continue to challenge us and create constant change. We will need to be nimble in responding to whatever unpredictable challenges we might face. We can no longer just solve problems. We must fix systems, empower people and bring new ideas and innovations forward in order to stay relevant. Payment models and mandates will continue to reward the provision of higher quality care and service at a lower cost.

Thus, here are some of my top priorities in order for us to stay relevant in the future.

1. **Ambulatory care.** We must work aggressively to assure comprehensive, integrated care for our patients throughout the continuum of care, including all transitions in care in and out of our health-systems. Ideally this will develop through expansion of pharmacist patient care services within the health system pharmacy enterprise. However, while we may operate most efficiently when responsible for providing every service to any given patient, we must be willing to integrate selected services of providers external to our systems on behalf of our patients. We should assure accurate patient medication information is accessible when needed to all providers of care. We must partner with physicians collaboratively to increase the scope of pharmacist practice in managing post-discharge patient care. We must push aggressively to expand pharmacist presence into the primary care and complex care clinic setting as providers. This will most likely require a shifting of inpatient pharmacist resources into the ambulatory care setting. We must also think differently about how we use students and residents to provide ambulatory care services. We will need them to help expand pharmacy care models in both the inpatient and ambulatory care settings under lower cost structures. We must deploy them as pharmacist extenders to broaden the population of patients our pharmacists can effectively care for. And we must be careful do this in a manner that leverages pharmacy technicians and technology to assure we maintain a high quality of care for our inpatients.

- 2. Specialty Pharmacy.** We must quickly establish and grow health-system based Specialty Pharmacy programs, and we must do it now before it is too late. This is about providing the best possible care for our complex patients and preserving revenue. We must demonstrate for payers and physicians that patients who use our health-system based specialty pharmacy programs achieve better outcomes at lower costs compared to national specialty pharmacy providers. We must also reshape the focus of our P&T Committees to take on more of a Population Health perspective when it comes to managing high-cost biologic medications, particularly drugs used in cancer care, and other very high cost infused biologics used to treat a small number of patients in the specialty disease areas. We must work very closely with medical staff to include not just an evidence-based approach, but a “value” approach to managing these medications. Pharmacists must be aggressive in saying “no” to high cost drugs that provide little to no value, and be accountable for assuring specialty medications achieve intended results for patients. Lastly, we must prepare for rapid transitioning of high cost drugs from the medical to the pharmacy benefit, and be prepared to serve our patients in all sites of care.
- 3. Physician executives.** Physician leaders are growing in number they are likely to play a much greater role in healthcare decision making and allocation of resources in the future. Physicians already occupy top leadership roles in seven of the top-ten largest health systems in the US, and this trend is quickly expanding. We have a tremendous opportunity to leverage this trend and to use it to our advantage. We must take the time to build strong alliances with key physician leaders in our organizations, and exert our business and leadership skills in non-traditional ways to help them drive our organizations to success. Taking this approach may help to strengthen our roles as formal leaders within our health systems. It’s imperative that we position ourselves as partners with physicians rather than competing with them as some other healthcare professions are poised to do.
- 4. Executive presence.** It’s important that pharmacy leaders learn about and achieve a level of “executive presence”. This has to do with how you communicate and manage your presence in a room, and how you command attention through being concise, compelling and graceful. Executive presence is a relatively new term, but not a new concept. Often aspiring pharmacy leaders don’t achieve their goals or get promoted to chief pharmacy officer positions or get the resources they

need to advance their departments because of how they come across to others. How others perceive you is a large determinant of one's success, and having a lack executive presence can make you unsuccessful. There is an excellent book on this topic by Paul Aldo that is a must read. Then after reading the book, it's important that you critique yourself, study others who have executive presence, and work to apply the principles into your own actions and see what happens. When you have the opportunity to attend educational sessions on this topic, I suggest that you do so. And in turn begin to education your students and residents on the concepts and importance of executive presence and work to expand awareness about its' importance into your leadership teams.

5. **Demonstrate Value.** Value-based health care is now a focus of the health care industry, meaning improving the health of populations while reducing costs. We must spend time better understanding the concept of "value", and apply value principles to healthcare decision making. I suggest that you all read Pat Cory's 2013 PSW Presidential inauguration address which is available on the PSW website ([www.pwsi.org](http://www.pwsi.org)). In this address, Pat called on us to do several things which I agree with:
  - a. Find ways to stop doing what does not provide value, and shift those resources to what does, days of adding FTE are ending;
  - a. Measure and share outcomes, all the time, without being asked;
  - b. Be more outward thinking, and less pharmacy-centric;
  - c. Develop technicians to take on broader roles;
  - d. Don't let regulatory or legislative boundaries limit your vision and thinking, and don't let them limit what you actually do!

Please embrace Pat's call to action in your own practice, and teach these principles to your learners.

6. **Leadership in pharmacy professional organizations.** I ask that you make a commitment to stay very engaged in professional organizations, and to contribute. There exists what I believe to be a "90/10 rule" that I've seen in my work with professional organizations – 90% of the work is coming from 10% of the participants. This needs to change. We need to push people who wish to participate for the sake of their CVs to either contribute or step aside. As you lead committees and projects within pharmacy organization, please be sure to have high expectations for yourself and for others. In the words of Lee Iacocca, "lead, follow, or get the hell out of the way". Fortunately, as UW residents it is in our DNA to be eternal optimists who see the opportunity in every difficulty, as

opposed to taking the pessimistic view that is all too often taken by our colleagues who see the difficulty in every opportunity.

7. **Accountability within our profession.** I'm concerned that pharmacists are often first accountable to themselves and to other providers, rather than to patients and the organization from which their paycheck comes. As leaders, we must insist upon accountability within our departments. Strong leadership will be necessary to close the gap between routine pharmacy practice and pharmacist full accountability for achieving optimal patient health outcomes. As leaders we must instill cultures of accountability for positive clinical and financial outcomes, and design systems of care that enable these results.
8. **School of Pharmacy Curriculum Modernization.** There are many areas where School of Pharmacy Curriculum need to be modernized, in the areas of leadership, specialty pharmacy, systems engineering, genomics and data analytics to name a few. While we can't change the ACPE standards, we do have the ability to partner with School of Pharmacy faculty to influence this and make a difference in the skill sets and knowledge of students we produce. I call on all past UW residents to take on a leadership role in partnering with their local schools of pharmacy to this regard.
9. **Perpetual optimism.** Have perpetual optimism, which will have a rippling effect on others, setting the bar higher for achievement.
10. **Eliminate divisiveness within the profession.** I will offer a year's worth of spotted cow to any past resident who can effectively eliminate the terms "clinical", "interventions", "staff" and "specialists" from our profession's vocabulary.

It won't happen overnight, but if we focus, work hard and collaborate, progress will be steady and we will achieve more than we ever thought possible. We are Badgers! We must work to expand our influence more broadly. We must figure out how to spread the fire and passion that we have to others to foster success within our profession.

#### ***IV. The importance of leaving a legacy, and thoughts on my own legacy.***

In exploring this concept over the past few weeks, I've learned that I need to start thinking more about this topic. It's humbling to think of the legacy that the three prior contemporary UW Hospital pharmacy directors have left, and I often wonder if they were at all aware of the legacy they were creating at the time it was happening. It's very difficult at this stage of my life to think about defining a legacy strategy, probably due to the depth and breadth of what I deal with day in and out, and the fact that progress is often measured over the course of years. I'm not making excuses, but at this stage of my career, I don't yet know exactly what my legacy has been (if anything) or what it may end up to one day be. I realize that this needs to change, and I intend to start thinking more about it. I'm very lucky and excited to have many years left in my career, and I'm grateful for the opportunities in front of me, as I will have the chance to further define my legacy, as will all of you.

However, I do have a few thoughts on what my legacy might be at this point in my career, or in the future. It could be any number of things:

1. Someone who truly cared, to the highest level, about the ideals that Win Durant set;
2. Someone who assured continuous progress throughout his sustained leadership at UW Hospital, leaving the residency program better off than he found it;
3. Someone who has displayed passion over the past ten years around legacy development in the UW Residency Program, and leadership development nationally, and the advancement of health system pharmacy practice;
4. Someone who exemplified a philosophy of sharing liberally and completely to have an impact well beyond the Wisconsin program, to help others succeed; or
5. A leader of significant constructive change at the local, state and national level who volunteered time to drive transformational events in our profession to help others succeed through a variety of positive activities.

All of these things would be fine. Or, maybe it's none of these things. Maybe it's much simpler than that. Maybe it's sitting right in front of me, in this room, in those who I've trained. And maybe it's about those who are sitting at the head table who are the most important part of my life and the greatest legacy that I will ever leave behind. Yes, maybe it's about being a great Dad, a great friend, a great colleague, sharing, helping others succeed, and maintain a positive outlook. Nothing after all could be more important than these things.

## Conclusion

The residents I've trained know I love quotes. Since this award is given for achieving success, and the notion of my talk is leadership, I'd like to share a few of my favorite quotes and some final thoughts on the topic of legacy.

First, one of my favorite quotes from Jim Collins, the author of *Good to Great*. "*Greatness is not a matter of chance. Rather, it is a matter of conscious focused choice and discipline*". Your attitude, and your behavior and activity or inactivity, are all a matter of choice. And so is your success. Great accomplishments require hard work and perseverance, constantly making good decisions.

Second, I'd like to share a quote on vision. "*People are not inspired by higher net margins, nor for a long time, by higher paychecks. They are, however, inspired by something to believe in*".

As past UW residents, to be a leader is our calling. I believe that leadership is a privilege, it's not a job. It is not easy and it doesn't always make you popular, but it can be very rewarding and very fun. As leaders, we must provide purpose, hope, trust and results to succeed. These things are easy to say, but can be difficult to do in the face of adversity. Never give up!

I believe Legacy is very important. But as I stated earlier, this is something I've just started thinking about in terms of myself. Through my reflections over the past few weeks about this talk, I've discovered the importance of having a legacy, and I've discovered that mine at best is just partially written. I have a lot more still to do, and I am still thinking about how I continue to pay it forward. Through this reflection, I've discovered that simply being successful in one's job is not synonymous with leaving a legacy.

So, past residents of the UW program, I have a few challenges for you. Think if you won the lottery today. Is your legacy at this point what you would like it be? And if not, what are you going to do about it? All of you have the potential to build a legacy, please begin to do so. I challenge you to consider whether your behaviors and actions are consistent with the legacy that you hope to leave behind. Start planning your legacy now.

I challenge you to continue to work hard to drive practice of pharmacy forward in your organizations to advance the care of your patients. Please stay engaged in professional organizations and with one another. To be

successful in the future, you are going to need to have ice in your veins. You must remember that there are no problems, only opportunities. You must innovate, lead and stay very disciplined about presenting your work nationally and please step up your discipline in publishing your work.

I am so incredibly proud, honored and lucky to be in the position I'm in today, and I hope along the way that I haven't let anyone down. Thanks to Win for leaving behind his legacy. Thanks to Tom and Dave for the legacy they've established and for the many years of battles they fought to provide us with a program and department that's easy to take for granted but never should be. Thanks to all of you, my Wisconsin Family. I am truly honored to be part of this group! I thank you for trusting me with carrying out the traditions and legacy of our residency program and department. I know how much this program, its history and its future mean to all of you, and I promise you I will continue to do my best not to screw it up.

Thank you for this honor and for all of my great Wisconsin Resident memories. I am proud to have been a Wisconsin resident, and I honored to receive this award.

You are the Wisconsin Pharmacy Legacy. Go Forth and Innovate! On Wisconsin!