

North Dakota Institute of Pharmaceutical Care
(fn: strategic plan-ND Institute of Pharmaceutical Care)

Strategic Plan
6-20-12

Since 2003, Dr. David Scott has been the Institute's Director. Three faculty members [Dr. Daniel Friesner (economics), Dr. Mark Strand (epidemiology and health behavior), and Dr. Donald Warren (health disparities)], have strengthened the Institute's assessment capabilities. In 2012, the Institute has reorganized to expand its mission of promoting and assessing public health activities. The mission statement and action plan steps are described next.

Mission Statement

The North Dakota State University's (NDSU) College of Pharmacy, Nursing, and Allied Sciences serve the state and region through its programs in pharmaceutical education, research, patient care, and public services. The North Dakota Institute for Pharmaceutical Care is an outreach arm of the College. The Institute exists for the purpose of helping pharmacists and other health professionals improve their practice and providing them with a ready source of assessment skills.

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Action Plan Steps

- A. **Pharmaceutical Care.** Respond to the needs of practicing pharmacists in North Dakota by working with them to upgrading their knowledge, skills, and practices through the Institute's outreach programs.
1. Identify and provide national and state training programs ("About the Patient") that meet pharmacists' needs (i.e., diabetes, pain management, asthma).
 2. Develop and implement disease state management certificate programs in areas where there is a significant number of pharmacists with a need, or in areas where programs are not yet developed (e.g., cardiovascular, depression, oncology).
 3. Assess the impact of the ND pharmaceutical care activities through the ECHO (economic, clinical, humanistic outcomes) model approach.
 - a. Economic outcomes
 1. Assist development of business plans for PC programs

2. Compare telepharmacy sites and non-telepharmacy sites
3. Compare rural vs. urban areas

b. Clinical outcomes

1. Biomarkers of MTM and specific DSM programs
2. Impact of patient counseling and medication adherence

c. Humanistic outcomes

1. Patient satisfaction
2. Quality of life (SF-12) and specific instruments for certain disease conditions (e.g., asthma, diabetes, hypertension, pain management)

B. **Public Health.** Work to develop and assess public health programs in the state, region, and nation.

1. Develop and assess an interdisciplinary model of training practitioners and students at sites across ND (e.g., ND Dept. of Health, Tribal communities, Sanford Health).
2. Develop and assess health disparities program in urban and rural areas.
3. Using the Healthy People 2020 objectives, develop and assess prevention programs in urban and rural areas.
4. Participate with national organizations (AACP) to develop assessment activities (e.g., Pharm. D/MPH dual degree programs, need for certificate training programs).
5. Assess specific and cross-cutting course competencies in the new MPH program as a whole and the specific pharmacy tracks.