Culture trumps strategy

We must encourage the next generation of pharmacists to keep looking over the horizon and not be limited by what they can see today.

William E. Evans

Let me begin by saying how honored and humbled I am to be the 2012 recipient of the APhA Remington Honor Medal. This is a tremendous honor for me, but please know that in giving me this medal, you are in fact honoring the work of many. In this summary of my remarks at the Remington banquet, I will mention a few of these people, but for each person I mention, there are hundreds who will go unnamed. Those I will mention have each provided me with incredible guidance and opportunities along the way, and each has contributed to creating a culture that encouraged me to reach beyond my comfort zone, without boundaries artificially defined by professional credentials.

My overarching theme for tonight is about the importance of the culture we work within, how critical that was for me, and how important I think it is in shaping our profession going forward.

My first real exposure to the Remington Medal was in my final year of pharmacy school at the University of Tennessee (UT), when Grover Bowles, a fellow Memphian, received the 1973 Remington Medal. As a young pharmacist (or soon to be so) I was inspired by Grover’s words: “If pharmacy has a real function in society then we have the right to professional freedom. We must exercise this right by getting rid of the inferiority complex which has been passed from one generation of pharmacists to the next. This calls for reorientation and a changing of attitude for many pharmacists. We must convince ourselves that pharmacy is an independent profession and that we can stand on our own two feet.”

I did not hear those words as they were spoken in Chicago 40 years ago. I didn’t have the financial wherewithal to attend an APhA meeting as a student—something our schools and APhA have done a great job of changing over the years.

In fact, I had a nice conversation with a student pharmacist on my flight down to New Orleans yesterday, I was sitting in 2B, and she was in 2A: don’t worry, in this era of regional jets, neither of us was in first class! I had overheard her chatting with another student from Drake University, so I asked if this was her first APhA meeting, and she confirmed that it was. For some reason, she did not ask me if it was my first meeting, but she did look at me and ask, “Are you speaking at the meeting?” I offered that indeed I was speaking on Sunday night at the Remington Honor Award banquet. Realizing that I was receiving the Remington Medal, she asked the critical question, “So what did you do to deserve this?” After reflecting a few moments, I smiled and said that I think it is because I have done a variety of things with many great people over a long period of time, and then I politely changed the subject.

Even though I was not in Chicago to hear Grover’s speech, I did read Grover’s words in the Journal of the American Pharmacists Association, and they encouraged my initial steps of independence and they pushed me to shed any elements of an “inferiority complex” that I might have had as an aspiring young pharmacist.

I think that played right into the genes I inherited from my mother, who was not shy about taking on new mountains. Fortunately, the genes I inherited from my father provided the sensibility to not actually try to climb all those mountains.

So, how did I arrive at this moment 40 years later, having charted a somewhat unconventional career? First, I should tell you that when Tom Menighan called me one Sunday evening in January to tell me that I had won the Reming-
It all began when Charlie Warren hired me as a delivery boy at Warren’s Apothecary just after my 16th birthday and he let me watch his clinical practice in the 1960s. For the young pharmacists and students in the audience, in those days Benadryl capsules and steroid cream were prescription drugs! Charlie showed me how a pharmacist, even with a limited armamentarium, could directly influence the health of patients, either in his pharmacy or via his influence on the group of physicians whose practice was in contiguous space. He fostered a “culture of creativity”; he was also more inclined to ask for forgiveness than ask for permission as he pushed the boundaries of pharmacy practice. This is consistent with Rear Admiral Giberson’s comments at the APhA2012 Second General Session, where he said pharmacists should worry less about measuring everything to prove it is good, and just start doing it! I should also point out that Charlie’s practice was quite financially successful, yet filling 100 prescriptions in a single day was so rare that it was a reason to celebrate. I saw him succeed on quality not quantity or price.

Charlie was also the first to point out that my interests in chemistry and math were a much better fit with pharmacy than medicine or dentistry—career options that were on my list at the time.

I next encountered Gary Cripps, Jim Eoff, and Dick Feurt, who were chair and vice-chair of clinical pharmacy and dean of pharmacy at UT. Gary and Jim taught me therapeutics and then they convinced Dean Feurt to hire me as a neophyte faculty member. Together, these three introduced me to academic life and told me to find something important to work on that would capitalize on my skills as a pharmacist. “You like math and most physicians don’t. So let that be your strong suit.” (That was when pharmacokinetics was on the rise.) Gary also offered a lot of sage advice, for example he told me to “find a career where you are not constantly looking forward to the weekends.” After Gary retired as department chair, he was replaced by Bill Miller, who pushed me even harder. These pharmacists espoused a “can do culture” in the early 70s when the clinical practice of pharmacy, as we now know it, was just getting a foothold.

Then, I began to watch from afar what Gary Levy was doing at SUNY Buffalo: publishing rigorous pharmacokinetic studies of medications and then using that science to understand individual differences in drug response. Gary was National Institutes of Health (NIH) funded, but he did not hold a PhD; he had “only” a PharmD, and that showed me that it was possible to obtain NIH funding for the work I wanted to do. And I knew that NIH funding was a currency that was broadly understood throughout pharmacy, medicine and all of academia. Gary espoused a “culture of quality” and showed me that at the end of the day, it was the quality of the output, not the degree of the investigator, that would carry the day. I would also note that Les Benet at University of California, San Francisco saw my first NIH grant, and he offered be great advice and encouragement to revise and resubmit after it was initially disapproved by

William E. Evans, PharmD

William E. Evans, PharmD, is CEO of St. Jude Children’s Research Hospital and holds an Endowed Chair at the University of Tennessee College of Pharmacy and Medicine. He serves on several boards, including the Board of St. Jude, the Board of Trustees of Rhodes College, and the Board of Scientific Counselors for the National Cancer Institute (NCI). His research focuses on the pharmacogenomics of anticancer agents in children, funded by three consecutive National Institutes of Health MERIT (Method to Extend Research in Time) Awards from NCI (1987–2015). He was elected to the Institute of Medicine of the National Academy of Sciences in 2002. Evans has authored more than 300 articles and has received several awards for his research, including the 2009 Pediatric Cancer Award from the American Society of Clinical Oncology (shared with Mary Relling) and the 2009 Team Science Prize from the American Association for Cancer Research. Since becoming CEO in 2004, St. Jude has been ranked annually in the top 10 best places to work in academia by The Scientist magazine (number one in 2006), has been ranked number one children’s cancer hospital by Parents magazine (2009) and US News & World Report (2010), and was listed by Fortune magazine among the 100 Best Places to Work (2011). St. Jude is the only NCI-designated comprehensive cancer center devoted solely to children. Evans received his BS and PharmD degrees from the University of Tennessee Health Sciences Center in Memphis in 1973 and 1974, respectively. He began his affiliation with St. Jude as a clinical pharmacy resident in 1973–74. He joined the hospital in 1976 as a research associate and hold various academic and administrative positions, advancing to his current position as CEO in 2004. During this time, he has also held various academic posts at the University of Tennessee Health Science Center in Memphis.
the NIH study section. That was a great importance, and ultimately led to my first NIH grant being funded.

Next, Larry Barker hired me at St. Jude, first as a student in 1972 and then as a pharmacist in 1976, and he gave me a front-row seat to witness pharmacy innovation in action. Larry was a director of pharmacy who was ahead of his time, he had computerized pharmacy operations using a computer that was literally bigger than a Buick and less powerful than the cell phone in your pocket, but he knew that was the future and his focus was on getting there. And I was fortunate to find a CEO at St. Jude like Don Pinkel, a physician who embraced multidisciplinary care and translational research before they were en vogue. Larry, Don and their colleagues at St. Jude created a “culture of collaboration” that cut across all health care disciplines, and embraced the contributions of everyone. I work hard to strengthen that culture every day.

I was very fortunate to work with so many people who looked beyond boundaries and focused on possibilities. All of these people were (and are) leaders who established an “inclusive culture” that valued the opinions and ideas of everyone, from delivery boy to student to director.

Why am I sharing all these people and experiences with you? It flows to the title of my lecture: culture trumps strategy. Yes, we all need strategies for our careers, our departments, our institutions, but if we have a strong strategy in a bad culture, then I would argue that really great things are not as likely to happen.

These people showed me the power of a culture without strict boundaries, a culture of collaboration, compassion, innovation, and quality.

I should point out that the culture of SJCRH actually began with Danny Thomas, who was a dreamer and a visionary. In the 1950s he decided to repay society for the success he had as an entertainer, an actor and a Hollywood producer, by establishing SJCRH. Danny had this crazy idea:

- He decided to launch a research hospital to find cures for kids with cancer (considered incurable in 1962).
- He decided to put it in Memphis, TN (not a hotbed of academic medicine).
- He decided to have it open to everyone, regardless of race, religion, or creed (unusual in the south in the 60s).
- And he decided to never charge patients for anything, which was essentially unheard of.

Who would have predicted success for that business model?

Yet this year we are celebrating our 50th anniversary at St. Jude, and during that half century St. Jude has achieved success on many fronts:

- Cure rates have risen across the board: from 4% to 90% for acute lymphoblastic leukemia, the most common cancer in children, and from 20% to more than 80% for all childhood cancers, and St. Jude has played a major leadership role in this effort.
- Research has excelled: 600 research papers/year, about $100 million/year in NIH funding, a Nobel Prize, two Lasker Foundation awards, three National Academy of Science members, six Institute of Medicine members, and the list goes on (and now includes one Remington Medal Award!)
- Institutional recognition: St. Jude has been ranked the number one children’s cancer hospital by US News & World Report and Parents magazine, has been number one in The Scientist magazine annual rankings of best places to work in academia, has been listed among Fortune magazine’s 100 Best Places to Work, and did not have any RFIs (Requirements for Improvements) on the most recent Joint Commission survey.
- And I should add that care at St. Jude is still free for everyone today.

St. Jude’s success is part mission, part strategy, and part culture. Danny knew the importance of mission and culture. (He left strategy to the professionals.) What Danny and Don Pinkel did to establish the culture was a lot of little things: putting clinicians and scientists together under one roof, having one cafeteria for everyone (doctors, scientists, pharmacists, patients, families, donors, and visitors), building shared resources that promoted collaboration and innovation, and recognizing excellence of teams and not just individuals.

It was also about valuing the work of everyone, from the people leading departments to the people answering the phones and cleaning the floors. This balance of inclusiveness and camaraderie in a culture of collaboration and innovation is one reason why St. Jude continues to be listed by Fortune as one of the best places to work in America. People love the mission, but they also really like being valued.

This culture has shaped the lives and careers of thousands of people like me, in addition to millions of patients who have benefited from its discoveries and treatment advances. I think one reason we continue to enjoy strong support from our donors, from middle America to corporate America, is because they too are touched by the good they do in supporting our mission of finding cures and saving children.

So, what is my take home message tonight? Most of us in the room are at a stage in our professional careers where we can influence the culture of our institutions and our profession. We must take advantage of that and take steps to ensure the next generation of pharmacists finds a culture where they too can flourish and where they see beyond current boundaries. Help them see the limitless possibilities that we have as pharmacists and tell them that their current vision of what they can do is not sufficient to see all the possibilities that lie ahead. I never dreamed of becoming CEO of SJCRH, and I did not chart my course with that in mind. When the chair of our board—a prominent Boston attorney—was developing my contract as the new CEO, he took the prior CEO’s contract and started making modifications. When it came to the part about “the CEO must maintain his/her medical license,” he asked me if that should just be removed. I said, “no, just insert the word pharmacy in place of medical,” and that is the way it is today.

While today is a great time to be that
young student pharmacist in seat 2A next to me, it is also a wonderful time to be sitting in 2B and doing what we can as professional leaders to ensure the next generation succeeds beyond their wildest dreams.

At the beginning of my journey, when I was a young pharmacist and Grover was saying to shed our inferiority complex, I was hearing him tell me to keep looking over the horizon and to not limit my future by what I could see today. It is our time and our duty to plant that seed and create that culture for the next generation of pharmacists.

As I conclude, there is one very special person I want to single out for bringing me to this moment and for bringing so many high points to my life; she happens to also be a pharmacist. In fact, I want to thank her for all she has done not only for me but for our profession, and that’s Mary Relling. She’s an incredible clinician, scientist, and leader, and her partnership in every aspect of my life makes it richer every single day. Of course that, and my daughters and our granddaughters are the greatest prizes of all. Merci beaucoup, ma chérie.

I thank APhA for this terrific honor, and I encourage each of you to inspire young people to join our profession and then help them become more than they think they can. With genomics and technology and personalized drug therapy, the opportunities in pharmacy today are more limitless than ever, and hey, you never know where your next delivery boy might end up!

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Do you have one or more photographs from a recent trip that you would like to share with your colleagues in pharmacy? The JAPhA editors are seeking color photographs for the front cover of the journal and for inclusion at the ends of Science & Practice articles. The photographs should be artistic, high-quality shots of nature, landscape, or city scenes containing no identifiable people. If you have photographs that might fit this bill, e-mail the images to the Editor at mposey@aphanet.org. If your submission is chosen for inclusion, the editors will contact you for a high-quality image and the necessary permissions to use your work in the journal.