Developing a Business Case for Advancing Pharmacy Services

Presented by:

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Objectives

- Develop a successful business proposal to justify a new clinical program, service or personnel
- Describe the key elements of a good executive summary
- Discuss strategies for securing resources from senior administration
- Produce a good return on investment (ROI) analysis that sells
Optimizing Pharmacy’s Value Equation

- Stewardship of Resources
- Supply Chain Optimization
- Revenue Cycle Optimization
- Entrepreneurial Diversification
- Leadership in Clinical and Operational Research
- Rational drug budgeting and forecasting
- Satisfied Employees/Providers
- Annual Goals to Improve Quality/Margin
- Clinical Quality Distinction and Compliance
- Safe/Efficient Medication use Process
- Rational drug budgeting and forecasting
Project/Business Plan

- Document outlining the external services you are trying to provide for a potential “business” partner (stakeholder)
- Provides vision, lists objectives and provides task lists aimed at the completion of the project
- Should be written to the level of the audience (administration vs. clinical)
- Includes appendices of the work that has been completed (ROI, charts, etc.)
- Remember... this can be thought of as a marketing guide or your “sales pitch” (stress the positive aspects of plan, minimize negativity)
Project/Business Plan

Key Components of a Project/Business Plan

1. Executive summary
2. Table of contents
3. Background
4. Proposal of services to be provided
5. Benefits of the proposal
6. Resource requirements and financial implications
7. Milestones, schedule and action plans
8. Summary
9. Supporting documentation/appendices
Executive Summary

- High level overview, maximum of 1 page, lots of bullet points
  - Proposal (1-2 sentences about your program)
  - Background (succinctly make case for change)
  - Benefits to the organization (link to organizational goals)
  - Financial analysis
  - Conclusions
- Don’t include anything not in the rest of the material
- Think of this as your “abstract”
- May be all that is read by people at higher pay grades than you
Background

• Key literature review
• Best practices
  • Gap analysis versus desired state
• Current situation in the organization
  • Regulatory
  • Quality/safety
  • Finances
• Why is this important anyway?
  • Any data supporting the need for the project
Proposal of Service to be Provided

- Succinct statement of what you want to do and why
  - Strive to be very clear, succinct, believable
- Target patient population of unit
- Proposed activities, hours of service
- Interaction with other departments
- Commitment of resource
- May highlight alternative routes
Example Proposal Statement...

• What are you proposing (text)?
  – To increase patient safety, meet Joint Commission requirements and decrease costs associated with adverse events, the Pharmacy and Therapeutics Committee proposes implementing a pharmacist-based anticoagulation monitoring program.
Benefits of the Proposal

Sell based on organizational goals, look for win-wins

- Patient safety (reduced error)
- Patient satisfaction
- Provider satisfaction
- Operational efficiency
- Cost savings/avoidance
- Continuity of care
- Reduced readmission rates
- Revenue growth/capture
- Reimbursement
- Patient outcomes
- Regulatory compliance
- Quality indicators
- Education/research
- Improved throughput/MD efficiency
Establishing Credibility with Payers and Senior Leadership

- Set aggressive cost reduction targets and achieve them
- Request that savings be used to fund new services and quality initiatives
- Constantly educate them on what we are doing to improve the bottom line
- Help them “define” quality when you demonstrate it for them
  - Be simple, be clear in educating and defining what you mean
- Show pharmacy as a value driver, not a cost center
  - Always sell the clinical role of the pharmacist
  - Provide frequent evidence of the value of your clinical programs
- Engage physicians and build strong relationships
Clinical Pharmacy Services
“Highest Return on Investment in Healthcare”

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowest</td>
<td>$1.08 : $1</td>
<td>$1.7 : $1</td>
<td>$2 : $1</td>
</tr>
<tr>
<td>Highest</td>
<td>$75.84 : $1</td>
<td>$17.01 : $1</td>
<td>$12 : $1</td>
</tr>
<tr>
<td>Median</td>
<td>$4.09 : $1</td>
<td>$4.68 : $1</td>
<td>$6.40 : $1</td>
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<tr>
<td>Mean</td>
<td>$16.70 : $1</td>
<td>$5.54 : $1</td>
<td>$6.70 : $1</td>
</tr>
</tbody>
</table>


Resource Requirements/Financial Implications

- Labor expense (salary plus fringe)
  - Pharmacists
  - Technicians
  - Others
- Supplies
- Travel
- Computer
- Office
- Return on Investment (ROI) analysis
Milestones/Action Plans

• Be specific
• Use Gantt charts and tables to show organizational sequence
• Have clear actions and timeline (proposed schedule)
• Measures of success to build credibility
  • What indicators will be used (process, outcomes)?
  • Who is responsible for auditing, measuring and reporting?
  • How often will it be collected and reported?
  • How will the report be shared?
Summary

• Conclusion
• Succinctly tell ‘em what you told ‘em
  • Proposal
  • Benefits
• Know the organization’s strategic plan and link to it

1. Executive summary
2. Table of contents
3. Background
4. Proposal of services to be provided
5. Benefits of the proposal
6. Resource requirements/financial implications
7. Milestones, schedule and action plans
8. Summary
9. Supporting documentation/appendices
Example Summary Statement...

- University of XXX Medical Center should implement a pharmacist-managed warfarin dosing service which will reduce costs by $$$$$ / year, reduce adverse drug events, improve physician efficiency and satisfaction and meet Joint Commission requirements.
Supporting Documentation/Appendices

- ROI analysis
- Organizational fit and linkages (Practice, IT, Quality)
- Literature review (detailed) and/or detailed gap analysis
- Flow charts
- Pilot data details
- Detailed project plan with specific deliverables and accountability
- Letter of support from key stakeholder; especially physicians
- Reference
- Acknowledgements
Return on Investment (ROI) Analysis
Definitions of ROI

- A ratio that divides the net benefit by the total amount of the investment
- A straightforward financial tool that measures the economic return of a project or piece of equipment
- Amount of “bang for your buck”

\[
\text{ROI} = \frac{\text{Gain from investment} - \text{Cost of investment}}{\text{Cost of investment}}
\]
This afternoon – you paid $1,000 for 2 Super Bowl XLV tickets in Dallas, TX
This evening - your neighbor’s son wheedles you out of them for $1,200 (you fool)
Total invested = $1,000
Net benefit = $200

\[ \text{ROI} = \frac{(1200 - 1000)}{1000} = 0.2 \text{ or } 20\% \]
Why is ROI Analysis needed?

- Competing needs for limited capital/operating resources forces us to choose between various projects/investments.
- Increases the likelihood of optimal financial results from investments.
  - Helps determine if the implementation of the service or technology will result in positive or negative financial return.
Elements of a ROI

- Costs
  - Capital
  - Operating
- Financial return
  - Revenue/margin
  - Savings
    - Hard
    - Soft
- Benefit calculations
- Non-financial benefits
Costs

- Capital: Occur at year 0
  - Technology, equipment, remodeling
- Operating: Subsequent years
  - Drugs, labor, maintenance, supplies
Financial Return

- Revenue/margin
  - Growth
  - Charge capture
  - Reimbursement capture

- Savings
  - Hard savings
  - Soft savings
Hard Savings

- **Cost reduction (elimination of direct expense)**
  - Drug costs
  - Personnel/FTE removed from budget
  - Reducing cost of harmful medication errors?
  - Reduction in agency nurse use?

- **Cost avoidance (avoiding future expense)**
  - Slowing the drug cost trend curve
  - Preventing inappropriate use of a new drug
  - Adding robotic dispensing technology that will enable you to grow volume without adding new personnel
  - Preventing cost of harmful medication errors?
Soft Savings

- Patient safety (reduced error, preventing cost of harmful medication errors)
- Improved operational efficiency
- Improved throughput/MD efficiency
- Saved nurse/doctor time
- Reallocation of FTE
  - More nurse time at the bedside
## Model ROI Format

### Capital Purchase

<table>
<thead>
<tr>
<th></th>
<th>Year 0</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
<th>Year 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hand-held devices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Software and upgrades</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RF Network Installation</td>
<td>$145,000</td>
<td>$145,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Capital Expenses

$145,000

### Ongoing Operating Expenses

- **Annual lease expense for software and handhelds, including maintenance:** $600,000
- **Printer and paper supplies**
  - Quantity: 220
  - Actual Unit Cost: $0
- **Additional pharmacy technician labor (FTE) for barcoding and inventory/catalog maintenance** (2 FTE)
  - Cost: $82,701
- **Nursing project manager** (1 FTE)
  - Cost: $102,960
- **Additional nurse go-live support resources**
  - Cost: $75,000
- **Maintenance (included above)**
  - Cost: $0
- **Batteries for hand-held (included above)**
  - Cost: $0

### Total Operating Expenses

$863,161

### Ongoing Savings--Hard

- **Printer and paper supply cost avoidance**
  - Cost: $(22,000)
- **Bulk drug purchases less than unit dose medications**
  - Cost: $(92,000)

### Net hard savings

$(114,000)

### Ongoing Savings--Soft

- **ADE avoidance (see calculation below, conservative estimate applied)**
  - Cost: $(1,358,450)
- **Other benefits: nursing satisfaction, improved documentation accuracy, reduced litigation expenses, improved charge capture, patient confidence in care, public relations benefits**
  - Cost: $0

### Total Savings Potential including soft savings

$(1,472,450)

### Total Net Savings (Loss)--Hard Savings Only

$(145,000)

### Total Net Savings (Loss)--Hard and Soft Savings

$(145,000)

### Cumulative Net Savings (Loss)--Hard Savings Only

$(145,000)

### Cumulative Net Savings (Loss)--Hard and Soft Savings

$(145,000)
IRR

- IRR = Internal Rate of Return^2
  - The discount rate often used in capital budgeting that makes the net present value of all cash flows from a particular project equal to zero. The higher a project’s IRR, the more desirable it is to undertake the project.
  - Allows comparison vs. other capital projects

http://www.investopedia.com/terms/i/irr.asp
Where to Start?

- Start with an example business case that was approved in your organization
- Ask colleague elsewhere for a template
- Discuss with your boss BEFORE you share it with them
  - Most bosses hate surprises
- How many pages is it expected to be?
Helpful Hints

- Get a first draft ready in plenty of time to run it by 3-5 people for feedback
- Develop FAQs/talking points for your boss
- Build in assumptions for growth
  - “After the anticoagulation clinic enrollment is >300 patients, will add 0.5 FTE of technical support”
- Know your organizational strategic plan
- Know who has your back
- Get decision support involved early
- Give the credit away
Always **Think** About

- Who are your key stakeholders?
- What’s their WIIFM?
- What barriers might you face?
- How will you obtain buy-in?
- What are the one or two keys to your success?
- What will you measure to demonstrate value?
Keys to a Winning Proposal

- Know your numbers
  - Published literature and your own
- Make it personal with examples from your institution
- Highlight benefits to others in the system
- Use lots of figures, graphs, tables, large font
- Help your boss advocate for you
- Practice your “elevator speech”
Elevator Speech

- Quick 30-60 second overview of a service, project or proposal
- Perfect for communicating new initiatives to others outside of pharmacy
- Focuses on:
  - What the project/service is
  - Why it is important
  - What the results will look like (WIIFM)
  - What is needed from the receiver
Elevator Speech

What the project/service is
- I want to let you know about a new pharmacy service starting next Monday. Pharmacists will automatically assess your patient’s meds and adjust doses daily for their renal function.

Why it is important
- The Medical Executive Committee approved this project because many patients have rapidly changing renal function and it is often difficult for pharmacists to reach physicians to request dose changes when they are busy in the clinic or OR.
Elevator Speech

• What results will look like
  • This service should optimize drug therapy and result in fewer phone call interruptions for you.

• What is needed from the receiver
  • One thing we need from you is to let us know if you have intentionally dosed more or less aggressively than recommended so we do not modify those doses.
A Model Business Case:
Pharmacist Justification for Inpatient Medication Reconciliation
High Performance Pharmacy
8 Step Approach to Driving Change

1. Prepare
   ▪ Study and collect necessary information

2. Assess
   ▪ Objectively evaluate your current performance

3. Analyze
   ▪ Discover areas of strength and opportunity

4. Plan
   ▪ Detailed plan to obtain resources and provide a roadmap for execution

5. Execute
   ▪ Sell the plan and drive it forward

6. Measure
   ▪ Collect data on progress and outcomes of implementation

7. Communicate
   ▪ Communicate successes broadly

8. Replicate
   ▪ Continue driving progress by repeating above steps
Step 1 & 2: Prepare and Assess

- Understand the literature, and use it
- Start with admission process
- Review internal results
  - Conduct a pilot project, and collect data to demonstrate pharmacist’s accuracy and accuracy of other providers
  - Use data to support your project
- Identify key stakeholders, educate them and build their interest and support
  - Physicians, Nurses, QI, Fiscal, Administration, Risk Management
  - Sell your vision
Pharmacist Accuracy Versus Other Providers

- Greater accuracy and avoidance of error:
  - Compared to nurses
    - Pharmacists intervene on a higher percentage of patients than nurses (34% versus 16%, p<0.001)
    - Pharmacists have a higher number of interventions per patient than nurses (0.6 versus 0.22, p=0.027)
  - Compared to physicians
    - Pharmacists document more medications per admission history than physicians (5.6 versus 2.4)
    - Pharmacists document more medication interactions, drug related admissions and previous drug failure than physicians

Value of Pharmacist Medication Histories

- Reduced mortality rates
  - 128 deaths/year/hospital
- Cost savings
  - $7 million/year/hospital
- Saved nursing and physician time
- Improved relationships with physicians
- Improved pharmacist job satisfaction

Step 3 & 4: Analyze and Plan

- Quantify resource requirements
- Quantify pharmacist accuracy vs. other providers
- Assess skill level of current staff
- Develop a business plan for investing in pharmacist resources
  - Quality safety impact (project annual error avoidance)
  - ROI with literature-based and institution-specific statistics (savings of avoided harmful errors)
- Other benefits
  - Time savings for other providers
  - Improved pharmacist job satisfaction and retention
  - As pharmacist relations with physicians develop, it is easier to implement services that dramatically reduce drug cost
Medication Reconciliation
Pharmacist ROI Framework

Table 1: ROI ASSUMPTIONS TABLE
The following assumptions are made about the "model" hospital. These assumptions drive all cost figures in the ROI analysis table below. Each hospital must provide their own information into this assumptions table to derive institution-specific estimates for the ROI analysis. Updating the assumptions table will automatically revised figures in the ROI table.

<table>
<thead>
<tr>
<th>Assumption</th>
<th>Assumption Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average # of home medications pharmacist documents per patient during pharmacist performed medication history</td>
<td>10</td>
</tr>
<tr>
<td>Average # of home medications documented by other providers per patient as a result of their medication history</td>
<td>8</td>
</tr>
<tr>
<td>Average &quot;additional&quot; medication regimen discrepancies identified when comparing pharmacist medication history versus history obtained by other providers</td>
<td>2</td>
</tr>
<tr>
<td>Total average number of medication history discrepancies between pharmacist and other providers (literature demonstrates up to 100% discrepancy, assumptions here are more conservative)</td>
<td>4</td>
</tr>
<tr>
<td>Number of inpatient admissions per year</td>
<td>20,000</td>
</tr>
<tr>
<td>Potential medication errors per year that can be avoided with improved pharmacist-conduction medication histories and reconciliation</td>
<td>80,000</td>
</tr>
<tr>
<td>% of avoided medication errors that would be harmful to the patient^A</td>
<td>0.90%</td>
</tr>
<tr>
<td>Total avoided harmful medication errors per year</td>
<td>720</td>
</tr>
<tr>
<td>Cost of harmful medication error to hospital^B</td>
<td>$4,655</td>
</tr>
<tr>
<td>Annual savings to hospital as a result of avoided harmful medication errors</td>
<td>$3,351,600</td>
</tr>
</tbody>
</table>
## Medication Reconciliation

### Pharmacist ROI Framework

<table>
<thead>
<tr>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Annual savings to hospital as a result of avoided harmful medication errors</td>
<td></td>
<td></td>
<td>$3,351,600</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Time (in minutes) required per admission for pharmacist to complete a medication admission history and perform medication reconciliation</td>
<td></td>
<td></td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Pharmacist hours required per year to perform medication reconciliation</td>
<td></td>
<td></td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Pharmacist FTE required per year to perform medication reconciliation</td>
<td></td>
<td></td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Pharmacist FTE needed to add to budget to staff 2.4 FTEs (benefit time, etc.)</td>
<td></td>
<td></td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Pharmacist salary $C</td>
<td></td>
<td></td>
<td>100,000</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Pharmacist fringe benefit rate</td>
<td></td>
<td></td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Total labor cost per pharmacist FTE</td>
<td></td>
<td></td>
<td>$125,000</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Total labor cost for all additional pharmacist medication reconciliation FTEs</td>
<td></td>
<td></td>
<td>$390,625</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Nurse FTE avoided due to pharmacists performing medication histories and reconciliation</td>
<td></td>
<td></td>
<td>3.1</td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Nurse salary $C</td>
<td></td>
<td></td>
<td>$75,000</td>
<td></td>
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<tr>
<td>27</td>
<td>Nurse fringe benefit rate</td>
<td></td>
<td></td>
<td>30%</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Total labor cost per nurse FTE</td>
<td></td>
<td></td>
<td>$97,500</td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Total nurse labor cost avoided</td>
<td></td>
<td></td>
<td>$304,688</td>
<td></td>
</tr>
</tbody>
</table>

### Literature Review


### Salary Rates

- Salary rates vary per hospital. This analysis assumes a 5% annual salary increase.
### Table 2: Medication Reconciliation Model ROI (NOTE: numbers inserted directly from Table 1)

<table>
<thead>
<tr>
<th>Year</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td><strong>Capital Purchase</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remodeling - space for new clinical pharmacists</td>
<td>$20,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Capital Expenses</strong></td>
<td>$20,000</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Ongoing Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional pharmacist labor required for medication reconciliation</td>
<td>$390,625</td>
<td>$410,156</td>
<td>$430,664</td>
<td>$452,197</td>
<td>$474,807</td>
</tr>
<tr>
<td><strong>Total Annual Operating Expenses</strong></td>
<td>$390,625</td>
<td>$410,156</td>
<td>$430,664</td>
<td>$452,197</td>
<td>$474,807</td>
</tr>
<tr>
<td><strong>Ongoing Savings</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adverse drug event (ADE) treatment costs avoided</td>
<td>$3,351,600</td>
<td>$3,351,600</td>
<td>$3,351,600</td>
<td>$3,351,600</td>
<td>$3,351,600</td>
</tr>
<tr>
<td>Nurse time savings (time avoided) for other clinical activities</td>
<td>$304,688</td>
<td>$319,922</td>
<td>$335,918</td>
<td>$352,714</td>
<td>$370,350</td>
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<tr>
<td>Institution specific sensitivity analysis</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Annual Savings Potential</strong></td>
<td>$3,656,288</td>
<td>$3,671,522</td>
<td>$3,687,518</td>
<td>$3,704,314</td>
<td>$3,721,950</td>
</tr>
<tr>
<td>Total Annual Net Savings (Cost)</td>
<td>($20,000)</td>
<td>$3,265,663</td>
<td>$3,261,366</td>
<td>$3,258,854</td>
<td>$3,252,117</td>
</tr>
<tr>
<td>Cumulative Net Savings (Cost)</td>
<td>($20,000)</td>
<td>$3,245,663</td>
<td>$6,507,028</td>
<td>$9,763,882</td>
<td>$13,015,999</td>
</tr>
</tbody>
</table>
Step 5 & 6: Execute and Measure

- Once approved, get started quickly
  - Develop protocol or procedures
  - Use forms from other organizations
  - Involve pharmacy clerkship students/residents
  - Consider pharmacy technicians if pharmacists aren’t easy to find

- If new FTEs are not approved
  - Work on putting a pharmacist in the ED
    - Physicians may see big impact
  - Have pharmacy develop forms and procedures for other disciplines, and provide training
  - Keep trying

- Measure and report outcomes
Step 7 & 8: Communicate and Replicate

- Communicate updates and successes to key stakeholders
- Work to gain credibility and leverage this for future initiatives
  - Once admission process is going well, repeat above steps again for discharge process
  - Schedule meetings with providers and pharmacists in the community to discuss two-way sharing of lists
Summary

- Pharmacist performed medication reconciliation
  - Improves patient safety in a collaborative fashion
  - Reduces transcription errors (improves accuracy and completeness of med lists and orders)
  - Maintains continuity of care
  - Promotes physician collaboration
  - Improves pharmacist job satisfaction
  - Decreases workload of nurses and house staff, increasing time available for other activities
- A business case can be made for obtaining pharmacist resources for medication reconciliation
- Multidisciplinary collaboration is necessary
Medication Reconciliation: A Golden Opportunity

- Medication reconciliation activities are only as good as the med list, and pharmacists are the most accurate
- Need a clear owner of the process
- It is simply the right thing to do for our patients
- Pharmacist job satisfaction and retention
- Keep patients in the loop
- Next logical steps
  - Information from the hospital to/from the community pharmacist
Concluding Thoughts

- Understand that change won’t be well received by many
  - But one thing you can do is help mitigate how threatened they feel by it
- Keep people in the loop... no surprises for the stakeholders
- Don’t forget where your paycheck comes from
- Give the credit away...in front of groups, and in front of people’s boss
Concluding Thoughts

- Follow up on everything
- Become the face of the project
- Understand that effective project plans are usually continuously modified
  - Setbacks can provide opportunities
- Elicit teamwork
  - Your success depends on other people
- Communicate often, in multiple forms
"If you don’t like change, you are really going to hate being irrelevant"

- Tom Peters
“Anytime you stop trying to get better, you get worse”

- Pat Riley
“You can accomplish anything in life, provided you do not mind who gets the credit”

- Harry Truman
References


Questions?