Glossary of P&T Slang
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Have you ever wondered what all that jargon really means? You know, the words we use in everyday conversation at P&T committee meetings across the nation. I have been carefully listening to others for the past few months and have decided to compile a glossary of sorts to decipher all the idioms and slang. So, with tongue firmly in cheek, here are my 10 key definitions for the code words we use each day at work.

**Out of the box:** This ubiquitous phrase is generally used to refer to any process or deliberation that varies from the norm in that culture. I believe that the phrase has its roots in the fact that we often feel “boxed in” by our day-to-day responsibilities. Alternatively, we could interpret the “box” as being the symbol of organizational constraints or hierarchical pressures of one kind or another. Out-of-the-box thinking is (sometimes erroneously) thought to be refreshingly different, leading to new insights and new vistas.

**Low-hanging fruit:** This phrase generally refers to anticipated quick successes or opportunities to make quick progress with particular goals in an organization. I have yet to actually see low-hanging fruit except in supermarkets or in apple orchards intended for family picking. Any particular “fruit” can be included in this general description. Fruit that hangs this low can be harvested by the folks at any level in the organization.

**Drill down:** The phrase generally refers to our ability to “peel back the onion” or to further analyze reams of drug-related data as we strive to make sense out of various patterns of physician practice. By “drilling down,” we are searching for oil but rather for the mother lode of gems that will further elucidate the complex and seemingly random nature of physicians’ drug-ordering behavior.

**At the end of the day:** When we are all exhausted from multiple meetings on the same subject, a committee member might utter this phrase to signal the final conversation on the particular topic being discussed. This phrase is often used as a segue to signal that a new topic is at hand and that we must reach a decision regardless of the tortuous processes involved. A synonymous phrase might be, “Now that we are all exhausted, we must make a decision.”

**Offline:** This term refers to the need to engage in private conversation outside the confines of the P&T committee. “Offline” is often used to signal a private disagreement that can be resolved only with whispered tones out of earshot of the chairperson and to indicate organizational priorities in coded language from the very top. A synonymous phrase might be, “I’ll give you the real answer when this silly meeting is over.”

**The C Suite:** This term refers to a locked wing of the hospital where all of the chiefs live. In recent years, the meaning has expanded beyond clinical chiefs to take on a new epistemological flavor with the introduction of the chief medical officer, the chief nursing officer, the chief safety officer, and the chief information officer, along with the more traditional roles of the chief executive officer and the chief operating officer. The C Suite is the seat of all power and woe within an institution. Budgets and memos emanate from this place, which provides the “vision thing” for the institution.

**Mural dyslexia:** Individuals who cannot read the handwriting on the wall might be said to have this impairment. They have failed to think out of the box, have not consulted the C Suite, and have been unable to drill down into the pharmacy data. As a result, they have missed the low-hanging fruit and are now forced to have only offline conversations!

**Eminence-based decision-making** is the antonym of “evidence-based medicine.” This form of decision-making occurs, for instance, when the most influential and powerful members of the medical staff insist on adding the 15th beta blocker to the formulary. It drives the health care cost engine, causing it to overheat on a regular basis, and perpetuates the craftsman-like nature of everyday clinical practice. It is an anathema to organizational priorities.

**Push back:** A phrase with many possible etiologic roots, it refers to one’s ability to delay or derail a particular proposal or plan. This ability is common and can occur in virtually any setting; it is not limited to the realm of formulary design or construction. It can be gentle or gradual, but more commonly it is abrupt, unexpected, and sometimes violent.

**Buy-in:** Finally, the concept of buy-in allows us to appreciate all of the aforementioned terms. When we buy in to this secret vocabulary, we signal our membership on the team. We audibly telegraph our intentions and thus move the organizational agenda ahead, even if it proceeds at glacial speed!

I hope that this 10-part vocabulary lesson will be helpful to you and the members of your P&T committee. Certainly, I would like to add new terms to this list in the near future, so do let me know what jargon works and doesn’t work in your environment. You can reach me at my email address, david.nash@mail.tju.edu.