



PGY1 MANAGED CARE PHARMACY RESIDENCY PROGRAMS “DO U FIT?”

Background:

This document has been developed by ASHP and AMCP. Its purpose is to assist residency program directors, and their organizations, who are considering developing a Post Graduate Year One (PGY1) Managed Care Pharmacy Residency Program to undertake a self-assessment to help identify whether or not the pharmacist practice environment and operational functions in the organization is aligned with the unique settings, functions, and practice environment for which the PGY1 Managed Care Pharmacy Accreditation Standard and the associated Competency Areas, Goals and Objectives were developed and intended for use within. The self-assessment ensures that the sponsoring organization has the capacity to provide the necessary learning experiences for the graduate resident. These experiences will assure that the graduate resident will have received adequate training and experience in those essential areas of managed care pharmacy’s responsibilities and functions that would be characterized as part of a managed care pharmacist clinician. Contemporary expectations are that graduates from PGY1 managed care residencies will have the requisite skills, knowledge, abilities, and attitudes to meet entry-level requirements for real jobs within the mainstream managed care pharmacy world of employment.

Both ASHP and AMCP encourage the development of PGY1 managed care pharmacy residency programs as a way to provide training for pharmacists who have chosen to pursue that career path. This document is developed to ensure that programs that are considering pursuing the development of a PGY1 Managed Care Pharmacy residency do so with a clear understanding of the requirements.

Definition:

A PGY1 pharmacy residency programs builds on Doctor of Pharmacy (Pharm.D.) education and outcomes to develop managed care pharmacist clinicians with diverse patient care, leadership and education skills who are eligible for board certification and postgraduate year two (PGY2) pharmacy residency training. A managed care residency will provide systematic training of pharmacists to achieve professional competence in the delivery of patient care and managed care pharmacy practice.

The PGY1 Managed Care Pharmacy Residency Accreditation Standard, and its associated Competency Areas, Goals and Objectives, are designed specifically for the unique practice environment and responsibilities of pharmacists within managed care organizations, such as, a staff or group model health maintenance organization (HMO), a pharmacy benefit management company (PBM), a health plan and/or indemnity insurance carrier, an independent practice association (IPA), a business coalition formed to address health care utilization, or a multispecialty physician practice.

Self-Assessment Questions:

The self-assessment questions that follow may be used as a guide for organizations considering the sponsorship of a PGY1 Managed Care Pharmacy residency program. It is imperative that the residency site be able to provide the depth and breadth of learning experiences for which the PGY1 Managed Care Pharmacy Residency Accreditation Standard was designed.

While an organization may not be able to answer “yes” to all of the questions, answering “no” to one or more questions does not necessarily preclude it from sponsoring a PGY1 Managed Care Pharmacy residency. However, due to the requirements for the resident to be involved in significant patient care activities and the site to either be accredited by an appropriate body (e.g., National Committee for Quality Assurance [NCQA] or URAC), and/or overseen by a regulator (e.g., Centers for Medicare & Medicaid Services [CMS]), or be able to demonstrate substantial compliance with the laws, regulations and standards applicable to MCOs, it is difficult for a site to comply with these requirements if not a MCO in this context (see the [ASHP Accreditation Standard and Guidance Document for PGY1 Managed Care Pharmacy Residency Programs](#), Standards 3.3a(6), 5.1, 5.2,6.1(c), 6.1(d) and 6.4a-6.4j). If further information is needed, contact information for AMCP and ASHP staff members may be found at the end of the document.

The definitions for several terms mentioned in the self-assessment questions can be obtained from the [AMCP Glossary of Managed Care Terms](#).

1. Does your organization provide patient care activities?

There are 3 aspects to this requirement:

- a. Standard 3.3.a.(6) states that residents must spend two thirds or more of the program in patient care activities.*

What is the definition of patient care activities?

Patient care activities are described more fully, including examples, in the [guidance document](#) under Standard 3.3a(6). The definition of patient care activities is as follows:

Activities performed by pharmacists with the intent of contributing to positive pharmacotherapeutic and health outcomes of individual patients. Care is in collaboration and communication with other members of the health care team with responsibilities for the individual patient, and is achieved directly with patients and caregivers face-to-face, telephonically, virtually, or in writing.

- b. Standard 6.4 describes patient care services pharmacists in the organization must be providing in order to optimize medication therapy for patients.*

The following patient care services and activities are provided by pharmacists in collaboration with other healthcare professionals to optimize medication therapy for patients:

- 6.4.a Membership on interprofessional teams in healthcare areas.
- 6.4.b Development of medication use guidelines to promote safe and effective therapy.
- 6.4.c Prospective participation in the development of clinical plans for populations and individual patients.
- 6.4.d Identification and resolution of medication-related problems.
- 6.4.e Mechanisms for review of the appropriateness and safety of medications.
- 6.4.f Design and implementation of medication-therapy monitoring.
- 6.4.g A system of training and peer-review to ensure the quality of pharmacists’ action in providing services and programs.
- 6.4.h Track and document patient care recommendations.
- 6.4.i Written and oral consultations regarding medication therapy management.

6.4.j Disease and/or drug therapy management programs consistent with laws, regulations, and practice environment policy.

c. *Goal 1.1 requires the resident to provide individual patient care in a diverse population of patients with sufficient repetitions to achieve the necessary competency of an experienced pharmacist in the outpatient setting.*

This provision of care follows the [JCPP Pharmacist Care Process](#)

2. Is your organization accredited by or eligible for accreditation by the National Committee for Quality Assurance (NCQA) and/or URAC?

The accreditation standard (5.1) requires that “residency programs be conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices. The external appraisal must be conducted by a recognized organization appropriate to the practice setting. Organizations that are not accredited must compare their current performance with national accreditation standards (e.g. NCQA, HEDIS® and/or Medicare Star Rating System)”. For managed care sites, NCQA and URAC are the two primary accrediting bodies.

3. Does your organization measure and publically report quality data for: a) patient satisfaction and b) quality of medication therapy? For example:

- (Objective 1.3.4) Assess how the organization utilizes appropriate and ongoing measures to assess patient satisfaction levels with services provided at network retail, mail order, and specialty pharmacies.
- (Objective 1.4.2) Design and/or deliver programs for members that support quality measures to improve outcomes of medication therapy.

4. Is your organization subject to regulation and oversight by your state's Department of Insurance and/or Department of Managed Health Care?

The accreditation standard (5.2) requires that the program “must be conducted only in those practice settings where staff are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and operational standards”. In addition, standard (6.1d) states “The practice is in compliance with all applicable federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site.”, and standard 6.1e states “The practice is in compliance with current national practice standards and guidelines”. Most MCOs are governed by their state’s insurance department (or equivalent agency).

5. Does your organization serve a broad population of members?

The accreditation standard (3.3a(3)) states that “The structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems”. MCOs typically offer health care benefit plans to and have numerous clients who are employers, labor unions, government agencies (e.g., Medicare and Medicaid) and individual purchasers. A site that has only one or a few clients may not be capable of providing a large enough population of members to provide the diversity required in the standard.

6. Does your organization design, sell, and/or manage commercial, self-funded, Medicare Advantage or Medicare Part D and/or Medicaid outpatient prescription drug benefits for entities such as those listed above?

This is a critical distinguishing characteristic of the practice environment and the roles/responsibilities of pharmacists in the types of organizations for which the PGY1 Managed Care Pharmacy Residency Standard was developed. It differentiates managed care pharmacy practice from those practice environments covered by the PGY1 Pharmacy and PGY1 Community Pharmacy standards and associated Competency Areas, Goals and Objectives. A site cannot appropriately conduct a managed care pharmacy residency program if it does not design, offer, manage, and evaluate pharmacy prescription drug benefits for populations of patients (Goal 2.1). As above, the site must be able to provide appropriate diversity in its member population.

7. Does your organization use traditional population-based managed care tools for managing pharmacy benefits? For example:

- developing and maintaining formularies (Goal R3.1)
- developing, implementing and evaluating utilization management activities. (Goal R3.1)
- developing and implementing clinical programs (Goal R3.2)

Goal and Objective numbers in parentheses refer to several specific goals and objectives from competency areas within the standard, as examples of what the resident must be trained in and participate in during the course of the managed care residency program.

Discussion:

An organization that answers only a few of the preceding questions affirmatively may not be properly positioned to sponsor a PGY1 Managed Care Pharmacy residency program. This does not mean that the organization cannot sponsor a residency program; it means, however, that it would be very difficult for the residency program to provide the depth and breadth of educational experiences specified in the Competency Areas, Goals and Objectives and to meet the intent of the PGY1 Managed Care Pharmacy Residency Accreditation Standard.

Follow-up:

This “Do U Fit” document was developed to assist organizations who are considering the sponsorship of a PGY1 Managed Care Pharmacy residency program, and to provide guidance to those sites. Both ASHP and AMCP welcome further dialog and encourage any and all readers of this document to contact a staff member of either organization for additional information and/or assistance.

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