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Tri-State Health-system
Pharmacy Summit

Establishing Residency
Equivalency Standards for Health-
system Pharmacists

Mark Sinnett, PharmD, FASHP
Director, Clinical and Educational Services
Montefiore Medical Center
Director, PGY1 Pharmacy Residency

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Disclosure

The speaker has nothing to disclose
(Other than being a Jet’s fan)

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Program Objectives

- Describe the value of residency-trained pharmacists as it pertains to the Pharmacy Practice Model Initiative
- Discuss ASHP’s residency mandate for all health-system pharmacists
- Describe the ASHP-required educational outcomes for PGY1 pharmacy residency programs
- Develop a residency equivalency portfolio

ASHP’s Long-Range Vision (2020)

- Vision for teamwork
- Vision for pharmacists’ responsibilities
- Vision for technology
- Vision for pharmacy technicians
- Vision for residencies
- Vision for specialty certification
- Vision for leadership

Who are you?
Goal of the 2020 Vision and the Pharmacy Practice Model Initiative:

Develop and disseminate a futuristic practice model that supports the effective use of pharmacists as direct patient care providers.

Overarching Principles

- Essential elements of a pharmacy practice model can be developed for use in all pharmacy departments.
- All patients deserve the care of a pharmacist. It is recognized that resources will be allocated according to complexity of patients and organizational needs.
- As an essential member of the healthcare team, pharmacists must have privileges to write medication orders in the healthcare setting.
- A residency-trained and appropriately credentialed and privileged pharmacist workforce.
- Financial pressure will force changes on how resources are used.
- Investments in technology will be required to optimally deploy pharmacy resources.

Change and Challenges

- Hesitant support from department of Pharmacy administrative and clinical leadership.
- Support from medical staff leadership and health care executives.
- Resistance to change from current pharmacy staff.
- Finances and "time".
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2001 Pharmacy Manpower Project

- A 27% decrease in the number of FTEs engaged primarily in order filling by 2020
- An increase in the pharmacist FTEs providing 1st patient services (30,000 to 165,000)

Am J Pharm Educ. 2013;77(5)

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2009 Pharmacy Workforce Center

- Changes as a result of health care reform?
- Effect of increase in pharmacy schools?

Am J Pharm Educ. 2013;77(5)

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Who are you?

- Do you have a strategic plan?
- Mission Statement
  - Who are you? A department who dispenses medication, then provides clinical care or one that does this at the same time?
  - Are you considered a clinical department?
    - What is clinical pharmacy?
Let’s talk…

How do you hire staff pharmacists?

What is your pharmacist job description?

Interviewing for the integrated pharmacist

- Do you use any screening criteria?
- Who is on your interview team?
- How do you interview candidates?
  - Length of interview?
  - The interview agenda?
  - Assessment?
  - Follow up?

Who are you?

- Job performance measures
  - Lateness, sick days, # orders verified/verification times # interventions
  - Above PLUS, student precepting, quality of interventions, consults, patient education, nursing inservices, rounding etc.
- What is your Mission Statement?
  - Who are you? A department who:
    - Dispenses medication
    - Dispenses medication under provision of clinical care
    - Does both at the same time?
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Essential Characteristics of a Integrated Clinical Pharmacist:

✔ We gotta know it - Competence
✔ We gotta Say it - Communication
✔ We gotta know we know it - Confidence

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Communication

- Continuous attention span is very brief and may be as short as 8 seconds. The average attention span of an adult is 20 minutes.
- Non-verbal communication represents 2/3 of all communication (posture, clothing, eye contact etc.)
- First impressions: It takes about 1/10 second for someone to make a first impression

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What we really “hear”

How you look: 55%
How you sound: 38%
YOUR MESSAGE: What you say: 7%

Dr. Mehrabian, UCLA
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Confidence as a Pharmacy Practitioner

Are you “just” a pharmacist? Are you a Clinical Pharmacy Practitioner?

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2020 Vision for residencies

“Hospital and health-system employers will expect all entry-level pharmacists to have completed an ASHP-accredited first-year postgraduate pharmacy residency”
Vision for residencies

- Understand that organizational environment.
- Can work in that environment to provide clinical care to individual patients.
- Understand the academic health center environment (if the residency is conducted there).
- Are capable of interdisciplinary professional work at both an organizational and clinical level.
- Understand both the internal and external standards of quality that apply, and
- Are adept at measuring and documenting the metrics of success that are necessary for the management of quality in hospitals and health systems.

We have a problem...

- > 1,400 students did not match in 2014

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ASHP-required Educational Outcomes for PGY1 Pharmacy Residency Programs

- Manage and improve the medication-use process
- Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams
- Exercise leadership and practice management skills
- Demonstrate project management skills
- Provide medication and practice-related education/training
- Use medical informatics

Minimum Qualifications for a PGY1 Residency Equivalency

- Academic credentials (PharmD, BS)
- Valid pharmacist license
- Verification of at least 5 years of professional experience demonstrating “both direct patient care activities and practice management activities”

A Residency equivalency portfolio
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**Portfolio Elements**

- Academic credentials
- Documentation of valid license
- Current curriculum vitae
- *Personal statement indicating reasons for pursuing residency equivalency certification
- *References
- *Record of evidence supporting the achievement of the 6 required outcomes for PGY1 residents

*Pharmacotherapy 2009;29(12):399–407*

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**ASHP-required Educational Outcomes for PGY1 Pharmacy Residency Programs**

- Manage and improve the medication-use process
- Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams
- Exercise leadership and practice management skills
- Demonstrate project management skills
- Provide medication and practice-related education/training
- Use medical informatics

*Pharmacotherapy 2009;29(12):399–407*

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**Residency Equivalency Portfolio**

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 1. Manage and Improve the Medication-Use Process</strong></td>
<td>Drug monographs, ADR reporting, journal club, DI questions, guideline development etc.</td>
</tr>
<tr>
<td><strong>Outcome 2. Provide Evidence-Based, Patient-Centered Medication Therapy Management with Interdisciplinary Teams</strong></td>
<td>Active participation on an interprofessional team, BPS, other certifications, examples of patient care notes, interventions</td>
</tr>
</tbody>
</table>
### Slide 31

#### Residency Equivalency Portfolio

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 3. Exercise Leadership and Practice Management Skills</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Outcome 4. Demonstrate Project Management Skills</strong></td>
<td></td>
</tr>
<tr>
<td>• Active participation in a professional organization</td>
<td></td>
</tr>
<tr>
<td>• Direct observation of leadership skills</td>
<td></td>
</tr>
<tr>
<td>• CPT training</td>
<td></td>
</tr>
<tr>
<td>• Project proposal, IRB approval</td>
<td></td>
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<tr>
<td>• Medication Use Evaluation</td>
<td></td>
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<tr>
<td>• Project write-up, presentation</td>
<td></td>
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</tbody>
</table>

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#### Residency Equivalency Portfolio

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome 4. Provide Medication and Practice-Related Education/Training</strong></td>
<td></td>
</tr>
<tr>
<td>• Completion of a certificate program</td>
<td></td>
</tr>
<tr>
<td>• ACPE presentations</td>
<td></td>
</tr>
<tr>
<td>• Samples of different types of presentations (nurses, providers etc), public</td>
<td></td>
</tr>
<tr>
<td>• Documentation of preceptor involvement</td>
<td></td>
</tr>
</tbody>
</table>

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- Map of states authorizing pharmacists collaborative practice agreements, 2012
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Key hospital pharmacy provisions of the Affordable Care Act:

- Section 3502. Establishing community health teams to support the patient-centered medical home
- Section 3503. Medication management services in treatment of chronic disease
- Section 3026. Community-based care transitions
- Section 3008: Reducing medical harm
- Section 3025. Hospital readmissions reduction
- Comparative effectiveness research
- Center for Quality Improvement

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Section 3008: Reducing Medical Harm Medication Reconciliation

- Approximately 1.5 million preventable ADEs occur annually as a result of medication errors as a cost of more than $3 billion
- Approximately 1/5 of all hospital-related medication errors and 20% of all ADEs have been attributed to poor communication
- The average hospitalized patient is subject to at least one medication error/day
- The occurrence of unintended medication discrepancies at the time of hospital admission ranges from 30-70% in 2 literature reviews

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Section 3025: Hospital Readmission Reduction Heart Failure

<table>
<thead>
<tr>
<th>CMS Risk-standardized 30-day readmission rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
</tr>
<tr>
<td>5%</td>
</tr>
<tr>
<td>10%</td>
</tr>
<tr>
<td>15%</td>
</tr>
<tr>
<td>20%</td>
</tr>
<tr>
<td>25%</td>
</tr>
<tr>
<td>30%</td>
</tr>
</tbody>
</table>

Notes:
- ACEI/ARB were initiated in 17% of patients, titrated up toward optimal dose in 12% of patients.
- Beta-blocker was titrated up in 36% of patients.
- About 50% of patients were counseled due to previous non-adherence to medications.
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It's not only about the drug cost: Improved outcomes

Improved Outcomes

- Inpatient medicine¹, ²
- Medical intensive care unit³
- Ambulatory Care⁴, ⁵
- Health Maintenance Organizations⁶
- Immunization⁷, ⁸


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- Change the way you look at things and the things you look at change.”  
  — Wayne W. Dyer

- To change ourselves effectively, we first had to change our perceptions.”  
  — Stephen R. Covey, The 7 Habits of Highly Effective People: Powerful Lessons in Personal Change

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2014 Vision for Change

“Pharmacists will continue to be the only health professionals with the depth and breadth of knowledge about, and interest to focus their full time attention on, the use of medicines”

You will ALWAYS know more about medications than physicians and other health care providers... PERIOD

²⁴²²⁰¹⁴
"Perseverance is not a long race; it is many short races one after the other"

Walter Elliot - British Politician 1888-1958