Establishing Pharmacy Residencies in Community Hospitals

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Learning Objectives

- Pharmacists
  - Outline strategies to gain support from administration for pharmacy residencies in community hospitals
  - Describe the financial impact of pharmacy residency programs on community hospitals
  - Assess a department of pharmacy for resident learning opportunities
  - Develop a general residency program structure that is sustainable in a community hospital setting

- Technicians
  - Describe the general make-up of a pharmacy residency program.
  - Identify the benefits that a pharmacy residency program can bring to a department of pharmacy

Why Pharmacy Residencies?

- Improve patient care and outcomes
  - Clinical pharmacist extenders
  - Increase patient satisfaction scores
  - Conduct research to contribute to medical knowledge

- Improve cost effectiveness
  - Ensuring appropriate medication use
  - Drug policy and formulary projects
  - Staffing component and billable encounters
  - Pay-for-performance indicators
  - External funding

- Improve practice model
  - Staff satisfaction and education
  - Drive innovation through performance improvement projects
  - Contribute to organizational and departmental leadership
  - Increased clinical coverage beyond business hours

Why Pharmacy Residencies?

- Improve the profession
  - Increased capacity to train student pharmacists
  - Development of new pharmacy services
  - Creates pharmacists that are willing and able to tackle new challenges and expand the scope of practice


ASHP Resident Matching Program 1990-2011 PGY1 Programs

2013 PGY1 Match Statistics

2,691 Positions in the Match

3,933 Applicants

~2,495 (63%) Matched

2013 PGY1 Scramble

1,438 Non-Matched Applicants

199 Non-Matched Positions

PGY1 Pharmacy Residencies

72% of hospital based residences >500 beds

Where are the Residencies?

- Approximately 180 hospital facilities in the state of Ohio
- Approximately 110 have at least 50 Med/Surg beds
- Only about 40 with at least 1 pharmacy resident position
Where are the Residencies?

- Hospitals with >200 staffed beds
  - Make up 29% of facilities in Ohio
  - Host 82.5% of pharmacy residency programs

- Hospitals with 50-200 staffed beds
  - Make up 38% of facilities in Ohio
  - Host only 17.5% of all residency programs

About UH Geauga Medical Center

- Located in Chardon, OH
- 225 registered beds
- 126 staffed beds
- 3 resident positions
  - 2 PGY1 positions
  - 1 PGY2 position
- ASHP Accreditation

Ohio Department of Health
ASHP Residency Directory

About UH Geauga Medical Center

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Geauga Medical Center Pharmacy

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- 126 staffed beds
- 3 resident positions
  - 2 PGY1 positions
  - 1 PGY2 position
- ASHP Accreditation

Convincing the C-Suite

New Pharmacy Manager

- 1st Clinical Pharmacist (medsafety, internal med)
- First pharmacy students

- 2nd Clinical Pharmacist (internal med, shared faculty)
- More students

- 3rd Clinical Pharmacist (Oncology)
- 1st PGY1 Resident

- Expanded to 2 PGY2 Residents
- Opened outpatient pharmacy clinic
- Added PGY2 Internal Medicine (shared faculty)

More, More, More!

- Added 6 clinically based FTEs in 6 years
- 12 to 20 FTEs (also went 24/7)

Selling the FTE requests

Geauga Experience

- Added 6 clinically based FTEs in 6 years
- 12 to 20 FTEs (also went 24/7)
Unique challenges

Challenge
• Lower drug budgets
• One pharmacist shifts
• Fewer preceptors
• Smaller hospital budgets
• Declining inpatient admissions

Opportunity
• Work as a system
• Add resident on weekend rather than replace
• Be creative
• Document everything
• Focus on outpatient services

Selling the FTE requests

Finance
• Staffing and pharmacist FTE impact?
• Resident FTE may be cost neutral or even favorable
• Revenue generation – clinics or ACO
• Decrease drug budget to increase salary and wages for FTE
  – Business plan helpful
  – Careful evaluation of existing clinical pharmacist impact

Finance
• Use of system database to evaluate impact of clinical pharmacist on rounds

<table>
<thead>
<tr>
<th>Attending Physician</th>
<th>Drug cost per discharge</th>
<th>Discharges</th>
<th>Total cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Hospitalist 1</td>
<td>$409</td>
<td>887</td>
<td>$362,690</td>
</tr>
<tr>
<td>Dr. Hospitalist 2</td>
<td>$375</td>
<td>403</td>
<td>$148,963</td>
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<tr>
<td>Dr. Primary care 1</td>
<td>$205</td>
<td>338</td>
<td>$68,348</td>
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<tr>
<td>Dr. Primary care 2</td>
<td>$404</td>
<td>273</td>
<td>$110,187</td>
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</table>

Average drug cost/case: $298
Total: pharmacy presence: $298
Total: no pharmacy presence: $408

Selling the FTE requests

Residency Costs (Direct)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
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</thead>
<tbody>
<tr>
<td>Salary + benefits</td>
<td>$41,000</td>
</tr>
<tr>
<td>Travel</td>
<td>$3,000</td>
</tr>
<tr>
<td>ASHP accreditation</td>
<td>$3,300</td>
</tr>
<tr>
<td>Recruitment</td>
<td>$2,500</td>
</tr>
<tr>
<td>Teaching time</td>
<td>$2,500</td>
</tr>
<tr>
<td>Program director</td>
<td>$14,850</td>
</tr>
<tr>
<td>Program coordinator</td>
<td>$37,125</td>
</tr>
<tr>
<td>Clinical preceptors</td>
<td>$74,250</td>
</tr>
<tr>
<td>Resident recruitment</td>
<td>$1,500</td>
</tr>
<tr>
<td>Preceptor travel / Recruitment</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

TOTAL DIRECT COSTS: $250,225

Indirect costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>at 30% total direct</td>
<td>$75,088</td>
</tr>
</tbody>
</table>

TOTAL COSTS: $325,313

Expected Medicare reimbursement 50% Medicare mix: $162,646

Selling the FTE requests

Resident Medicare Cost Benefit: $45,646
Commitment to drug cost savings: $80,000
Revenue generation from clinic: $32,000
Required new Clinical Pharmacist: -$148,500
Clinical pharmacist drug cost savings: $80,000

Net financial benefit: $89,146

Bundling in 1.0 Clinical Pharmacist FTE
Selling the FTE requests

Other Financial Considerations

- Create separate cost center for residents
- Residents do not count toward productivity!
- With goal of cost neutral, quality and patient satisfaction make the difference

Selling the FTE requests

Patient Satisfaction

- Performance improvement project and ASHP midyear poster presentation
- Used pharmacy students and residents to educate patients
- 1,192 patients were educated
- Mean HCAHPS percentile rank increased from 37th percentile to 58th percentile (p=0.03)

Selling the FTE requests

Quality

- Decreasing hospital readmissions for CHF and COPD
  - Developing tools at hospital and system level for patient education
  - Leading staff pharmacist involvement and practice model change for consistency
  - Working with third party vendors to evaluate and pilot new tools for patient education

Residency “Side Effects”

- Pharmacist progress notes in electronic medical record
- Ordering labs via consult agreement or protocol
- Catalyst for change

Developing a Residency at Your Facility

Site Assessment

- First step is to ensure your program is ready for a residency program
  - R U Ready Self Assessment
  - How to Start a Residency Program- What You Really Need to Know
  - Preceptor’s Guide to the RLS
Significant Requirements

- Facilities and Staff
  - Budget 0.5 FTE for Residency Program Director or Coordinator
  - 24-hour pharmacy operation
  - ASHP Best Practices
  - Dedicated space for resident’s work

- Residency Program Director
  - PGY1 with 3 years of experience
  - Pharmacist with 5 years of experience

- Preceptors
  - PGY1 with 1 year of experience
  - Pharmacist with 3 years of experience
  - Maintain a practice in the area they precept

- Additionally, must demonstrate 4 of the following:
  - Documented record of improvements in and contributions to pharmacy practice.
  - Appointments to appropriate drug policy and other committees of the organization.
  - Formal recognition by peers as a model practitioner.
  - A sustained record of contributing to the total body of knowledge in pharmacy practice through publications and/or presentation.
Significant Requirements

- Additionally, must demonstrate 4 of the following:
  - Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
  - Demonstrated leadership in advancing the profession of pharmacy through active service in professional organizations at the local, state, and national levels.
  - Demonstrated effectiveness in teaching.

Program Development

- Look to your site’s strengths to identify learning opportunities
- Develop a Purpose Statement
- Match learning opportunities with Educational Goals and Objectives
- Determine rotation structure
  - Duration
  - Rotation type (Monthly vs Longitudinal)
  - Customizable aspects

Program Development

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Our Experience

- Newly hired PGY1 graduate with interest in:
  - Leading residency development as Program Coordinator
  - Establishing Internal Medicine presence
  - Development of an pharmacist-run outpatient clinic
  - Teaching (shared faculty position)
- Pharmacy Manager with clinical experience to serve as Residency Program Director

Our Experience

- 2 additional major preceptors with PGY1 experience
  - Medication Safety Pharmacist
  - Oncology Pharmacist
- Buy-in from other hospitals for some elective experiences
- Connection to a College of Pharmacy for teaching opportunities

Our Experience

- Pharmacy Service and Research
- Heavy focus on Internal Medicine
- Practice Management
- Medication Safety
- Oncology
- Patient Education
- Longitudinal Experiences
  - Drug Information
  - Ambulatory Care
- Electives (3)
Program Development

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• **Develop a Purpose Statement**
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Our Experience

“The purpose … is to graduate highly skilled pharmacists with the tools necessary to provide quality patient care as members of interprofessional healthcare teams. Emphasis will be placed on communication, lifelong learning, evidence-based medication management and safety in the unique setting of a community hospital, giving graduates a strong foundation to pursue a career as pharmacy clinicians or further training in a PGY2 residency.”

Program Development

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<table>
<thead>
<tr>
<th>Outcome</th>
<th>R1: Manage and improve the medication-use process</th>
<th>R2: Provide evidence-based, patient-centered MTM with teams</th>
<th>R3: Exercise leadership and practice management skills</th>
<th>R4: Demonstrate project management skills</th>
<th>R5: Provide medication and practice-related education</th>
<th>R6: Utilize medical informatics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Required</td>
<td>Y</td>
<td>T</td>
<td>T</td>
<td>T</td>
<td>T</td>
<td>T</td>
</tr>
<tr>
<td>Optional</td>
<td>T</td>
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</tr>
</tbody>
</table>
Our Experience

Resident 1
- July: Pharmacy Service
- August: Internal Med
- September: Practice Mgmt
- October: Research
- November: Med Safety
- December: Patient Education
- January: Elective
- February: Adv Internal Med
- March: Elective
- April: Elective
- May: Oncology
- June: Adv Internal Med 2

Resident 2
- July: Practice Mgmt
- August: Pharmacy Service
- September: Internal Med
- October: Medication Safety
- November: Oncology
- December: Research
- January: Elective
- February: Elective
- March: Adv Internal Med
- April: Elective
- May: Patient Education
- June: Adv Internal Med 2

Implementation

- Orienting and training your staff
- Recruitment
- Accreditation
- Expansion
  - At your site and at other hospitals

References


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