

Starting a PGY1 pharmacy residency program at YOUR institution

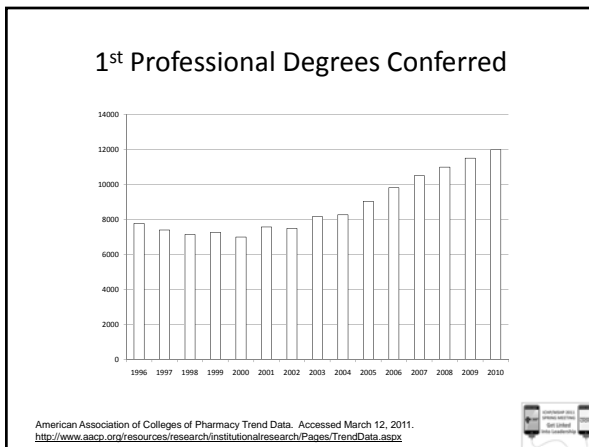
Chris Herndon, PharmD
Southern Illinois University
Edwardsville
cherndo@siue.edu

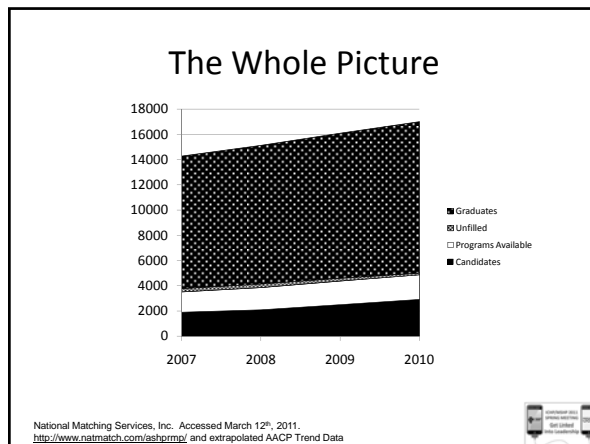
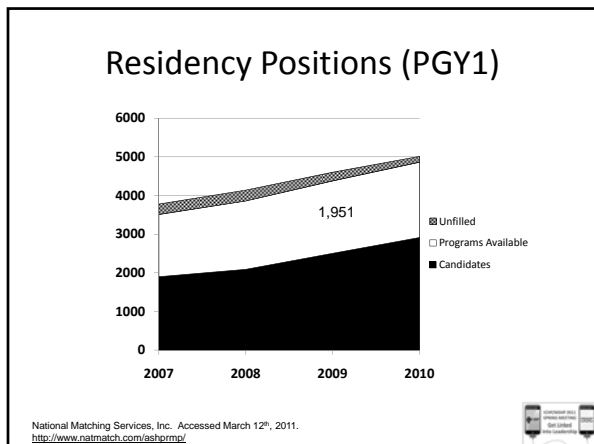
Disclosures

- Nothing to disclose

Objectives

- Describe the need for additional residency training sites
- List resources available to assist with starting a residency
- State the benefits of having residency training available in small or rural hospitals
- Describe an estimated budget necessary to fund a residency program

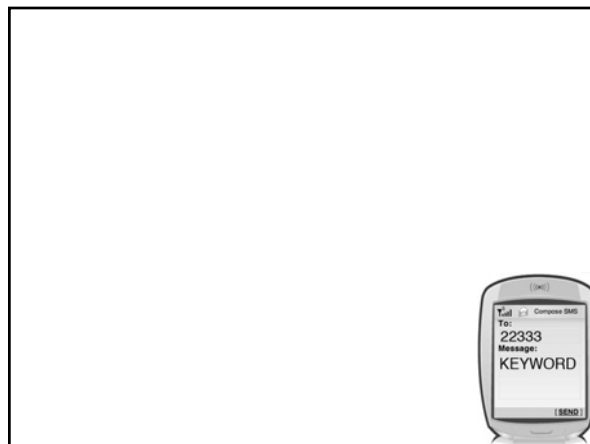
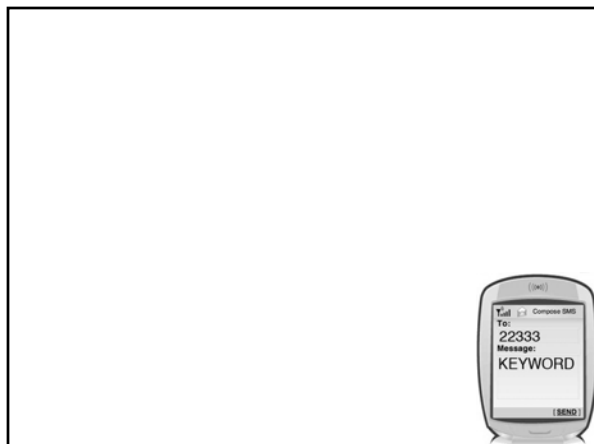
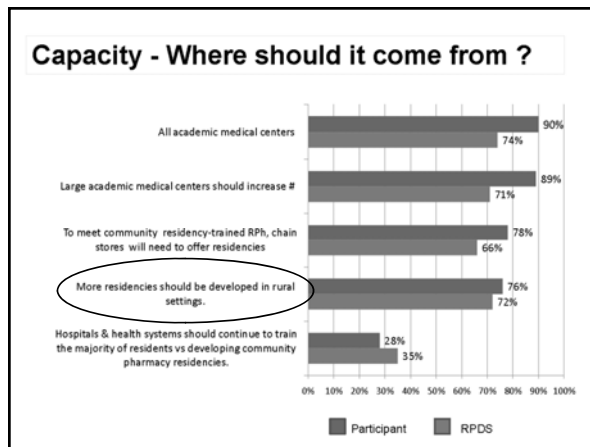





2015



ASHP Health-System Pharmacy Initiative


- Objective 4.7**
 - 90% of new pharmacists entering hospital and health-system practice will have completed an ASHP-accredited residency
- While this goal seems aggressive, imperative to maintain CMS funding
 - Other organizations have equally ambitious goals for direct patient care




 **St. Elizabeth's Hospital**


- 426 licensed beds
- 188 average daily census
- 13,000 admissions / 176,000 outpatient annual
- Medicare patient load 45%
- 15 FTE pharmacists
 - 2 administrative
 - 3 centralized, 9 decentralized
 - 1 resident (as of ASHP visit)

 **St. Elizabeth's Hospital**


Classification	Line Item	Amount
Direct Education Expenses	Salary + fringe submitted	\$108,000
	ASHP Midyear	\$3,000
	Great Lakes Conference	\$2,000
Teaching and Admin Time	Director (7.5% effort)	\$14,175
	Clinical Director (10% effort)	\$16,875
	Clinical Specialist (80% X 1)	\$115,690
Recruitment	Travel (1 preceptor)	\$4,000
	Accreditation fees	\$3,220
Grants or awards	Local pharmacy school?	n/a
Medicare Reimbursement	Direct and Indirect X 45%	\$154,709
Staffing contribution	2 residents	\$50,000
Total Financial Impact	2 residents	\$204,709




 **Seattle Grace Mercy West**

	Year 1	Year 2 (accreditation)	Year 3 (2 nd resident)
Resident (salary + fringe)	\$60,000	\$60,000	\$120,000
Resident travel	\$2,500	\$2,500	\$5,000
Recruitment	\$1,500	\$1,500	\$3,000
DOP 5%	0	\$7,800	\$15,600
RPD 20%	0	\$26,000	\$52,000
CSP 10%	0	\$11,050	\$22,100
Subtotal	\$64,000	\$108,850	\$217,700
Medicare %	.30	.30	.30
CMS	0	\$32,655	\$65,100
Service	\$52,000	\$52,000	\$104,000
Total Impact	\$12,000	\$19,345	\$169,100

Assumptions: Resident salary = \$38,500; DOP salary = \$130,000; RPD salary = \$105,000; CSP salary = \$95,000



R U Ready? Be willing to be "creative"



Residency Readiness Self-Assessment Tool

Welcome to the R U Ready Tool for Pharmacy Residency Program Readiness Self-Assessment Process.


This online survey tool can be used by an organization that is considering starting or applying for accreditation of a pharmacy residency program at its site.

Questions within the tool are based on broad general elements associated with the guiding principles of the pharmacy residency accreditation standards and best practices documents.

Each question of the assessment has a response to guide you with determining whether or not these elements are in place or have been implemented and reviewed by your pharmacy department or organization.



Please click the next arrow below to proceed.

<http://www.ashp.org/Import/ACCREDITATION/ResidencyAccreditation/RURReadyTool.aspx>




Practical Tips and Considerations

- Qualified RPD, RPC, and preceptors?
- Supportive pharmacy and institutional administration?
- A current position with a residency requirement?
- Current graduate medical education program (i.e. medical residency)?
- CFO or similar with experience in pass-through reimbursement

Residency Program Director (RPD)

- Licensed pharmacist
- ASHP accredited residency completion AND 3 years experience OR
- Five or more years of practice experience AND significant contributions to pharmacy
- Single RPD for multi-site programs

Residency Preceptors

- Licensed Pharmacist
- Completion of ASHP-accredited residency AND one year of experience OR
- Three or more years of practice experience
- Training and experience in area of precepting



Director of Pharmacy

- Supports residency training
- Embraces residency development as staff development and services development
- Realistic service component (staffing)
- Able to garner support from other hospital administrators



Its all in the job description

- Does at least one position *require* residency?

Centers for Medicare & Medicaid Services, HHS

§413.85

§413.85 Cost of approved nursing and allied health education activities.

(a) *Summary text:* This section implements section 1861(g)(1)(A) of the Act and section 404(b) of the Omnibus Budget Reconciliation Act of 1990 (Public Law 101-508) by establishing the methodology for Medicare payment of the costs of approved nursing and allied health education activities.

or discuss specific skills or techniques; it involves no classroom instruction. *Governmental support means:* funding that is provided by the community and generally includes all non-Medicare sources of funding (other than payments made for furnishing services to individual patients), including State and local government appropriations. Community support does not include grants, gifts, and endowments of the



Do you have the learning experiences? (or access to them)

- Six required objectives for an accredited PGY1
 - Manage and improve medication-use process
 - Provide evidence-based, patient-centered medication therapy mgmt with interD team
 - Exercise leadership and practice management skills
 - Demonstrate project management skills
 - Provide medication and practice-related education/training
 - Utilize medical informatics



Lets develop a rural program....

- Saint Yourhospital
- 132 licensed beds
- 3 MD and 2 NP hospitalist service
- 9.5 pharmacist FTE
 - 1 Director of Pharmacy
 - 1 Clinical Coordinator (residency trained)
 - 1 Operations Coordinator
- Services include MUE, P & T support, vanc and gent dosing, VTE prophylaxis assess, limited antimicrobial stewardship




First, what will administration assign to a pharmacy resident?

- 0.5 vs. 1.0 FTE
- Once accreditation occurs, will pass-through CMS monies return to department?
- Will administration “release” the FTE once accreditation occurs
- Having these discussions up front is paramount



The Rotations (learning experiences)


- Orientation
- Required or core experiences
- Elective experiences
- Longitudinal experience
- Project experience
- Service experience




12 months is not that long!

Core	Elective*	Longitudinal
<ul style="list-style-type: none"> • Orientation • Internal Medicine I & II • Medication Safety • Administration • Infectious Dz 	<ul style="list-style-type: none"> • Oncology • Cardiology • Pain Mgmt • Hospice • Critical Care • DI or research 	<ul style="list-style-type: none"> • Outpatient • Ambulatory • Clinical Admin
6 experiences	6 experiences Internal or External	Internal or External

*Based on "reference" institution advertised services





Month	Rotation	Preceptor of record
July	Orientation	Ops Coordinator or staff
August	Internal Med I	Clinical Coordinator or CSP
September	Infectious Disease	CSP or staff with expertise
October	Cardiology	CSP or outside
November	Internal Med II	Clinical Coordinator or CSP
December	Research / DI	DOP, Clin coordinator
January	Medication Safety	Medication Safety Officer
February	Administration	DOP
March	Hospice	Outside
April	Elective	Outside or based on expertise
May	Elective	Outside or based on expertise
June	Elective	Outside or based on expertise



Must all experiences be "in house" and 1 month?


- No!!!!
- Extended 6-8 week rotations
- Potential Partnerships
 - Nearby institutions with developed pharm services
 - Schools of Pharmacy (how many of you take APPE)
 - Larger teaching hospitals through "resident exchange"
 - i.e. a Rural Rotation
- Tele-precepting with specialists?
 - Could "pay for precepting" pass through to CMS

Non-Traditional Models


- 2 or 3 year extended
- Require current employment within hospital
- Still must use ASHP match
- 3:1 staffing to residency rotation or similar
- Difficult to institute without traditional in place

Winegardner ML, et al. Nontraditional pharmacy residency in a large teaching hospital. AJHP 2010;67:366-370.



Current PGY1 Experiences offered "offsite" with affiliated Schools

<ul style="list-style-type: none"> • Drug information • Teaching • Psychiatry • Pain Management • Family Medicine • Cardiology • Oncology • Psychiatry 	<ul style="list-style-type: none"> • Pediatrics • Ambulatory Care <ul style="list-style-type: none"> • Modular • Longitudinal
--	--



Recruitment

- Current pre-candidate, candidate, and accredited programs use the matching process
- National Matching Services allows programs to rank candidates and vice versa
- Recruitment processes are evaluated as part of accreditation



Benefits

- Anticipated improved medication use and safety for patients
- Staff development
- Services creation and development
- Potential department expansion
- Recruitment for future openings



Next Steps

- Visit <http://www.ashp.org/accreditation/>
- Contact established Residency Program Director
- Consider affiliation with School of Pharmacy
- Set a timeline
- Attend a Residency Learning System workshop
- Go recruit!!



Conclusions

- Residency demand is outpacing availability
- Capacity growth may not be feasible in currently accepted models
- Rural pharmacy residencies are viable
 - Financially
 - Educationally
- Help is out there if you're willing to ask



Recommended Readings

- Miller DE, Woller TW. Understanding reimbursement for pharmacy residents. Am J Health-Syst Pharm. 1998;55:1620-3.
- How to start a residency: What you really need to know (ASHP web)
- Fact sheet on the ASHP pharmacy residency match... (ASHP web)
- CMS audit-update August 2010 (ASHP web)
- CMS final rule with comments (ASHP web)
- Preceptor's Handbook for Pharmacists (Cuellar and Ginsburg)



ICHP/MSHP 2011 Spring Meeting
You Can Do It! How to Start a Residency
Chris Herndon, PharmD
121-000-11-011-L04-P

Post Test Questions:

1. The CMS pass through reimbursement for qualified educational programs is dependent on which of the following:

- a. Number of full time pharmacist FTEs
- b. Number of medicare patients on average (Medicare %)
- c. Salary of the DOP
- d. Affiliation with a School of Pharmacy

2. Smaller hospitals may not seek learning experiences outside of their institution for training residents.

- a. True
- b. False

3. Which of the following most closely coincides with ASHP requirements for Residency Program Directors?

- a. 3 years of experience and an ASHP accredited residency
- b. Completion of a PGY2 residency
- c. Nomination by the pharmacy staff
- d. Nomination by the ASHP accreditation council

4. Non-traditional residency programs (i.e. extended programs) are acceptable and accredited by ASHP.

- a. True
- b. False

5. Residency programs must be accredited by ASHP in order to qualify for CMS pass-through reimbursement of qualified educational expenses.

- a. True
- b. False