



# Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Program Manual

## Program Year 2023-2024

Highmark Inc.  
120 Fifth Avenue  
Pittsburgh, PA 15222

Ellen M. Feeney, PharmD, BCPS  
Director, Clinical Pharmacy Strategies  
Residency Program Director

Steven Kheloussi, PharmD, MBA, FAMCP  
Manager, Clinical Pharmacy

Mina Antonius, PharmD  
Senior Pharmacist  
Residency Program Coordinator

Iris Tang, PharmD  
Senior Pharmacist  
Residency Program Coordinator

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## I. Residency Purpose

PGY1 pharmacy residency programs build upon the Doctor of Pharmacy (PharmD) education and outcomes to develop managed care pharmacist clinicians with diverse patient care, leadership, and education skills who are eligible for board certification and 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.

Highmark's residency will provide a unique environment within one of the largest health insurers in the United States, with a goal of granting exposure to a multifaceted approach to managed care pharmacy. The program will provide the resident with exposure to virtually all areas of managed care pharmacy, including formulary and policy development, utilization management, medication therapy management, case and disease management, outcomes research and specialty pharmacy. In addition, the resident will present a poster at a national meeting of managed care organizations and/or publish an article in a peer reviewed professional journal.

## II. Requirements and Selection of Residents

### A. Qualifications of the Resident

1. The resident will be a graduate of an Accreditation Council for Pharmacy Education (ACPE) accredited PharmD program (or a program that is in the process of pursuing accreditation); confirmation provided by receipt of pharmacy school transcript(s). Practicing pharmacists without a PharmD may be considered on a case-by-case basis if sufficient proof of clinical skills and experience are provided.
2. The resident will obtain pharmacist licensure in the Commonwealth of Pennsylvania via exam, score transfer or reciprocity, no later than August 31, 2022.
  - a. Failure to obtain licensure by the deadlines noted above will result in dismissal from the program. An extension may be granted for extenuating circumstances on a case-by-case basis.
3. Applicants must adhere to and participate in the National Matching Services process.
4. Applicants are required to submit their application, pharmacy school transcript(s), three letters of recommendation, Curriculum Vitae and personal statement via the online PhORCAS system by December 31, 2021.
5. An interview is required, which will include a managed care presentation, a clinical skills assessment and critical thinking assessment. Interviews will be conducted in January and February 2022.

### B. Resident Selection Process

#### 1. Application Review

- a. The purpose of application review is to determine which candidates will be invited to a screening interview.
- b. Application review will be completed by the Residency Program Director (RPD), Residency Program Coordinator(s) (RPC) and preceptors, as deemed necessary.
- c. The application review process will review the following parameters against an approved rubric.
  - i. Overall Professional GPA
  - ii. Letters of recommendation
  - iii. Managed Care experience
  - iv. Professional pharmacy experience
  - v. Letter of intent
- d. Up to 20 candidates who meet the minimum pre-specified application review score will automatically be offered a phone interview.
- e. Candidates not meeting the minimum pre-specified application review will not be offered an interview, even if additional interview slots remain.

#### 2. Screening Interview

- a. The purpose of the screening interview is to determine which candidates will be invited to a full interview.
- b. The screening interview will be conducted by the RPD, RPCs and/or program preceptors.
- c. The candidates will be assessed for fit with the program goals and Highmark pharmacist teams.
- d. Following the screening interview, the top 12 highest-scoring candidates recommended to move forward will be offered a full interview.
- e. Based on the results of the screening interviews, or if more than 12 candidates meet the minimum score for a full interview, up to 3 additional candidates may be scheduled for a full interview (total of 15 candidates for full interviews).

#### 3. Full Interview

- a. The purpose of the full interview is to determine which candidates will be ranked for the Match.
- b. The interview will be conducted by the RPD, RPCs, Manager of Clinical Pharmacy, preceptors and current residents.
- c. The interview will consist of the following components:

- i. Welcome
  - ii. Overview of Program
  - iii. Candidate Presentation
  - iv. Clinical and critical thinking assessments
  - v. Meeting Current Residents
  - vi. Formal Interviews
  - vii. Question & Answer Session
- d. The candidate presentation, assessments and formal interviews will be scored for each candidate.

#### 4. Rank Order List

- a. The Residency Advisory Committee (RAC) will meet to review candidate scores, applications and interviews to determine the final rank order list.
- b. Candidates are initially ranked according to final scores.
- c. Rank order may change based on discussion with the RAC.
- d. Any RAC member may suggest not to rank a candidate but must state the reason.
- e. Based on the feedback from the RAC meeting, the RPD will determine the final rank order list using all available information and input from the team.

### C. Diversity, Equity, Inclusion & Belonging (DEIB)

#### 1. Definitions

- a. **Diversity:** Differences among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, and other human differences.
- b. **Equity:** Fair treatment for all while striving to identify and eliminate inequities and barriers.
- c. **Inclusion:** Everyone is included, visible, heard and considered.
- d. **Belonging:** Everyone is treated and feels like a full member of the larger community, and can thrive

#### 2. Recruitment

The following steps shall be taken to ensure a diverse set of candidates are recruited for the residency program:

- a. Include a diverse representation of preceptors and staff in recruiting activities.
- b. Outreach to schools of pharmacy and student pharmacist organizations with high enrollment of Black, Indigenous, and People of Color (BIPOC), including Historically Black Colleges and Universities (HBCUs).
- c. Virtual recruiting session open to all student pharmacists
- d. Highmark Health is proud to be recognized by Newsweek as one of America's Greatest Workplaces for Diversity (February 2023). Highmark Inc. specifically earned a 5-star rating.
- e. Highmark Health offers a wide variety of DEIB programs and resources, including ten employee-led business resource groups, more than 13,500 companywide Inclusivity Reset Trainings annually, a diversity, equity and inclusion (DEI) playbook for leaders, an LGBTQ+ Benefit Guide, and three DEI accountability committees including a national advisory council.

#### 3. Candidate Review

The following steps shall be taken to ensure candidates are reviewed in an equitable manner:

- a. Include a diverse representation of preceptors and staff in candidate review.
- b. Blinded application review
- c. Highmark values candidates with a history of actively seeking out clinical and volunteer experience with diverse and underrepresented populations



## IV. Requirements for Successful Completion of the Residency Program

### A. Requirements for Graduation

Upon completion of these requirements, the resident will be awarded a certificate of residency completion.

1. The resident will obtain pharmacist licensure in the Commonwealth of Pennsylvania via exam, score transfer or reciprocity, no later than August 31 of the program year.
  - a. Failure to obtain licensure by the deadlines noted above will result in dismissal from the program. An extension may be granted for extenuating circumstances on a case-by-case basis.
2. As full-time employees, residents may be eligible for temporary leaves of absence; however, the resident will not be absent for more than 45 days of work over the course of the residency program year.
3. The resident will follow all policies and procedures as outlined in the PGY1 Managed Care Pharmacy Residency Program Manual.
4. The resident must show sufficient progress in attaining the goals and objectives of the program, defined as:
  - a. A rating of "4 - Independent Practice" or better on all required critical objectives by the final assessment opportunity.
  - b. A rating of "3 - Guided Practice" or better on all required objectives (other than the required critical objectives) by the final assessment opportunity.
  - c. A minimum average rating of:
    - i. 2.8 or better on the summative evaluation at the conclusion of the second quarter.
    - ii. 3.5 or better on the summative evaluation at the conclusion of the residency program.
  - d. The resident must meet all minimum requirements as outlined in each learning experience.
5. The resident is required to comply with all Highmark Inc. corporate policies and procedures.

### B. Failure to Meet Requirements

Residents who are unable to meet the requirements of the residency program will not receive a certificate of completion and may be dismissed from the program.

An exception may be granted for extenuating circumstances on a case-by-case basis.

### C. Sufficient Progress

In order to receive a certificate of residency completion, each resident must achieve a minimum average rating of:

1. 2.8 or better on the summative evaluation at the conclusion of the second quarter.
2. 3.5 or better on the summative evaluation at the conclusion of the residency program.

While not required, in order to successfully progress through the program, it is recommended that residents aim to achieve a rating of:

1. 2.5 or better on the summative evaluation at the conclusion of the first quarter.
2. 3.2 or better on the summative evaluation at the conclusion of the third quarter.

Failure to progress will result in implementation of a performance improvement plan as outlined in the disciplinary action policy (Section IV.D.) and may lead to dismissal from the program.

## D. Disciplinary Action

### 1. Disciplinary Action Committee

The Disciplinary Action Committee (DAC) will consist of the RPD, RPCs, and management. Depending on the situation, preceptors may be asked to provide input to the DAC regarding resident deficiencies and progress towards goals.

### 2. Performance Improvement

#### a. Initiation

A Performance Improvement Plan (PIP) or Corrective Action Plan (CAP) will be implemented when the resident meets one of the following:

- Failure to progress (see IV.D. Resident Progress)
- The resident is deficient in one or more required competencies and is not making sufficient progress to attain the required score by the last evaluation period (see V.B. Required Competencies)
- The resident is deficient in one or more activities and is not making sufficient progress to attain the required score by the end of the rotation.

#### b. Components

When the DAC determines that a PIP/CAP is required, the RPD, RPCs, and preceptors (as needed) will meet to develop an individualized PIP/CAP for the resident. The PIP/CAP must consist of the following components:

- Start and end dates for the performance improvement period
- A documented counseling note, including rationale for the performance improvement plan, including deficiencies, previous counseling for each deficiency and expectations of the resident.
- A formal action plan, including activities to be evaluated and evaluation method.
- Consequences for failure to improve as outlined in the PIP.

#### c. Implementation

Once the PIP/CAP has been developed, the RPD will meet with the resident to discuss implementation of the PIP/CAP. Implementation of the PIP must include the following components:

- Acknowledgement by the resident of formal counseling.
- Acknowledgement by the resident of receipt of the following:
  - Documented counseling note, including rationale for the PIP, deficiencies, previous counseling and expectations
  - Formal action plan including start date, end date, activities to be evaluated and evaluation method.
  - Consequences for failure to improve.

Residents are expected to meet no less frequently than once weekly with the RPD, RPCs, and preceptors (as needed) to discuss progress on and any changes to the PIP/CAP.

#### d. Resolution

At the end of the performance improvement period, the resident will meet with the RPD, RPCs, and preceptors (as needed) to discuss the next steps. Examples of next steps may include:

- Removal of the PIP/CAP
- Continuation of the PIP/CAP and/or initiation of a new PIP/CAP
- Ineligibility for Certificate of Residency Completion
- Dismissal

### 3. Dismissal

Residents may be dismissed from the residency program for serious acts of incompetence, impairment, and/or unprofessional behavior. No notice is required prior to dismissal from the program. Residents who are dismissed from the program will not be eligible to receive a Certificate of Residency Completion. Additionally, residents dismissed from the program may be terminated, in compliance with Highmark Inc. corporate policies and procedures.

## V. Program Structure

### A. Learning Experiences

#### 1. Schedule of Learning Experiences

Area	Residency Program	Pharmacy Services			Clinical Services	
Rotation/Domain	Orientation	Data Analytics	Evidence-Based Medicine & Policy	Experiential Teaching & Management	Utilization Management	Clinical Programs
July						
August						
September						
October						
November						
December						
January						
February						
March						
April						
May						
June						

#### 2. Quarterly Schedule

Quarter	Start Date	Midpoint End	Quarter End
Quarter 1	07/03/2023 (Week 1)	08/18/2023 (Week 7)	09/29/2023 (Week 13)
Quarter 2	10/02/2023 (Week 14)	11/17/2023 (Week 20)	12/29/2023 (Week 26)
Quarter 3	01/01/2024 (Week 27)	02/15/2024 (Week 33)	03/29/2024 (Week 39)
Quarter 4	04/03/2024 (Week 40)	05/17/2023 (Week 46)	06/28/2023 (Week 52)

## B. Assessment Schedule

Time Period	Resident	Preceptor(s)	RPD
<b>Beginning of Residency</b>	<ul style="list-style-type: none"> <li>Initial Self-Assessment</li> <li>Initial Learning Preferences Self-Assessment</li> <li>Initial Individual Development Plan</li> </ul>		<ul style="list-style-type: none"> <li>Review Resident Individual Development Plan</li> </ul>
<b>Beginning of Each Learning Experience</b>	<ul style="list-style-type: none"> <li>Initial Learning Experience Self-Assessment (optional)</li> </ul>		
<b>Midpoint of Each Learning Experience</b>		<ul style="list-style-type: none"> <li>Verbal Midpoint Assessment</li> </ul>	
<b>End of Each Learning Experience</b>	<ul style="list-style-type: none"> <li>ASHP Preceptor Evaluation</li> <li>ASHP Learning Experience Evaluation</li> <li>Summative Self-Assessment</li> </ul>	<ul style="list-style-type: none"> <li>Summative Assessment</li> </ul>	
<b>Following an assignment, presentation or discussion</b>		<ul style="list-style-type: none"> <li>Verbal Feedback</li> <li>Snapshot Evaluation</li> </ul>	
<b>Quarterly</b>	<ul style="list-style-type: none"> <li>Summative Self-Assessment</li> <li>Individual Development Plan</li> </ul>		<ul style="list-style-type: none"> <li>Summative Assessment</li> <li>Review Resident Individual Development Plan</li> </ul>
<b>Midpoint</b>	<ul style="list-style-type: none"> <li>Midpoint Learning Preferences Self-Assessment (optional)</li> </ul>		
<b>At the Conclusion of the Residency</b>	<ul style="list-style-type: none"> <li>Final Self-Assessment</li> <li>Final Learning Preferences Self-Assessment</li> </ul>		

## C. Competency Areas, Goals & Objectives

### **R1 Patient Care**

R1.1 Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.

**R1.1.1 Demonstrate responsibility and professional behaviors as a member of the health care team.**

R1.1.2 Interact effectively with individual patients and caregivers.

**R1.1.3 Collect relevant subjective and objective information for the provision of individualized patient care.**

**R1.1.4 Analyze and assess information collected and prioritize problems for provision of individualized patient care.**

**R1.1.5 Design a safe and effective individualized patient centered care plan in collaboration with other health care professionals, the patient, and caregivers.**

R1.1.6 Implement medication therapy plan in collaboration with other health care professionals, the patient, and caregivers.

R1.1.7 Monitor and evaluate the effectiveness of the medication therapy plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.

R1.1.8 Collaborate and communicate effectively with patients, family members, and caregivers.

R1.1.9 Collaborate and communicate effectively with other health care team members.

R1.1.10 Document patient care activities appropriately and efficiently.

R1.2 Provide safe and effective medication-related patient care when patients transition between care settings.

R1.2.1 Identify needs of individual patients experiencing care transitions.

R1.2.2 Manage and facilitate care transitions between patient care settings.

R1.3 Support safe and effective access to drug therapy for patients.

R1.3.1 Assess whether network retail, mail order and specialty pharmacies follow best practices and the organization's policies and procedures.

R1.3.2 Manage aspects of the medication-use process related to formulary management.

R1.3.3 Participate in the review of medication event reporting and monitoring.

R1.3.4 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.

R1.4 Design and implement medication-related programs and interventions that contribute to public health efforts or population management.

R1.4.1 Design and/or deliver programs for members that focus on health improvement, wellness, and disease prevention (e.g., immunizations, health screenings).

R1.4.2 Design and/or deliver programs for members that support quality measures to improve outcomes of medication therapy.

## **R2 Leadership and Management**

R2.1 Manage services of the managed care pharmacy practice environment.

R2.1.1 Manage patient care services at the managed care practice site.

R2.1.2 Participate in organizational level management activities, functions, and/or decision-making.

R2.1.3 Identify relevant external factors that influence or impact managed care practice and identify appropriate strategies to adjust, comply, or improve.

R2.1.4 Evaluate an existing collaborative practice agreement or, if not available, create a new one, in order to understand the implementation process for a state-based protocol to expand the scope of practice for pharmacists.

R2.1.5 Identify and define ways in which medication management is provided in various managed care settings, lines of business (e.g., commercial, Medicare) and with diverse patient populations.

R2.1.6 Explain, or demonstrate understanding of, the patient intake process for specialty pharmacy patients.

R2.1.7 Demonstrate understanding of Risk Evaluation and Mitigation Strategies (REMS) for patients receiving specialty pharmacy medications.

R2.1.8 Demonstrates understanding of how specialty pharmacies fulfill prescriptions/medication orders for patients.

R2.2 Demonstrate personal and professional leadership skills.

### **R2.2.1 Manage oneself effectively and efficiently.**

R2.2.2 Apply a process of on-going self-evaluation and personal performance improvement.

R2.2.3 Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.

R2.2.4 Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.

R2.2.5 Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.

R2.3 Demonstrate management skills.

R2.3.1 Explain factors that influence departmental planning.

R2.3.2 Demonstrate understanding of the elements of the Joint Commission of Pharmacy Practitioners Pharmacist Care Process and its relationship to the healthcare system.

R2.4 Maintain confidentiality of patient and proprietary business information.

R2.4.1 Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.

R2.4.2 Observe organizational policy for the safeguarding of proprietary business information.

R2.4.3 Explain the relationship between the health plan and the delivery system functions of managed care.

R2.5 Demonstrates understanding of unique aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.

**R2.5.1 Compare and contrast the provision of medication management in the various managed care environment.**

**R3 Advancing Managed Care Practice and Improving Patient Care**

R3.1 Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.

R3.1.1 Explain the organization's process for tracking the progress of drugs in the development pipeline.

R3.1.2 Prepare a drug class review or monograph.

R3.1.3 Identify opportunities for implementation of utilization management strategies.

**R3.1.4 Develop and implement clinically appropriate utilization management criteria (e.g. Prior Authorization, Step Therapy, Quantity Limits, and Drug Utilization Review (DUR) edits to enhance patient care.**

R3.1.5 When appropriate, present the recommendations contained in a drug class review or monograph and/or utilization management criteria to members of the P&T Committee.

R3.1.6 Participate in the organization's process for evaluating the impact of implementation of formulary and/or utilization management changes on patient care.

R3.1.7 Exercise skill in basic use of databases and data analysis.

**R3.1.8 Develop and propose recommendations to the appropriate committee based on the use of electronic data and information from internal information databases, external online databases, and the Internet.**

R3.2 Design and implement clinical programs to enhance the efficacy of patient care.

R3.2.1 Explain the organization's process for designing clinical programs.

R3.2.2 Design or update an existing clinical program.

R3.3 Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients, health care providers, or plan sponsors.

R3.3.1 Formulate a systemic, efficient, and thorough procedure of retrieving and selecting the appropriate drug information.

R3.3.2 Formulate responses to drug information requests based on analysis of the literature.

R3.4 Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care in a managed care setting.

R3.4.1 Identify and design a practice related project to improve patient care in a managed care setting.

R3.4.2 Implement a practice related project to improve patient care in a managed care setting.

R3.4.3 Assess a practice related project to improve patient care in a managed care setting.

**R3.4.4 Effectively develop and present, orally and in writing, a final project report.**



## **R4 Teaching, Education, and Dissemination of Knowledge**

R4.1 Provide effective education and/or training.

R4.1.1 Design effective education and/or training activities based on the learners' level and identified needs.

R4.1.2 Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.

**R4.1.3 Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.**

R4.1.4 Appropriately assess effectiveness of education.

### **D. Critical Objectives**

1. R1.1.1: (Responding and Applying) - Demonstrate responsibility and professional behaviors as a member of the health care team.
2. R1.1.3: (Valuing and Analyzing) - Collect relevant subjective and objective information for the provision of individualized patient care.
3. R1.1.4: (Analyzing) - Analyze and assess information collected and prioritize problems for provision of care.
4. R1.1.5: (Valuing and Creating) - Design a safe and effective individualized patient centered care plan in collaboration with other health care professionals, the patient and caregivers.
5. R2.2.1: (Applying) - Manage oneself effectively and efficiently.
6. R2.5.1: (Analyzing) - Compare and contrast the provision of medication management in the various managed care environment.
7. R3.1.4 (Creating) - Develop and implement clinically appropriate utilization management criteria (e.g. Prior Authorization, Step Therapy, Quantity Limits, and Drug Utilization Review (DUR) edits) to enhance patient care.
8. R3.1.8 (Creating) – Develop and propose recommendations to the appropriate committee based on the use of electronic data and information from internal information databases, external online databases, and the internet.
9. R3.4.4 (Creating) - Effectively develop and present, orally and in writing, a final project report.
10. R4.1.3 (Applying) - Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists and other health care professionals.

## VI. Assessment

### A. Minimum Requirements

The resident must achieve all of the following in order to receive a certificate of completion:

1. A rating of "4 - Independent Practice" or better on all critical objectives (Section V.C.) by the final assessment opportunity.
2. A rating of "3 - Guided Practice" or better on all objectives (other than the critical objectives; Section V.B.) by the final assessment opportunity.
3. A minimum average rating of:
  - a. 2.8 or better on the summative evaluation at the conclusion of the second quarter.
  - b. 3.5 or better on the summative evaluation at the conclusion of the residency program.
4. The resident must earn at least 1,334 direct patient care (DPC) credits (Section VI.B.)
5. The resident must meet all minimum requirements as outlined in each learning experience.

## B. Direct Patient Care (DPC) Credits

To complete the required direct patient care requirement (two-thirds of the residency program, per ASHP), the resident will be required to obtain a minimum of 1,334 direct patient care (DPC) credits. Credits are determined by taking the average time multiplied by the percentage of direct patient care required to complete each task. DPC credits are assigned as below. Additional assignments may be assigned DPC credits at the discretion of the RPD.

Activity	Estimated Average Time Required (Hours)	% DPC	DPC Credits Per Each	Minimum Required	Total DPC Credits	Total Estimated Hours
Comprehensive Medication Review	2	100%	2	50	100	100
Case Management Tasks	1.5	100%	1.5	100	150	150
Adherence Tasks	0.5	100%	0.5	120	60	60
Adherence Projects	10	50%	5	5	25	50
Collaborative Practice Agreement	10	70%	7	1	7	10
Pilot Program (Design)	40	100%	40	1	40	40
Coverage Determination (UM)	0.33	100%	0.33	900	300	300
Utilization Management Surveys	2	100%	2	10	20	20
Preliminary Medication review	8	70%	5.6	8	44.8	64
Class Review	50	70%	35	3	105	150
Policy	2.5	100%	2.5	40	100	100
Educational Session	5	50%	2.5	1	2.5	5
P & T Meeting	2	100%	2	6	12	12
P & T Prep Meeting	1.5	100%	1.25	50	62.5	75
Clinical Presentation	20	50%	10	5	50	100
Journal Club	10	50%	5	2	10	20
Drug Information Question	3	100%	3	16	48	48
New Indication Document	2	75%	1.5	6	9	12
Pipeline Document	4	50%	2	1	2	4
Research Project (per Quarter)	40	50%	20	4	80	160
Continuing Education Presentation	30	75%	22.5	0	0	0
Interactive Teaching Experience	25	50%	12.5	0	0	0
Interactive Lab	4	100%	4	0	0	0

## C. Evaluation Strategy

All evaluations must be discussed between the resident and preceptor(s) and co-signed by the resident, preceptor(s) and RPD. Quarterly, summative, summative self-, and midpoint evaluations must be submitted in PharmAcademic no later than 1 business day prior to the scheduled evaluation meeting to allow for adequate review and discussion. The resident is responsible for scheduling all midpoint, quarterly and summative evaluations. Preceptor and learning experience evaluations are due before close of business on the last day of the learning experience.

### 1. Preceptor Evaluations

The primary preceptor is responsible for completion of all evaluations; however, input from all preceptors must be incorporated. The evaluation meeting and all evaluation co-signs must be completed no later than the last day of the quarter learning experience.

#### a. Formative Evaluation

Throughout the learning experience, the preceptor(s) must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive. At a minimum, weekly verbal feedback must be provided; however, written feedback is required if the resident is not progressing as expected. All feedback, including verbal and written, must be documented in PharmAcademic.

##### (1) Snapshot Evaluations

Snapshots must be completed for all major assignments, presentations and topic discussions in order to assess the resident's progress towards the learning experience objectives and minimum requirements. For continuous activities (i.e. UM staffing, MTM staffing, etc.), preceptors should complete a snapshot for these activities on a weekly or monthly basis. Each snapshot should be completed and discussed with the resident within 5 business days following completion of the learning activity.

##### (2) Feedback

Residents will be given regular verbal and written feedback throughout each learning experience. Preceptors should aim to provide formative feedback on every major assignment and at regular time intervals (i.e. weekly, monthly) for ongoing tasks/assignments. All feedback should be documented in PharmAcademic no later than 5 business days after completion of the task. The RPD and/or RPC(s) may coordinate program-wide feedback sessions.

#### b. Summative Evaluation

This evaluation summarizes the resident's performance to date in the learning experience with respect to the required objectives and minimum requirements. Assessment of resident progress should be based on the criteria for each of the assigned objectives. Specific comments should be included to provide the resident with information they can use to improve their performance moving forward.

##### (3) Midpoint Evaluations

At the midpoint of the learning experience, the preceptor(s) will complete a verbal summative evaluation. The preceptor must document that this discussion occurred and any areas where the resident is not progressing as anticipated. It is the resident's responsibility to schedule a 30-minute midpoint evaluation with the primary preceptor of each learning experience during week 7 of each quarter.

(4) **Quarterly Evaluations**

At the end of the learning experience, the preceptor(s) will complete a summative evaluation. The preceptor(s) will discuss this evaluation with the resident. It is the resident's responsibility to schedule a 45-minute quarterly evaluation with the primary preceptor of each learning experience during the final week of each quarter.

2. **Resident Evaluations**

a. **Summative Self-Evaluation**

At the end of the learning experience, the resident will complete a summative self-evaluation. The resident will focus on development of skills throughout the learning experience and areas of opportunity for continued growth moving forward.

b. **Evaluation of Preceptor(s) and Learning Experience**

At the end of the learning experience, the resident will evaluate all preceptor(s) and learning experience. These evaluations do not need to be discussed with the preceptor(s); however, the resident may feel free to discuss any feedback during the final learning experience evaluation meeting.

3. **Individual Development Plans**

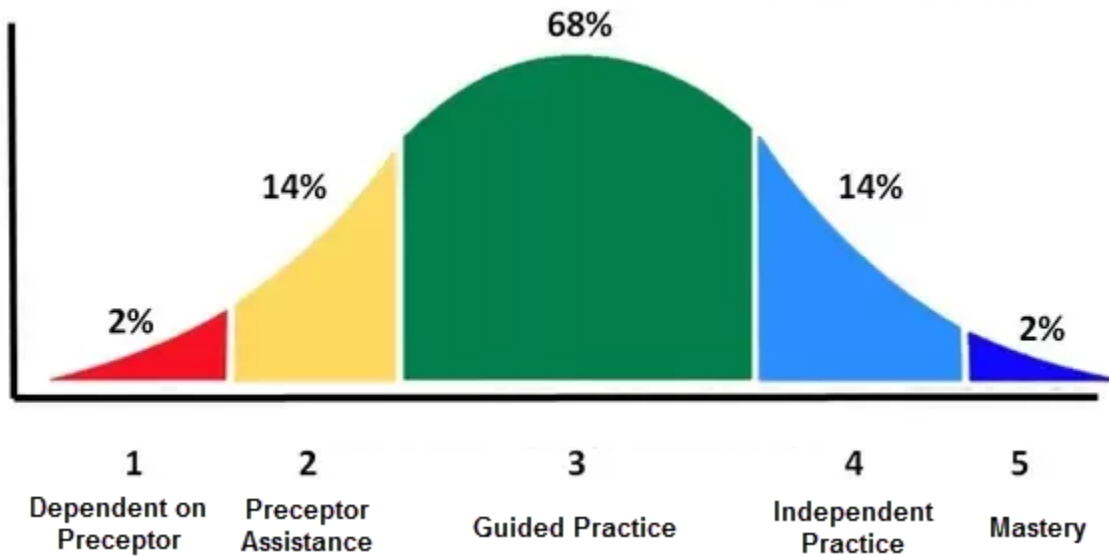
At the end of orientation and then quarterly, the resident will meet with the RPD and RPCs to review their individual development plan. Each plan will consist of strengths, areas of opportunity, interests, career goals (both short- and long-term), and an action plan. This is a resident-driven plan; residents are expected to update their plan prior to the quarterly meetings and come ready to discuss their progress. The plan will include concrete action items for the resident to work towards throughout the residency program.

4. **Program Evaluations**

Once per quarter, the RPD and RPCs will meet with the resident to review their progress towards the program goals and objectives. This is a holistic evaluation, considering the progress in each learning experience.

## 5. Rating Scale

Rating	Description	Assignment	Presentation	Discussion
0	Incomplete	Assignment was not turned in on time or was incomplete.	Presentation was not completed on time.	No baseline research is completed. Resident does not participate in discussion.
1	Dependent on Preceptor	Resident is unable to complete work with any level of independence and is completely dependent on the Preceptor to complete the task.	Resident presentation demonstrates knowledge of the information. Resident is unable to answer questions that require comprehension or application of knowledge.	Little to no baseline research is completed. Resident participation in the discussion does not show comprehension of the topic, even with continued guidance from the preceptor.
2	Preceptor Assistance	Resident can complete some parts independently or with minimal assistance but is somewhat dependent on the Preceptor to complete the task.	Resident presentation demonstrates comprehension of the information. Resident is unable to answer questions that require application of knowledge.	Resident comes prepared with their own research on baseline knowledge of the topic. Resident shows understanding of the material being discussed, but is not able to apply the information, even with guidance from the preceptor.
3	Guided Practice	Resident can complete most parts independently but may require some guidance from the Preceptor to complete the task.	Resident presentation demonstrates comprehension and some application of the information. Resident demonstrates the ability to answer questions that require application of knowledge.	Resident comes prepared with their own research to contribute to the topic discussion. Resident shows understanding of the material being discussed but may need guidance with application.
4	Independent Practice	Resident can complete most or all parts accurately and independently. Preceptor feedback consists of mostly consultative recommendations.	Resident presentation demonstrates comprehension and application of the information. Resident demonstrates the ability to answer questions that require application and either analysis or evaluation of knowledge.	Resident comes prepared with their own research to lead the topic discussion. Resident demonstrates understanding and the ability to apply information discussed.
5	Mastery	Resident completes all parts accurately and independently. Preceptor is not able to identify any areas of opportunity.	Resident presentation demonstrates comprehension, application, and either analysis or evaluation of the information. Resident demonstrates the ability to answer questions that require analysis or evaluation of knowledge.	Resident comes prepared with their own research to lead the topic discussion. Resident demonstrates understanding and the ability to apply and either analyze or evaluate the information discussed.
+	Plus Designation	The plus designation may be added to a rating of 1 – Dependent on Preceptor, 2 – Preceptor Assistance, 3 – Guided Practice or 4 – Independent practice. The plus designation can be used for residents who meet the criteria for the rating received but are trending towards the next level.		



## 6. Resident Progression

- Ratings should follow a bell curve, with most of the resident work falling into the 3 – Guided Practice range. Residents will be on the left side of the curve towards the beginning of the residency and will move right as the residency progresses.
- Each task will have a rating required to be achieved by the resident. Core clinical competencies of the program will have a higher required rating than elective or tasks that only require a limited understanding of the task for adequate completion.
- Progress towards the program minimum requirements is to be tracked and reported in a format provided by the RPD.

## VII. Program Oversight

### A. Residency Program Director

The residency program director (RPD) is a pharmacist who is ultimately responsible for oversight of the residency program. The RPD works with the residency program coordinator(s), management, and preceptors to ensure integration of the residency program within the organization. The RPD is the chairperson of the Residency Advisory Committee and Executive Residency Advisory Committee.

### B. Residency Program Coordinator(s)

The residency program coordinator(s) (RPC(s)) is a pharmacist(s) who assist the RPD with daily oversight of the resident activity. The RPC(s) are members of the Residency Advisory Committee and Executive Residency Advisory Committee.

### C. Management

The manager(s) of Clinical Pharmacy Strategies and Clinical Pharmacy Operations work collaboratively with the RPD and RPC(s) to coordinate resident activities within their organizations. All managers are members of the Residency Advisory Committee and Executive Residency Advisory Committee.

### D. Preceptors

Preceptors are pharmacists who are responsible for supervising resident practice during their respective learning experiences. Preceptors are also primarily responsible for providing formative and summative feedback to the residents and Residency Advisory Committee regarding progress towards the residency objectives. Preceptors must meet one of the following minimum qualifications:

1. Completion of a PGY1 residency with at least 12 months of additional practice experience.
2. Completion of a PGY2 residency with at least 6 months of additional practice experience.
3. At least three years of practice experience and an ability to teach the learning experience.

#### 1. Primary Preceptors

The primary preceptor is ultimately responsible for oversight of their learning experience. One primary preceptor will be appointed for all learning experiences. The primary preceptor will be responsible for activities including, but not limited to creating learning experiences, scheduling learning activities, attending the Residency Advisory Committee (RAC) meetings, completing resident evaluations and coordinating with adjunct preceptors.

#### 2. Adjunct Preceptors

Adjunct preceptors are responsible for oversight of day-to-day learning activities of the residents and for working with the primary preceptor to create learning experiences, schedule learning activities, provide resident feedback, complete resident evaluations.

#### 3. Preceptors-In-Training

Pharmacists who wish to precept residents, but do not meet the minimum qualifications may be designated preceptors-in-training. Each preceptor-in-training will be assigned a preceptor-in-training advisor, who is a fully-qualified preceptor. The preceptor-in-training advisor will be responsible for working with the preceptor-in-training, RPD and RPC(s) to create and execute a preceptor development plan.



## E. Residency Advisory Committee

The Residency Advisory Committee (RAC) will consist of the RPD, RPCs, management and primary preceptors for each rotation. The RAC meets to discuss resident progress, strengths, and opportunities for improvement. The RAC will also be responsible for approving program changes, as proposed by the Executive RAC.

### 1. Executive Residency Advisory Committee

The Executive Residency Advisory Committee (RAC) will consist of the RPD, RPCs and management. The Executive RAC will make decisions regarding the oversight of the residency program, including but not limited to scheduling, learning experiences, policies and procedures, appointment of preceptors and resident disciplinary action.

## F. Highmark Corporate Structure

### 1. Clinical and Specialty Pharmacy Strategies

Clinical and Specialty Pharmacy Strategies (CSPS) is a department within Pharmacy Services. CSPS is responsible for design and maintenance of the Highmark formularies, utilization management programs and specialty programs. Clinical and Specialty Pharmacy Strategies is comprised of the VP CSPS, Director of Specialty Pharmacy, Managers, Lead Pharmacists, Senior Pharmacists, Data Analysts, and Consultants. CSPS also partners with Government Pharmacy Services (GPS) Lead and Senior Pharmacists for Medicare drug management.

### 2. Clinical Pharmacy Operations

Clinical Pharmacy Operations (CPO) is a department within Clinical Services. CPO is responsible for direct patient care, including coverage determinations, medication therapy management and case & disease management. Clinical Pharmacy Operations is comprised of the Director of Clinical Pharmacy Operations, Managers of Clinical Pharmacy Operations, and Pharmacists. Non-teaching staff include the Manager of Utilization Management Support and Customer Service Representatives.

### 3. Population Health Pharmacy

Population Health Pharmacy is a department within Strategic Integration. Population Health Pharmacy is responsible for the development of best practices and strategy deployment to help optimize patient care through chronic disease state management, improving transitions of care, and reducing overall healthcare costs. Population Health Pharmacy is comprised of Strategy Pharmacists, SWAT Pharmacists, and Integrated Pharmacists (within AHN).

## VIII. Expectations of the Pharmacy Resident

### A. Attendance

Residents are expected to arrive prior to the start of the working day (8:00 a.m. ET) and be present until the end of the working day (5:00 p.m. ET). Except when provided advanced permission or in the case of an emergency, residents are expected to be present at their designated work site (i.e., in office or remotely). Working remotely may be permitted in accordance with Highmark corporate policies (Section VIII.B.) Consistent failure to adhere to the attendance policy may result in disciplinary action.

### B. Working Remotely

#### 1. Definition

Working remotely is defined as working on residency activities in a location that is not owned by Highmark. Residents will be provided with a laptop and access to the Highmark network for use remotely. Residents are expected to take their laptop home with them at the end of each in-office working day. Residents must follow all Highmark corporate guidelines with respect to working remotely.

#### 2. Workplace Designations

Depending on workspace designation (i.e., on-site or flex), residents may be scheduled to work remotely on specific days or an ad-hoc basis. Day-to-day workspace arrangements will be discussed between the resident and RPD.

##### a. Flex

Residents will be automatically designated as flex workers at the beginning of their residency. Residents designated as flex may still be expected to attend in-office days up to an average of 2 times per week, but most days will be permitted to work remotely.

##### b. On-site

Residents may request a designation of on-site if their preference is to work in a Highmark corporate office most days. On-site workers are expected to be present in a Highmark office 3 or more days per work week.

### C. Leave

Residents must adhere to all Highmark Inc. corporate policies and guidelines regarding leave. Residents receive personal time off (PTO), which may be used throughout the residency program year. Except in the case of an emergency, advance approval for use of time off is required from the RPD. Should extended time off be required, residents are eligible for leave, including FMLA. Residents who miss more than 45 working days throughout the residency program year will not be eligible to receive a Certificate of Residency Completion.

#### 1. Holiday Schedule

- Tuesday July 4, 2023 – Independence Day
- Monday September 4, 2023 – Labor Day
- Thursday November 23 – Friday November 24, 2023 – Thanksgiving
- Monday December 25 – Tuesday December 26, 2023 – Christmas
- Monday January 1, 2024 – New Year's Day\*
- Monday January 15, 2024 – Martin Luther King Jr. Day\*
- Monday May 27, 2024 – Memorial Day\*

*\*pending Highmark Health board final approval*

## D. Duty-Hours

### 1. Definition

Duty hours are defined as all scheduled clinical and academic activities related to the pharmacy residency program. This includes inpatient and outpatient care, in-house call, administrative duties, scheduled and assigned activities, such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program.

**Duty hours do not include** reading, studying, and academic preparation time for presentations, journal clubs; or travel time to and from conferences; and hours that are not scheduled by the residency program director or preceptor.

Assigned duties that are required to meet the educational goals and objectives of the residency program are considered scheduled duty periods. These duty periods may encompass hours which may be within the normal workday, beyond the normal workday, or a combination of both.

ASHP Duty Hours Requirements: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.pdf>

### 2. Personal and Professional Responsibility for Patient Safety

1. The Residency program director (RPD) will educate residents and preceptors concerning their professional responsibilities to be appropriately rested and fit for duty to provide services required by patients and health care. Residents will receive training as part of the new hire and orientation process. Preceptors will be instructed during a Residency Advisory Committee (RAC) meeting.
2. The RPD will educate residents and preceptors to recognize signs of fatigue and sleep deprivation. Residents demonstrating these signs should be reported to the RPD as soon as possible.
3. Residents and preceptors must accept personal and professional responsibility for patient care that supersedes self-interest. If necessary, staffing duties may be transitioned to another qualified, rested pharmacist or senior pharmacist as determined by management in collaboration with the RPD.

### 3. Moonlighting

Pursuant to Corporate Policy 13.17 Conflict of Interest, external moonlighting may be considered a conflict of interest. Due to the substantial commitment required to complete the residency, moonlighting is strongly discouraged.

If a resident enrolled in the program finds adequate time to moonlight without compromising patient care and continues to fulfill all program obligations, all moonlighting hours will be counted towards the 80-hour maximum weekly hour limit (see Section VII.C.4). As outlined in Corporate Policy 13.17, any position held outside of the PGY1 MCP residency program that constitutes moonlighting must be approved by the Highmark Integrity Office. All moonlighting must be reported to the RPD and shall include:

- Name and address of facility
- Supervisor name and contact information
- Moonlighting work title and responsibilities
- Moonlighting work schedule

Program staffing requirements take precedence over moonlight work schedules; therefore, residents must coordinate program schedules with moonlight schedules on a weekly basis. Coordinated schedules must be reviewed and approved by the RPD.

Moonlighting is limited to no more than 10 hours per week Monday-Friday and 16 hours Saturday-Sunday.

The RPD will contact the assigned preceptor(s) periodically during the learning experience to ensure the resident is on track for achieving program goals and to ensure patient safety. Permission for moonlighting may be revoked by the RPD at any time.

#### 4. Maximum Hours of Work

Duty hours will be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities and all moonlighting.

#### 5. Maximum Duty Period Length

##### c. Continuous Duty Periods

Continuous duty periods of residents should not exceed 16 hours. The maximum allowable duty assignment must not exceed 24 hours even with built in strategic napping or other strategies to reduce fatigue and sleep deprivation, with an additional period of up to two hours permitted for transitions of care or educational activities.

##### d. At Home On-Call

Residents may be asked to participate as an on-call pharmacist reviewer intermittently through the duration of the program. On-call service requirements may occur at home or in the office. In either case, these hours are included in the 80 hour maximum weekly hour limit.

If residents are called upon to participate in at home on-call program, the RPD will collaborate with management to ensure there is not a negative effect on patient care or residents' learning due to sleep deprivation or serious fatigue.

At-home call hours are not included in the 80 hours a week duty hour's calculation unless the resident is actively working. If a resident is called into the organization while on-call at home, the time spent in the organization by the resident will count towards the 80-hour maximum weekly hour limit. The frequency of at-home on call requires one-day-in-seven free of duty, when averaged over four weeks. No at-home on call will occur on the day free of duty.

#### 6. Tracking

Duty hours must be tracked and reported in a format provided by the RPD.

### E. Professionalism

#### 1. Resident Behavior

It is expected that the resident will act with professional respect and courtesy. Harassment, which may be of a sexual, physical, written, or verbal nature, will not be tolerated at any time. Highmark Inc. is an environment free of illegal drugs, alcohol, and workplace violence. Actions or threats by anyone who disrupts business activities or places customers, employees, suppliers, or visitors at risk of harm will not be tolerated. Additionally, residents are always expected to behave in a professional manner. Residents are required to comply with all Highmark and departmental policies regarding personal and professional conduct. Failure to act with professionalism will result in disciplinary action, as outlined in the disciplinary action policy.

## 2. Deadlines

Residents must meet deadlines for tasks, assignments, projects, and presentations, set by the preceptors.

1. If a deadline is missed, the resident will receive a rating of “0 – Incomplete” for the assignment and a written warning will be issued. A new deadline will be set for the missed assignment. The rating will **not** be revised upon receipt of the completed assignment.
2. Following the second missed deadline, the resident must appear before the DAC and complete a PIP (see IV.D.1. Disciplinary Action).
3. Following the third missed deadline, the resident may be dismissed from the program.

## 3. Preceptor Interaction

Preceptors are available for questions and assistance during scheduled learning experience. Face-to-face meetings with preceptors should be scheduled in advance, whenever possible. Residents are encouraged to use alternative methods of communication including e-mail and instant messaging for non-urgent questions.

## 4. Communication

Good communication, interpersonal skills, and collaboration are vital to success during the residency. The resident must devise efficient strategies for accomplishing the required activities in a limited time frame and with competing priorities. The resident is expected to communicate with preceptors and colleagues to successfully meet expectations.

- Scheduled meeting times: Residents are expected to prioritize questions and problems to discuss during scheduled meeting times. Meetings will begin and end on time as scheduled.
- E-mail: Residents are expected to check e-mail a minimum of three times daily (at the beginning, middle and end of the day). Residents are expected to respond to urgent e-mails within one business day and non-urgent e-mails within three business days.
- Instant Messaging: Residents should be signed into Microsoft Teams and available during the day. Use of “Do Not Disturb” should be limited to times when the resident is presenting their screen or dedicated focus time.
- Cell phone: Residents should only contact preceptors on their personal cell phone for urgent issues or problems that cannot wait until the next business day. Cell phone contact is also permissible during business travel.

## 5. Meetings

Residents are expected to be prepared and attentive for all in-person and virtual meetings.

Expectations include:

- Arrive on time
  - Review all materials ahead of the meeting
  - Complete any preparatory work for the meeting
  - Come prepared to discuss and/or actively participate in workgroup meetings
  - Focus on the meeting (i.e. no multi-tasking)
- a. Leading and/or Facilitating
- If the resident is leading or facilitating the meeting, expectations include:
- Schedule a physical and/or virtual meeting space
  - Arrive early
  - Secure access to the physical or virtual meeting space before/at the start time
  - Send an agenda at least one business day prior to the meeting. The agenda should include the following parts:
    - Topic to be discussed
    - Responsible party(ies)
    - Start time for each item

- Send any preparatory work and/or materials at least one business day prior to the meeting.
- Take a roll call of attendees at the start of the meeting
- Come prepared to lead discussion
- Take and distribute meeting notes and follow-up items to the group

b. One-on-One (1:1) Sessions

(1) Residency Program Director and Manager, Clinical Pharmacy

The RPD will schedule bi-weekly, 25-minute, 1:1:1 sessions with each resident and the Manager of Clinical Pharmacy throughout the course of the program year. The purpose of 1:1:1 sessions is to have a meaningful discussion about workload, project status and development. The RPD and Manager will provide feedback and guidance during each session. The resident is expected to come prepared to discuss the following:

- Project Status, Questions, Concerns (15 minutes)
  - How is your workload?
  - Are projects on track?
  - Are there any projects off track?
  - What questions do you have?
  - What is your plan for the upcoming weeks?
- Resident Development (10 minutes)
  - What are you doing well?
  - What can you do differently?
  - What have you learned?

(2) Residency Program Coordinators

The resident is expected to schedule weekly, 25-minute, 1:1:1 sessions with the RPCs throughout the course of the program year.

The resident is expected to discuss the following:

- Accomplishments in every learning experience:
  - Clinical Programs
  - Data Analytics
  - Evidence-Based Medicine & Policy
  - Experiential Teaching & Management
  - Utilization Management
- Questions/Concerns

c. Topic Discussions

Topic discussion are not a passive learning experience. Resident are expected to do their own research prior to coming to a topic discussion. Suggested resources may be provided; however, the resident is primarily responsible to ensure they have completed sufficient research to achieve the required level of proficiency prior to the discussion. Additional resources will likely need to be consulted by the resident. Failure to complete background research will result in receiving a rating of “0 – Incomplete” for that topic discussion.

Depending on the minimum required rating (i.e., “4 – Independent Practice” or better), the resident may be expected to be knowledgeable enough to lead the topic discussion. This means that the discussion should be primarily driven by the resident, with little guidance or direction from the preceptor(s).

Please refer to the Rating Scale (Section VI.C.5.) for more information on level of baseline knowledge expected for each rating.

Please note that time spent completing academic preparation (e.g., background research) should not be counted towards your weekly duty hours reporting. See Duty Hours Definition (Section VIII.D.1.) for more information on duty hours.

## IX. Orientation

### A. Preceptors

Primary Preceptor:

- Ellen Feeney, Pharm.D., BCPS  
Director, Clinical Pharmacy Strategies  
E-mail: ellen.feeney@highmark.com

Adjunct Preceptor(s):

- Mina Antonius, Pharm.D.  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: mina.antonius@highmark.com
- Iris Tang, Pharm.D.  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: iris.tang@highmark.com

### B. General Description

The orientation learning experience is a required, 4-week learning experience designed to introduce the resident to Highmark Inc. and the departments they will be supporting throughout the program. The resident will complete Highmark new employee training, including confidentiality and HIPAA training. The resident will also complete an orientation to the PGY1 Managed Care Pharmacy Residency Program, including reviewing the program overview, expectations of the resident and an introduction to each of the learning experiences.

#### 1. Responsibilities of the Pharmacy Resident

Hours: 8:00 a.m. - 5:00 p.m.

The resident is responsible for completing all Highmark and residency orientation activities in accordance with Highmark corporate and residency policies. All evaluations are expected to be completed no later than the last day of the learning experience. It is the resident's responsibility to schedule the midpoint (15 minutes) and final (30 minutes) evaluation meetings during the second and last week of the learning experience, respectively.



## C. Required Objectives for this Learning Experience

### 1. Competency Area R2: Leadership and Management

**Goal R2.2:** Demonstrate personal and professional leadership skills.

**Objective R2.2.1: (Applying) Manage oneself effectively and efficiently.\***

Objective R2.2.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Objective R2.2.3: (Applying) Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.

**Goal R2.4:** Maintain confidentiality of patient and proprietary business information

Objective R2.4.1: (Applying) Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.

Objective R2.4.2: (Applying) Observe organizational policy for the safeguarding of proprietary business information.

**\*Critical Objective**

## D. Specific Activities

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to perform. These activities were also selected to help residents work toward achieving specific objectives which in turn will help them achieve the goals assigned to the learning experience. There is usually not one specific activity assigned to help achieve an objective and/or goal.

Residents should familiarize themselves with the objectives associated with each goal as listed above. Achievement of these goals is determined through assessment of the residents' ability to perform the associated objectives. The tables below demonstrate the relationship between the activities residents will perform during the learning experience and the goals/objectives assigned to the learning experience.

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Competency Area R2 - Leadership and Management</b>		
<b>Goal R2.2</b>	<b>Demonstrate personal and professional leadership skills.</b>	
<b>Objective R2.2.1</b> <b>Applying</b>	<b>Manage oneself effectively and efficiently.*</b>	<ul style="list-style-type: none"> <li>• <b>Use time management skills to complete assigned work before all deadlines.</b></li> </ul>
Objective R2.2.2 Applying	Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> <li>• Apply self-assessment techniques to complete the initial self-assessment.</li> <li>• Discuss results of the initial self-assessment with the RPD and RPC(s) to identify areas for personal performance improvement.</li> <li>• Create measurable goals and an action plan for personal performance improvement.</li> <li>• Report progress toward achieving goals.</li> </ul>
Objective R2.2.3 Applying	Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.	<ul style="list-style-type: none"> <li>• Use effective communication skills to express thoughts, ideas and opinions.</li> <li>• Demonstrate respect for colleagues, patients and other healthcare professionals.</li> <li>• Demonstrate ability to accept and act on feedback.</li> </ul>
<b>Goal R2.4</b>	<b>Maintain confidentiality of patient and proprietary business information</b>	
Objective 2.4.1 Applying	Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.	<ul style="list-style-type: none"> <li>• Complete all Highmark corporate training regarding confidentiality of patient information.</li> <li>• Protect all patient information in accordance with legal regulations and Highmark corporate policies.</li> </ul>
Objective R2.4.2	Observe organizational policy for the safeguarding of proprietary business information.	<ul style="list-style-type: none"> <li>• Complete all Highmark corporate training regarding confidentiality of proprietary business information.</li> <li>• Protect all proprietary business information in accordance with legal regulations and Highmark corporate policies.</li> </ul>

\*Critical Objective

## E. Minimum Requirements for the Learning Experience

- Complete all Highmark corporate training with a passing score for all assessments
- Complete the Initial Self-Assessment
- Complete the Initial Learning Preferences Self-Assessment
- Complete the Initial Development Plan
- Complete weekly resident dashboard
- Complete any additional tasks as assigned by the preceptor(s)
- Complete final evaluation before the conclusion of the learning experience

## F. Expected Progression of Resident Responsibilities During this Learning Experience:

Experiences are cumulative and will build on the skills learned previously. In order to ensure successful progression of the resident towards the residency objectives and requirements, the suggested progression of resident responsibilities for this learning experience is outlined below. Length of time each resident spends in each phase will be customized based upon the resident's abilities.

### 1. Timeline of Learning Experience

#### **Weeks 1-4 (July 3, 2023 – July 28, 2023)**

##### **Week 1**

- Highmark orientation
  - Onboarding Forms
  - Computer set-up
  - Internet and Microsoft Authenticator set-up
  - Phone line set-up
    - Must set up with agent ID/recorded line
  - Upgrade to MS Office 365 (if necessary)
  - Create profile in Workday
  - Start New Hire Training
- Overview of Program
  - Goals and objectives
  - Schedule
  - Expectations
  - Requirements for graduation
  - Review evaluation forms
    - PharmAcademic
  - Collaborative environment and principles of change management.
- Week 1 dashboard

##### **Week 2**

- Software Training (LinkedIn Learning)
  - Outlook Quick Tips
  - Excel Quick Tips
  - Word Quick Tips
  - PowerPoint Quick Tips
  - OneNote Quick Tips
  - SharePoint Quick Tips

- Access Quick Tips
- Microsoft Teams Quick Tips
- Windows Quick Tips
- Feedback Meeting
- Start RPD and RPC 1:1s
- Midpoint evaluation
- Week 2 dashboard

**Week 3**

- Feedback Meeting
- RPD and RPC 1:1s
- Week 3 dashboard

**Week 4**

- Feedback Meeting
- RPD and RPC 1:1s
- Week 4 dashboard
- Initial assessment
- Initial learning preferences assessment
- Initial Individual Development Plan (completed with RPD)
- Final evaluation

## 2. Evaluation Schedule

### a. Formative Evaluations

Type of Evaluation	Activity	When
Snapshot – Assignment	Week 1 Onboarding	Week 1
Snapshot – Assignment	Week 2 Onboarding	Week 2
Snapshot – Assignment	Week 3 Onboarding	Week 3
Snapshot – Assignment	Week 4 Onboarding	Week 4

### b. Summative Evaluations

Evaluation Type	Completed By	When
Summative Evaluation – Midpoint (Verbal)	Preceptor	Week 2
Summative Evaluation – Final	Preceptor	Week 4
Summative Self-Evaluation	Resident	Week 4
Preceptor Evaluation	Resident	Week 4
Learning Experience	Resident	Week 4

## X. Clinical Programs

### A. Preceptors

#### Primary Preceptors:

- Jonathan Kovac, Pharm.D.  
Pharmacist – Medication Therapy Management, Clinical Pharmacy Operations  
E-mail: jonathan.kovac@highmark.com
- Carly Locke, Pharm.D.  
Pharmacist – Case Management / Disease Management, Clinical Pharmacy Operations  
E-mail: carly.sawyer@highmark.com
- Sehrish Panjwani Rajwani, Pharm.D., BCPS, BCGP  
Pharmacist – Population Health, Strategic Integration  
E-mail: sehrish.panjwani@highmarkhealth.org

#### Adjunct Preceptors:

- Dewaa Ali, Pharm.D.  
Pharmacist – Case Management / Disease Management, Clinical Pharmacy Operations  
Email: dewaa.ali@highmark.com
- Amanda Benninger, Pharm.D.  
Pharmacist – Population Health, Strategic Integration  
E-mail: amanda.benninger@highmarkhealth.org
- Sarah DeAngelis, Pharm.D.  
Pharmacist – Medication Therapy Management, Clinical Pharmacy Operations  
Email: sarah.deangelis@highmark.com
- Nicolette Diehl, Pharm.D.  
Pharmacist – Medication Therapy Management, Clinical Pharmacy Operations  
Email: nicolette.diehl@highmark.com
- Renee Williams, RPh  
Pharmacist – Case Management / Disease Management, Clinical Pharmacy Operations  
Email: renee.m.williams@highmark.com
- Amy Wills, Pharm.D.  
Pharmacist – Case Management / Disease Management, Clinical Pharmacy Operations  
Email: amy.wills@highmark.com

### B. General Description

The Clinical Programs learning experience is a required longitudinal rotation designed to introduce and incorporate the resident as a member of the medication therapy management, case management/disease management, and population health teams. The resident will learn how to conduct comprehensive medication reviews with Highmark members, adhere to HIPAA laws and regulations, communicate appropriate drug therapy problems to members and providers, present clinical presentations to the team, audit other team members' Comprehensive Medication Reviews (CMR), and develop Medication Therapy Management (MTM) outcomes-based projects. The resident will learn how to conduct Case Management/ Disease Management (CM/DM) case reviews with Highmark members, communicate appropriate case recommendations, recommend cost-saving opportunities, and learn the benefit design of the Highmark members. The resident will learn about Medicare Star scoring, monthly reporting, and payout procedures and engage in pharmacy-specific Medicare Star measures to address open gaps for Highmark members. The resident will develop an understanding of the various tools the population health pharmacy team has created to help reduce per member per month (PMPM) costs. The resident will participate in agile project-based methodology for the development of pharmacy-based initiatives to improve provider scoring within our VBR contracted programs.

## 1. Responsibilities of the Pharmacy Resident

Hours 8:00 a.m. – 7:00 p.m.

The resident is responsible for completing all rotation activities in accordance with Highmark corporate and residency policies. The resident is expected to gain independence in conducting CMRs, member and provider outreaches, and Star gap closures. The resident will be expected to participate as an independent member of the MTM, CM/DM, and Population Health teams. All evaluations are expected to be completed no later than the last day of the quarter. It is the resident's responsibility to schedule the quarterly midpoint (30 minutes) and summative (45 minutes) evaluation meetings during the seventh and last week of each quarter, respectively.

## C. Required Objectives for this Learning Experience

### 1. Competency Area R1: Patient Care

**Goal R1.1:** Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.

**Objective R1.1.1: (Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.\***

Objective R1.1.2: (Applying) Interact effectively with individual patients and caregivers.

**Objective R1.1.3: (Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.\***

**Objective R1.1.4: (Analyzing) Analyze and assess information collected and prioritize problems for provision of individualized patient care.\***

**Objective R1.1.5: (Creating) Design a safe and effective individualized patient centered care plan in collaboration with other health care professionals, the patient, and caregivers.\***

Objective R1.1.6: (Applying) Implement medication therapy plan in collaboration with other health care professionals, the patient, and caregivers.

Objective R1.1.7: (Evaluating) Monitor and evaluate the effectiveness of the medication therapy plan and modify the plan in collaboration with other healthcare professionals, the patient, and caregivers as required.

Objective R1.1.8: (Applying) Collaborate and communicate effectively with patients, family members, and caregivers.

Objective R1.1.9: (Applying) Collaborate and communicate effectively with other health care team members.

Objective R1.1.10: (Applying) Document patient care activities appropriately and efficiently.

**Goal R1.2:** Provide safe and effective medication-related patient care when patients transition between care settings.

Objective R1.2.1: (Analyzing) Identify needs of individual patients experiencing care transitions.

Objective R1.2.2: (Applying) Manage and facilitate care transitions between patient care settings.

**Goal R1.3:** Support safe and effective access to drug therapy for patients.

Objective R1.3.3: (Analyzing) Participate in the review of medication event reporting and monitoring.

**Goal R1.4:** Design and implement medication-related programs and interventions that contribute to public health efforts or population management.

Objective R1.4.1: (Applying) Design and/or deliver programs for members that focus on health improvement, wellness, and or disease prevention (e.g., immunizations, health screenings).

Objective R1.4.2: (Applying) Design and/or deliver programs for members that support quality measures to improve outcomes of medication therapy.

## 2. Competency Area R2: Leadership and Management

**Goal R2.1:** Manage services of the managed care pharmacy practice environment.

Objective R2.1.4: (Creating) Evaluate an existing collaborative practice agreement or, if not available, create a new one, in order to understand the implementation process for a state-based protocol to expand the scope of practice for pharmacists.

Objective R2.1.5: (Understanding) Identify and define ways in which medication management is provided in various managed care settings, lines of business (e.g., commercial, Medicare) and with diverse patient populations.

**Goal R2.2:** Demonstrate personal and professional leadership skills.

**Objective R2.2.1: (Applying) Manage oneself effectively and efficiently.\***

Objective R2.2.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Objective R2.2.3: (Applying) Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.

Objective R2.2.5: (Applying) Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.

**Goal R2.3:** Demonstrate management skills.

Objective R2.3.2: (Analyzing) Demonstrate understanding of the elements of the Joint Commission of Pharmacy Practitioners Pharmacist Care Process and its relationship to the healthcare system.

**Goal R2.4:** Maintain confidentiality of patient and proprietary business information

Objective R2.4.1: (Applying) Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.

Objective R2.4.2: (Applying) Observe organizational policy for the safeguarding of proprietary business information.

**Goal R2.5:** Demonstrates understanding of unique business aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.

**Objective R2.5.1: (Analyzing) Compare and contrast the provision of medication management in the various managed care environment.\***

### 3. Competency Area R3: Advancing Managed Care Practice and Improving Patient Care

**Goal R3.2:** Design and implement clinical programs to enhance the efficacy of patient care.

Objective R3.2.1: (Understanding) Explain the organization's process for designing clinical programs.

Objective R3.2.2: (Creating) Design or update an existing clinical program.

### 4. Competency Area R4: Teaching, Education, and Dissemination of Knowledge

**Goal R4.1:** Provide effective education and/or training.

Objective R4.1.3: (Understanding) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.

**\*Critical Objective**



## D. Specific Activities

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to perform. These activities were also selected to help residents work toward achieving specific objectives which in turn will help them achieve the goals assigned to the learning experience. There is usually not one specific activity assigned to help achieve an objective and/or goal.

Residents should familiarize themselves with the objectives associated with each goal as listed above. Achievement of these goals is determined through assessment of the residents' ability to perform the associated objectives. The tables below demonstrate the relationship between the activities residents will perform during the learning experience and the goals/objectives assigned to the learning experience.

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Competency Area R1 – Patient Care</b>		
<b>Goal R1.1</b>	<b>Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team</b>	
<b>Objective R.1.1.1 Applying</b>	<b>Demonstrate responsibility and professional behaviors as a member of the health care team.*</b>	<ul style="list-style-type: none"> <li>• <b>Communicate with members and providers in a professional manner through phone and written communications.</b></li> <li>• <b>Communicate professionally with other members of the internal and external health care team.</b></li> <li>• <b>Make appropriate clinical recommendations based on current literature, guidelines, and company policies.</b></li> </ul>
<b>Objective R.1.1.2 Applying</b>	<b>Interact effectively with individual patients and caregivers.</b>	<ul style="list-style-type: none"> <li>• Engage with members and caregivers to improve health outcomes.</li> <li>• Communicate with the members in a way that the member understands.</li> <li>• Demonstrate empathy while communicating with members.</li> <li>• Adhere to all HIPAA laws and regulations.</li> <li>• Communicate with members and caregivers in a professional manner through phone and written communications.</li> </ul>
<b>Objective R.1.1.3 Analyzing</b>	<b>Collect relevant subjective and objective information for the provision of individualized patient care.*</b>	<ul style="list-style-type: none"> <li>• <b>Collect the relevant information to appropriately document the necessary task.</b></li> <li>• <b>Ask the member pertinent questions to obtain information.</b></li> <li>• <b>Gather all appropriate information through different Highmark systems.</b></li> </ul>
<b>Objective R.1.1.4 Analyzing</b>	<b>Analyze and assess information collected and prioritize problems for provision of individualized patient care.*</b>	<ul style="list-style-type: none"> <li>• <b>Create appropriate drug therapy problems and inform the member and provider, as necessary.</b></li> <li>• <b>Prioritize problems that need to be addressed with the member.</b></li> <li>• <b>Correctly identify problems that need to be addressed with the prescriber as compared to problems that only need to be discussed with the member.</b></li> <li>• <b>Collect the relevant information to appropriately document the necessary task.</b></li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Objective R.1.1.5 Creating</b>	<b>Design a safe and effective individualized patient centered care plan in collaboration with other health care professionals, the patient, and caregivers.*</b>	<ul style="list-style-type: none"> <li>• Provide the member with an appropriate medication action plan.</li> <li>• Communicate recommendations to providers.</li> <li>• Collaborate with other members of the team via referrals to achieve optimal patient care.</li> <li>• Make appropriate clinical recommendations based on current literature and guidelines.</li> <li>• Communicate appropriate cost-savings plans to members and caregivers.</li> </ul>
Objective R.1.1.6 Applying	Implement medication therapy plan in collaboration with other health care professionals, the patient, and caregivers.	<ul style="list-style-type: none"> <li>• Collaborate with other members of pharmacy team and multi-disciplinary team (MDT).</li> <li>• Collaborate with other members to develop medication therapy plans.</li> </ul>
Objective R.1.1.7 Evaluating	Monitor and evaluate the effectiveness of the medication therapy plan and modify the plan in collaboration with other health care professionals, the patient, and caregivers as required.	<ul style="list-style-type: none"> <li>• Follow up with members to evaluate the outcomes of a medication therapy plan.</li> <li>• Follow up on recommendations made during the previous year.</li> <li>• Monitor systems for outcomes of cost-savings recommendations.</li> </ul>
Objective R.1.1.8 Applying	Collaborate and communicate effectively with patients, family members, and caregivers.	<ul style="list-style-type: none"> <li>• Conduct a call with a family member or caregiver while complying with all HIPAA regulations and team-specific policies.</li> <li>• Communicate effectively and professionally via phone with Highmark members and caregivers.</li> </ul>
Objective R.1.1.9 Applying	Collaborate and communicate effectively with other health care team members.	<ul style="list-style-type: none"> <li>• Effectively present clinical information to team members.</li> <li>• Communicate with internal and external health care team members appropriately.</li> <li>• Demonstrate knowledge and professionalism in all communications to team members.</li> </ul>
Objective R.1.1.10 Applying	Document patient care activities appropriately and efficiently.	<ul style="list-style-type: none"> <li>• Document appropriately and timely in Aerial, Gapboard and other Highmark systems.</li> </ul>
<b>Goal R1.2</b>	<b>Provide safe and effective medication-related patient care when patients transition between care settings.</b>	
Objective R.1.2.1 Analyzing	Identify needs of individual patients experiencing care transitions.	<ul style="list-style-type: none"> <li>• Communicate with and assist members experiencing care transitions.</li> <li>• Answer medication-related questions that members have during a transition of care.</li> </ul>
Objective R.1.2.2 Applying	Manage and facilitate care transitions between patient care settings.	<ul style="list-style-type: none"> <li>• Communicate with and assist members experiencing care transitions.</li> <li>• Answer medication-related questions that members have during a transition of care.</li> </ul>

<b>Goal R1.3</b>	<b>Support safe and effective access to drug therapy for patients.</b>
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Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R.1.3.3 Analyzing	Participate in the review of medication event reporting and monitoring.	<ul style="list-style-type: none"> <li>Evaluate a member's medications and conditions in order to identify potential medication adverse events and document appropriately in Highmark systems.</li> </ul>
<b>Goal R1.4</b>	<b>Design and implement medication-related programs and interventions that contribute to public health efforts or population management.</b>	
Objective R.1.4.1 Applying	Design and/or deliver programs for members that focus on health improvement, wellness, and disease prevention (e.g., immunizations, health screenings).	<ul style="list-style-type: none"> <li>Recommend appropriate immunizations to members.</li> <li>Educate members on appropriate measures for wellness (e.g., diet for diabetes).</li> <li>Recommend appropriate screenings for members (e.g., foot exams).</li> <li>Design a collaborative practice agreement.</li> </ul>
Objective R.1.4.2 Analyzing	Design and/or deliver programs for members that support quality measures to improve outcomes of medication therapy.	<ul style="list-style-type: none"> <li>Design and execute a case/disease management pilot program to improve medication outcomes in a specific population.</li> </ul>
<b>Competency Area R2 - Leadership and Management</b>		
<b>Goal R2.1</b>	<b>Manage services of the managed care pharmacy practice environment.</b>	
Objective R2.1.4 Creating	Evaluate an existing collaborative practice agreement or, if not available, create a new one, in order to understand the implementation process for a state-based protocol to expand the scope of practice for pharmacists.	<ul style="list-style-type: none"> <li>Create a mock collaborative practice agreement for pharmacist to manage a disease state or work on a value-based agreement for provider reimbursement.</li> <li>Create a plan for implementation of the mock collaborative practice agreement or value-based agreement.</li> <li>Present collaborative practice agreement or value-based agreement to pharmacy teams.</li> </ul>
Objective R2.1.5 Understanding	Identify and define ways in which medication management is provided in various managed care settings, lines of business (e.g., commercial, Medicare) and with diverse patient populations.	<ul style="list-style-type: none"> <li>Explain how pharmacists from the CM/DM team manage different lines of business (Commercial, Healthcare Reform, Medicare) with diverse patient populations.</li> <li>Explain how the Medicare and Healthcare Reform pharmacists are responsible for certain geographical populations.</li> </ul>
<b>Goal R2.2</b>	<b>Demonstrate personal and professional leadership skills.</b>	
<b>Objective R2.2.1</b> Applying	<b>Manage oneself effectively and efficiently.*</b>	<ul style="list-style-type: none"> <li><b>Demonstrate time management skills to effectively complete tasks.</b></li> <li><b>Use time-management skills to deliver presentations on time.</b></li> <li><b>Respond to preceptor communications in a timely manner.</b></li> </ul>
Objective R2.2.2 Applying	Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> <li>Perform appropriate self-evaluation during formal and informal evaluations.</li> <li>Present the preceptor(s) with ideas to improve personal performance.</li> <li>Create measurable goals and an action plan for personal performance improvement.</li> <li>Report on progress toward achieving goals.</li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R2.2.3 Applying	Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.	<ul style="list-style-type: none"> <li>Communicate effectively and respectfully with preceptors and with different members of the pharmacist teams.</li> <li>Communicate effectively and respectfully with prescribers and other members of the health plan internal team.</li> <li>Demonstrate ability to accept and act on feedback.</li> </ul>
Objective R2.2.5 Applying	Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.	<ul style="list-style-type: none"> <li>Demonstrate leadership qualities such as working efficiently and communicating effectively.</li> <li>Contribute effectively to department quality goals and objectives.</li> <li>Demonstrate initiative in monitoring personal and team goals.</li> <li>Recommend process improvements.</li> <li>Actively participate in team and staff meetings.</li> </ul>
<b>Goal R2.3</b>	<b>Demonstrate management skills.</b>	
Objective R2.3.2 Analyzing	Demonstrate understanding of the elements of the Joint Commission of Pharmacy Practitioners Pharmacist Care Process and its relationship to the healthcare system.	<ul style="list-style-type: none"> <li>Research the elements of the Joint Commission of Pharmacy Practitioners Pharmacist Care Process and explain findings to the preceptors.</li> </ul>
<b>Goal R2.4</b>	<b>Maintain confidentiality of patient and proprietary business information</b>	
Objective 2.4.1 Applying	Observe legal and ethical guidelines for safeguarding the confidentiality of patient information.	<ul style="list-style-type: none"> <li>Adhere to all organizational policies, laws and regulations.</li> <li>Protect patient information as outlined in HIPAA laws, regulations and team-specific policies.</li> </ul>
Objective R2.4.2 Applying	Observe organizational policy for the safeguarding of proprietary business information.	<ul style="list-style-type: none"> <li>Adhere to all organizational policies regarding the safeguarding of the proprietary business information.</li> </ul>
<b>Goal R2.5</b>	<b>Demonstrates understanding of unique aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.</b>	
Objective R2.5.1 Analyzing	<b>Compare and contrast the provision of medication management in the various managed care environments.*</b>	<ul style="list-style-type: none"> <li><b>Explain how clinical programs are conducted in a managed care environment.</b></li> <li><b>Compare clinical programs processes to other patient care processes that occur in health plan.</b></li> </ul>
<b>Competency Area</b>	<b>R3 - Advancing Managed Care Practice and Improving Patient Care</b>	
<b>Goal R3.2</b>	<b>Demonstrate personal and professional leadership skills</b>	
Objective R3.2.1 Understanding	Explain the organization's process for designing clinical programs.	<ul style="list-style-type: none"> <li>Discuss the organization's process for designing clinical programs.</li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R3.2.2 Creating	Design or update an existing clinical program.	<ul style="list-style-type: none"> <li>• Provide recommendations on updating the Medication Therapy Management team's Medication Action Plan document.</li> <li>• Ensure that clinical documents are updated based on new guidance.</li> <li>• Assist with updating case management/disease management clinical programs.</li> </ul>
<b>Competency Area R4 – Teaching, Education, and Dissemination of Knowledge</b>		
<b>Goal R4.1:</b>		<b>Provide effective education and/or training</b>
Objective R4.1.3 Applying	Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	<ul style="list-style-type: none"> <li>• Utilize appropriate language while sending letters to patients and sending faxes to providers.</li> <li>• Document interventions appropriately in all internal databases.</li> <li>• Communicate effectively with other members of the health-care team</li> </ul>

**\*Critical Objective**

## E. Minimum Requirements for the Learning Experience

- Complete a minimum of 50 comprehensive medication reviews
  - Complete at least 30 comprehensive medication reviews with a rating of “4 – Independent Practice” or better
- Present at least 3 clinical presentations (one with each team)
  - Present at least 1 clinical presentation with a rating of “4 – Independent Practice” or better
- Design and execute one case/disease management pilot with a rating of “3 – Guided Practice” or better
- Complete at least 6 drug information questions (2 with each team)
  - Complete at least 3 drug information questions with a rating of “4 – Independent Practice” or better
- Complete a minimum of 100 case management tasks
  - Complete a minimum of 50 case management tasks with a rating of “4 – Independent Practice” or better
- Complete a minimum of 120 Adherence calls
  - Complete a minimum of 60 Adherence calls with a rating of “4 – Independent Practice” or better
- Complete a minimum of 5 adherence projects with a rating of “4 – Independent Practice” or better
- Write a mock collaborative practice agreement or work on a value-based agreement with a rating of “3 – Guided Practice” or better
- Participate in a minimum of 1 Agile project with a rating of “3 - Guided Practice” or better
- Complete any additional tasks as assigned by the preceptor(s)
- Complete all quarterly evaluations before the conclusion of the quarter

## F. Expected Progression of Resident Responsibilities During this Learning Experience:

Experiences are cumulative and will build on the skills learned previously. In order to ensure successful progression of the resident towards the residency objectives and requirements, the suggested progression of resident responsibilities for this learning experience is outlined below. Length of time each resident spends in each phase will be customized based upon the resident's abilities.

### 1. Timeline of Learning Experience July 3, 2023 – June 28, 2024

#### Quarter 1

- CM/DM
  - Training on CMDM tasks (MDT referrals and pilot work)
- MTM
  - CMR Training
- PH
  - Introduction to Team
  - CPA/VBR agreement

### **Quarter 2**

- MTM
  - CMRs
- CM/DM
  - CMDM tasks (MDT referrals and pilot work)
- PH
  - Adherence Tasks
  - Clinical Presentation

### **Quarter 3**

- MTM
  - Independent CMRs
- CM/DM
  - CMDM tasks (MDT referrals and pilot work)
  - Begin Longitudinal project (initial presentation completed by midpoint)
- PH
  - Adherence Tasks
  - Agile project

### **Quarter 4**

- MTM
  - Independent CMRs
- CM/DM
  - CMDM tasks (MDT referrals and pilot work)
  - Complete Longitudinal project by end of residency (final presentation)
- PH
  - Adherence Tasks (low level)

### **Projects**

- Clinical Presentations
  - MTM
  - CM/DM
  - PH
- Drug Information Questions
  - 2 x MTM
  - 2 x CM/DM
  - 2 x PH
- Collaborative Practice Agreement
- Program Pilot
- Agile Project

## 2. Monthly Minimum Requirements

Comprehensive Medication Reviews (MTM)		
Month	Monthly Minimum	Cumulative Minimum
July 2022	0	0
August 2022	3	3
September 2022	6	9
October 2022	6	15
November 2022	2	17
December 2022	0	17
January 2023	2	19
February 2023	8	27
March 2023	8	35
April 2023	8	43
May 2023	5	48
June 2023	2	50

CMDM Tasks (MDT referrals and Pilot work)		
Month	Monthly Minimum	Cumulative Minimum
July 2022	0	0
August 2022	10	10
September 2022	10	20
October 2022	10	30
November 2022	10	40
December 2022	10	50
January 2023	10	60
February 2023	10	70
March 2023	10	80
April 2023	10	90
May 2023	10	100
June 2023	0	100

Adherence Tasks		
Month	Monthly Minimum	Cumulative Minimum
July 2022	0	0
August 2022	0	0
September 2022	0	0
October 2022	20	20
November 2022	20	40
December 2022	20	60
January 2023	12	72
February 2023	12	84
March 2023	16	100
April 2023	20	120
May 2023	0	0
June 2023	0	0



### 3. Evaluation Schedule

#### a. Formative Evaluations

Type of Evaluation	Activity	When
Snapshot – Task	Comprehensive Medication Reviews, Case Management Tasks, and Adherence Tasks	As needed for the first 3 months, then no less frequently than monthly
Snapshot – Presentation	Clinical Presentation	Upon Completion
Snapshot – Task	Drug Information Questions	Upon Completion
Snapshot – Task	Newsletter	Upon Completion
Snapshot – Task	Collaborative Practice Agreement	Upon Completion
Snapshot - Task	Agile Project	Upon Completion
Snapshot – Task	Adherence Projects	Upon Completion
Snapshot - Task	Pilot Program	As Needed; Upon Completion

#### b. Summative Evaluations

Evaluation Type	Completed By	When
Summative Evaluation – Midpoint (Verbal)	Preceptor	Week 7 Week 20 Week 33 Week 46
Summative Evaluation – Final	Preceptor	Week 13 Week 26 Week 39 Week 52
Summative Self-Evaluation	Resident	Week 13 Week 26 Week 39 Week 52
Preceptor Evaluation	Resident	Week 52
Learning Experience	Resident	Week 52

## XI. Data Analytics

### A. Preceptors

#### Primary Preceptor:

- Mina Antonius, Pharm.D.  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: mina.antonius@highmark.com

#### Adjunct Preceptors:

- Michael Ballow, Pharm.D.  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: michael.ballow@highmark.com
- Steven Kheloussi, Pharm.D., MBA, FAMCP  
Manager, Clinical Pharmacy  
E-mail: steven.kheloussi@highmark.com
- Abby Singleton, Pharm.D., BCPS  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: abby.l.singleton@highmark.com

#### Consultants:

- Ellen Feeney, Pharm.D., BCPS  
Director, Clinical Pharmacy Strategies  
E-mail: ellen.feeney@highmark.com
- Victoria Wolf, Pharm.D.  
Faculty Pharmacist, Clinical Pharmacy Strategies  
Assistant Professor of Managed Care/Drug Information  
Notre Dame of Maryland School of Pharmacy  
E-mail: victoria.wolf@highmark.com

### B. General Description

The data analytics learning experience is a required, 52-week learning experience designed for the resident to gain experience in developing, implementing, and presenting a managed care research project. Additionally, the resident will work closely with the internal data analytics team to complete statistical analyses for their chosen project. The project will culminate in resident completion of a publish-ready manuscript. The resident will gain experience in the identification, design, and implementation of a formulary and/or utilization management change. The resident will evaluate the clinical and financial impacts of formulary changes and utilization management. The objective of this learning experience is to develop critical thinking skills to analyze current or potential utilization management and formulary changes, including cost savings opportunities. The resident will partner with external vendors, including the pharmacy benefit manager, to better understand the financial implications of the manufacturer contracting process. The resident will also practice self-managed leadership throughout the process.

#### 1. Responsibilities of the Pharmacy Resident

Hours: 8:00 a.m. – 5:00 p.m.

**Residency Project:** The resident is responsible for identification, design, and implementation of a managed care research project. The resident will be required to work with key internal and external stakeholders to secure necessary resources to complete this project. The results will be presented internally to the Highmark team, at the AMCP Annual Meeting, and may be presented at other local residency research event(s). Finally, the resident is responsible for crafting a publish-ready manuscript that could be submitted to Journal of Managed Care and Specialty Pharmacy (JMCP), or other appropriate publication.

**Trend Management:** The resident is responsible for working with the internal actuary and/or data analytics teams to pull real-world data on medications in a particular disease state to identify trends, such as member/plan costs, per-member per-month (PMPM), adherence, etc. The resident is also responsible for utilizing clinical and economic data to reduce costs and increase efficiencies for members. The resident is expected to communicate with preceptors and colleagues to successfully meet expectations.

All evaluations are expected to be completed no later than the last day of the quarter. It is the resident's responsibility to schedule the quarterly midpoint (30 minutes) and summative (45 minutes) evaluation meetings during the seventh and last week of each quarter, respectively.

## C. Required Objectives for this Learning Experience

### 1. Competency Area R1: Patient Care

**Goal R1.1:** Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.

**Objective R1.1.1: (Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.\***

### 2. Competency Area R2: Leadership and Management

**Goal R2.2:** Demonstrate personal and professional leadership skills.

Objective R2.2.1: (Applying) Manage oneself effectively and efficiently.\*

Objective R2.2.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Objective R2.2.3: (Applying) Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.

Objective R2.2.4: (Applying) Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.

Objective R2.2.5: (Applying) Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.

**Goal R2.3:** Demonstrate management skills.

Objective R2.3.2: (Analyzing) Demonstrate understanding of the elements of the Joint Commission of Pharmacy Practitioners Pharmacist Care Process and its relationship to the healthcare system.

**Goal R2.4:** Maintain confidentiality of patient and proprietary business information

Objective R2.4.3: (Understanding) Explain the relationship between the health plan and the delivery system functions of managed care.

**Goal R2.5:** Demonstrates understanding of unique business aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.

**Objective R2.5.1: (Analyzing) Compare and contrast the provision of medication management in the various managed care environment.\***

### 3. Competency Area R3: Advancing Managed Care Practice and Improving Patient Care

**Goal R3.1:** Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.

Objective R3.1.1: (Understanding) Explain the organization's process for tracking the progress of drugs in the development pipeline.

Objective R3.1.3: (Analyzing) Identify opportunities for implementation of utilization management strategies.

Objective R3.1.4: (Creating) Develop and implement clinically appropriate utilization management criteria (e.g. Prior Authorization, Step Therapy, Quantity Limits, and Drug Utilization Review (DUR) edits to enhance patient care.\*

Objective R3.1.6: (Evaluating) Participate in the organization's process for evaluating the impact of implementation of formulary and/or utilization management changes on patient care.

Objective R3.1.7: (Applying) Exercise skill in basic use of databases and data analysis.

**Goal R3.4:** Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care in a managed care setting.

Objective R3.4.1: (Creating) Identify and design a practice related project to improve patient care in a managed care setting.

Objective R3.4.2: (Applying) Implement a practice related project to improve patient care in a managed care setting.

Objective R3.4.3: (Evaluating) Assess a practice related project to improve patient care in a managed care setting.

**Objective R3.4.4: (Creating) Effectively develop and present, orally and in writing, a final project report.\***

#### 4. Competency Area R4: Teaching, Education, and Dissemination of Knowledge

**Goal R4.1:** Provide effective education and/or training.

Objective R4.1.3: (Understanding) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.

**\*Critical Objective**

## D. Specific Activities

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to perform. These activities were also selected to help residents work toward achieving specific objectives which in turn will help them achieve the goals assigned to the learning experience. There is usually not one specific activity assigned to help achieve an objective and/or goal.

Residents should familiarize themselves with the objectives associated with each goal as listed above. Achievement of these goals is determined through assessment of the residents' ability to perform the associated objectives. The tables below demonstrate the relationship between the activities residents will perform during the learning experience and the goals/objectives assigned to the learning experience.

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Competency Area R1 – Patient Care</b>		
<b>Goal R1.1</b>	<b>Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.</b>	
<b>Objective R1.1.1</b> <b>Applying</b>	<b>Demonstrate responsibility and professional behaviors as a member of the health care team.*</b>	<ul style="list-style-type: none"> <li>• <b>Demonstrate professional behaviors while identifying, designing, and implementing a formulary and/or utilization management change.</b></li> <li>• <b>Work effectively and professionally with other members of the health care team (e.g. other pharmacists, prescribers, pharmacy analysts, etc.)</b></li> </ul>
<b>Competency Area R2 - Leadership and Management</b>		
<b>Goal R2.2</b>	<b>Demonstrate personal and professional leadership skills.</b>	
<b>Objective R2.2.1</b> <b>Applying</b>	<b>Manage oneself effectively and efficiently.*</b>	<ul style="list-style-type: none"> <li>• <b>Use time management skills to complete assigned work before all deadlines.</b></li> <li>• <b>Successfully develop and implement a project timeline.</b></li> </ul>
<b>Objective R2.2.2</b> <b>Applying</b>	Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> <li>• Apply self-assessment techniques to improve personal performance throughout the longitudinal rotation.</li> <li>• Create measurable goals and an action plan for personal performance improvement.</li> <li>• Report on progress toward achieving goals.</li> </ul>
<b>Objective R2.2.3</b> <b>Applying</b>	Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.	<ul style="list-style-type: none"> <li>• Use effective communication skills to express thoughts, ideas and opinions.</li> <li>• Demonstrate respect for colleagues, members and other healthcare professionals.</li> <li>• Build professional relationships to obtain key stakeholder buy-in on research project.</li> <li>• Demonstrate ability to accept and act on feedback.</li> </ul>
<b>Objective R2.2.4</b> <b>Applying</b>	Demonstrate commitment to the profession through active participation in the activities of a national, state, and/or local professional association.	<ul style="list-style-type: none"> <li>• Present the results of a managed care research project at the AMCP Annual meeting and/or a local residency research event(s).</li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R2.2.5 Applying	Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.	<ul style="list-style-type: none"> <li>• Work with organizational leaders to interpret results of a managed care research project.</li> <li>• Analyze the results of a managed care research project to identify opportunities to make changes to pharmacy, medical and/or departmental policies, as appropriate.</li> <li>• Use knowledge of the utilization management implementation process to recommend at least one pharmacy policy.</li> <li>• Actively participate in team and staff meetings.</li> </ul>
<b>Goal R2.5</b>	<b>Demonstrates understanding of unique aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.</b>	
Objective 2.5.1 Analyzing	<b>Compare and contrast the provision of medication management in the various managed care environment.*</b>	<ul style="list-style-type: none"> <li>• <b>Summarize the similarities and differences of patient care provided by different sections of the health plan.</b></li> <li>• <b>Summarize the differences between formulary and/or utilization management changes for Commercial, Healthcare Reform, and Medicare lines of business.</b></li> </ul>
<b>Competency Area R3 – Advancing Managed Care Practice and Improving Patient Care</b>		
<b>Goal R3.1</b>	<b>Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.</b>	
Objective R3.1.1 Understanding	Explain the organization's process for tracking the progress of drugs in the development pipeline.	<ul style="list-style-type: none"> <li>• Demonstrate an understanding of the team's process for drug and care cost initiative pipeline monitoring and reporting.</li> <li>• Accurately explain sources of information on drugs that are in the development pipeline.</li> </ul>
Objective R3.1.3 Analyzing	Identify opportunities for implementation of utilization management strategies.	<ul style="list-style-type: none"> <li>• Evaluate the current utilization of selected medications or class of medications based on the clinical evidence, financial implications, and operational impact.</li> </ul>
Objective R3.1.4 Creating	<b>Develop and implement clinically appropriate utilization management criteria (e.g. Prior Authorization, Step Therapy, Quantity Limits, and Drug Utilization Review (DUR) edits to enhance patient care.*</b>	<ul style="list-style-type: none"> <li>• <b>Identify an opportunity for a formulary and/or utilization management change based on a guideline update, prescriber inquiry, market events, or other appropriate source.</b></li> <li>• <b>Recommend a policy revision or new criteria based on the findings of a drug use evaluation.</b></li> </ul>
Objective R3.1.6 Evaluating	Participate in the organization's process for evaluating the impact of implementation of formulary and/or utilization management changes on patient care.	<ul style="list-style-type: none"> <li>• Analyze data from a previous formulary and/or utilization management change.</li> <li>• Make a recommendation on how to proceed with the edit and determine if any changes are required.</li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R3.1.7 Applying	Exercise skill in basic use of databases and data analysis.	<ul style="list-style-type: none"> <li>Use information from pharmacy claims, medical claims, and coverage determinations databases to assess need for a managed care research project.</li> <li>Use data analysis skills to categorize and interpret data gathered while completing a managed care research project.</li> <li>Use appropriate statistical analysis to interpret results of a managed care research project.</li> <li>Draw conclusions from data gathered while completing a managed care research project.</li> </ul>
<b>Goal R3.4</b>	<b>Demonstrate ability to evaluate and investigate practice, review data, and assimilate scientific evidence to improve patient care in a managed care setting.</b>	
Objective R3.4.1 Creating	Identify and design a practice related project to improve patient care in a managed care setting.	<ul style="list-style-type: none"> <li>Use information from pharmacy claims, medical claims, and coverage determinations databases to assess need for a managed care research project.</li> <li>Build professional relationships to obtain key stakeholder buy-in on research project.</li> <li>Develop a project plan, including direction for data collection and analysis.</li> <li>Successfully develop a project timeline.</li> </ul>
Objective R3.4.2 Applying	Implement a practice related project to improve patient care in a managed care setting.	<ul style="list-style-type: none"> <li>Use resources efficiently and effectively to achieve project milestones.</li> <li>Successfully implement a project timeline.</li> </ul>
Objective R3.4.3 Evaluating	Assess a practice related project to improve patient care in a managed care setting.	<ul style="list-style-type: none"> <li>Analyze the results of a managed care research project to identify opportunities to recommend changes to pharmacy, medical and/or departmental policies, as appropriate.</li> </ul>
Objective R3.4.4 Creating	Effectively develop and present, orally and in writing, a final project report.*	<ul style="list-style-type: none"> <li>Develop an abstract for submission to and acceptance by JMCP.</li> <li>Create visual aids (e.g. presentation, poster, handouts, etc.) to present results of a managed care research project.</li> <li>Develop a manuscript formatted for submission to JMCP or other appropriate publication.</li> </ul>
<b>Competency Area R4 - Teaching, Education, and Dissemination of Knowledge</b>		
<b>Goal R4.1</b>	<b>Provide effective education and/or training.</b>	
Objective R4.1.3 Applying	Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.*	<ul style="list-style-type: none"> <li><b>Develop and implement an internal notification strategy to alert key stakeholders of the formulary and/or utilization management change.</b></li> <li><b>Develop and implement a strategy to notify external parties, such as members and prescribers, of the formulary and/or utilization management change.</b></li> <li><b>Present the results of the research project to the internal team and provide recommendations for changes to pharmacy, medical, and/or direct patient care teams, as appropriate.</b></li> </ul>

\*Critical Objective



## E. Minimum Requirements for the Learning Experience

- Research Project
  - Present the top three ideas to internal stakeholders with a rating of “2 – Preceptor Assistance” or better.
  - Develop a project timeline with a rating of “2 – Preceptor Assistance” or better.
  - Use data analysis skills to interpret results of a managed care research project and draw conclusions with a rating of “3 – Guided Practice” or better.
  - Develop an abstract for submission to JMCP with a rating of “3 – Guided Practice” or better.
  - Develop a poster for presentation at the AMCP Annual meeting with a rating of “3 – Guided Practice” or better.
  - Present results of a managed care research project to internal stakeholders with a rating of “3 – Guided Practice” or better.
  - Present results of a managed care research project at the AMCP Annual Meeting and/or local research event(s) with a rating of “4 – Independent Practice” or better.
  - Develop a manuscript formatted for submission to JMCP with a rating of “4 – Independent Practice” or better.
- Trend Management
  - Gather appropriate data to support the recommendation of the formulary and/or utilization management change with a rating of “3 – Guided Practice” or better.
  - Participate in the preparation of at least one staffing and saving analysis with a rating of “2 – Preceptor Assistance” or better.
  - Present the background and impact of the formulary and/or utilization management change during a meeting with a rating of “3 – Guided Practice” or better.
  - Recommend a formulary and/or utilization management change (e.g. Prior Authorization, Step Therapy, Quantity Limits, and Drug Utilization Review (DUR) edits) with a rating of “4 – Independent Practice” or better.
  - Review at least one rebate model and formulate a recommendation to accept or decline with a rating of “3 – Guided Practice” or better.
- Complete any additional tasks as assigned by preceptors
- Complete all quarterly and summative evaluations before the conclusion of the quarter and/or learning experience.

## F. Expected Progression of Resident Responsibilities During this Learning Experience:

Experiences are cumulative and will build on the skills learned previously. In order to ensure successful progression of the resident towards the residency objectives and requirements, the suggested progression of resident responsibilities for this learning experience is outlined below. Length of time each resident spends in each phase will be customized based upon the resident's abilities.

### 1. Timeline of Learning Experience July 3, 2023 – June 28, 2024

#### July

The resident will be orientated to learning experience and will complete all assigned reading. The resident will work with preceptors and other internal stakeholders to brainstorm ideas for their managed care research project.

### **August**

The resident will present their top 3 project ideas to the CPS team and key internal stakeholders and will select their final research topic. The resident will develop methods for gathering and interpreting data and will develop a project timeline. An intake form for data gathering will be provided by the resident.

### **September to December**

The resident will implement their project timeline to collect and analyze data, interpret results and draw preliminary conclusions. The resident will write and submit an abstract to JMCP. The resident will present their project and any preliminary results, as applicable, to the internal team.

The resident will assist the preceptor with the formulary and utilization management change process. The resident will be introduced to the member, prescriber and internal/external notification process.

### **January to March**

Residents will develop a poster for presentation at the AMCP Annual Meeting. Residents will also be required to present results to internal stakeholders.

Residents will select a formulary and/or utilization management change based on a staffing and saving analysis. Residents will meet with internal stakeholders (i.e., Actuary) to discuss pharmacy trend.

Residents will attend rebate modeling and formulary strategy meetings. Residents will be introduced to the rebate modeling process.

### **April to June**

Residents will present their completed research project at the AMCP Annual Meeting. Residents will develop a manuscript formatted for submission to JMCP. Residents may also be asked to present their findings at local research event(s).

Residents will take the lead in the formulary and utilization management change process. Residents will continue to implement their chosen initiative which may include a presentation to the P&T Committee meeting, notifications, grandfathering and team education.

As the rotation progresses, residents will begin to review contract models and make recommendations to accept or reject an offer.

Residents will update how-to guide for next class of residents.

## 2. Evaluation Schedule

### a. Formative Evaluations

Type of Evaluation	Activity	When
Snapshot – Presentation	Project Ideas	Upon Completion
Snapshot – Task	Project Timeline Development	Upon Completion
Snapshot – Task	Project Timeline Implementation	Upon Completion
Snapshot – Discussion	Results/Conclusions	Upon Completion
Snapshot – Task	Abstract	Upon Completion
Snapshot – Task	Poster	Upon Completion
Snapshot – Presentation	Results/Conclusions - Internal	Upon Completion
Snapshot – Presentation	AMCP Annual Poster Presentation	Upon Completion
Snapshot – Task	Manuscript	Upon Completion
Snapshot – Task	Data Gathering	Upon Completion
Snapshot – Task	Staffing and Saving Analysis Creation	Upon Completion
Snapshot – Task	Care Cost Initiative Presentation	Upon Completion
Snapshot – Task	Care Cost Initiative Implementation	Upon Completion
Snapshot – Task	Rebate Model Recommendation	Upon Completion

### b. Summative Evaluations

Evaluation Type	Completed By	When
Summative Evaluation – Midpoint (Verbal)	Preceptor	Week 7 Week 20 Week 33 Week 46
Summative Evaluation – Final	Preceptor	Week 13 Week 26 Week 39 Week 52
Summative Self-Evaluation	Resident	Week 13 Week 26 Week 39 Week 52
Preceptor Evaluation	Resident	Week 52
Learning Experience	Resident	Week 52

## XII. Evidence-Based Medicine and Policy

### A. Preceptors

Co-primary Preceptors:

- Casey Butrus, Pharm.D.  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: casey.butrus@highmark.com
- Amber McElhaney, Pharm.D., BCPS  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: amber.mcelhaney@highmark.com

Adjunct Preceptors:

- Susan Trombetta, Pharm.D.  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: susan.trombetta@highmark.com
- Allison Twine, Pharm.D.  
Lead Pharmacist, Clinical Pharmacy Strategies  
E-mail: allison.twine@highmark.com

### B. General Description

The evidence-based medicine (EBM) & policy learning experience is a required, longitudinal learning experience designed for the resident to gain experience in evaluating medical literature, making formulary and utilization management decisions and crafting pharmacy coverage policies. The resident will complete medication and therapeutic class reviews, present recommendations to the Pharmacy & Therapeutics Committee, and develop utilization management policies. Additionally, the resident will complete presentations throughout the 12-month rotation to practice their literature review and drug information skills. The resident will also gain experience in management and distribution of specialty medications and may have the opportunity to visit a specialty pharmacy.

The resident will gain experience in administrative and regulatory aspects of formulary management. In collaboration with the pharmacy benefit manager, the resident will assist with coding and implementation of formulary and utilization management changes. Additionally, the resident will gain experience in regulations that govern formulary management, including federal and state regulations.

#### 1. Responsibilities of the Pharmacy Resident

Hours: 8:00 a.m. – 5:00 p.m.

The resident is responsible for completing medication reviews, class reviews, and policies as a member of the Clinical Pharmacy Strategies team. The resident will also complete presentations to practice their literature review skills to the greater pharmacist team. All evaluations are expected to be completed no later than the last day of the learning experience. It is the resident's responsibility to schedule the quarterly midpoint (30 minutes) and summative (45 minutes) evaluation meetings during the seventh and last week of each quarter, respectively.

## C. Required Objectives for this Learning Experience

### 1. Competency Area R1: Patient Care

**Goal R1.1:** Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.

**Objective R1.1.1: (Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.\***

**Goal R1.3:** Support safe and effective access to drug therapy for patients.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

### 2. Competency Area R2: Leadership and Management

**Goal R2.1:** Manage services of the managed care pharmacy practice environment.

Objective R2.1.2: (Applying) Participate in organizational level management activities, functions, and/or decision-making.

Objective R2.1.6: (Understanding) Explain, or demonstrate understanding of, the patient intake process for specialty pharmacy patients.

Objective R2.1.7: (Understanding) Demonstrate understanding of Risk Evaluation and Mitigation Strategies for patients receiving specialty pharmacy medications.

Objective R2.1.8: (Understanding) Demonstrates understanding of how specialty pharmacies fulfill prescriptions/medication orders for patients.

**Goal R2.2:** Demonstrate personal and professional leadership skills.

**Objective R2.2.1: (Applying) Manage oneself effectively and efficiently.\***

Objective R2.2.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Objective R2.2.3: (Applying) Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.

Objective R2.2.5: (Applying) Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.

**Goal R2.5:** Demonstrates understanding of unique business aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.

**Objective R2.5.1: (Analyzing) Compare and contrast the provision of medication management in the various managed care environment.\***

**3. Competency Area R3: Advancing Managed Care Practice and Improving Patient Care**

**Goal R3.1:** Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.

Objective R3.1.1: (Understanding) Explain the organization's process for tracking the progress of drugs in the development pipeline.

Objective R3.1.2: (Creating) Prepare a drug class review or monograph.

Objective R3.1.3: (Analyzing) Identify opportunities for implementation of utilization management strategies.

**Objective R3.1.4: (Creating) Develop and implement clinically appropriate utilization management criteria (e.g. Prior Authorization, Step Therapy, Quantity Limits, and Drug Utilization Review (DUR) edits to enhance patient care.\***

Objective R3.1.5: (Applying) When appropriate, present the recommendations contained in a drug class review or monograph and/or utilization management criteria to members of the P&T Committee.

**Objective R3.1.8: (Creating) Develop and propose recommendations to the appropriate committee based on the use of electronic data and information from internal information databases, external online databases and the Internet.\***

**Goal R3.3:** Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients, health care providers, or plan sponsors.

Objective R3.3.1: (Creating) Formulate a systematic, efficient, and thorough procedure of retrieving and selecting the appropriate drug information.

Objective R3.3.2: (Evaluating) Formulate responses to drug information requests based on analysis of the literature.

**\*Critical Objective**

## D. Specific Activities

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to perform. These activities were also selected to help residents work toward achieving specific objectives which in turn will help them achieve the goals assigned to the learning experience. There is usually not one specific activity assigned to help achieve an objective and/or goal.

Residents should familiarize themselves with the objectives associated with each goal as listed above. Achievement of these goals is determined through assessment of the residents' ability to perform the associated objectives. The tables below demonstrate the relationship between the activities residents will perform during the learning experience and the goals/objectives assigned to the learning experience.

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Goal R1.1</b>	<b>Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process.</b>	
<b>Objective R1.1.1</b>  <b>Applying</b>	<b>Demonstrate responsibility and professional behaviors as a member of the health care team.*</b>	<ul style="list-style-type: none"> <li>• <b>Demonstrate professional behaviors.</b></li> <li>• <b>Work effectively and professionally with other members of the Clinical Pharmacy Strategies teams and other teams within Highmark (e.g. other pharmacists, P&amp;T Committee members, specialty pharmacy analysts, etc.).</b></li> <li>• <b>Take ownership of completing policies as a member of the Clinical Pharmacy Strategies team.</b></li> <li>• <b>Collaborate with internal and external stakeholders in a professional manner to implement formulary and utilization management changes.</b></li> <li>• <b>Follow all legal and regulatory guidance with respect to formulary and utilization management for government business (e.g. Medicare, Healthcare Reform).</b></li> </ul>
<b>Goal R1.3</b>	<b>Support safe and effective access to drug therapy for patients.</b>	
<b>Objective R1.3.2</b>  <b>Applying</b>	<b>Manage aspects of the medication-use process related to formulary management.</b>	<ul style="list-style-type: none"> <li>• <b>Make recommendations for implementation of negative formulary changes.</b></li> <li>• <b>Ensure formulary, including management of formulary exception, is in alignment with government regulations and laws.</b></li> </ul>
<b>Competency Area R2 - Leadership and Management</b>		
<b>Goal R2.1</b>	<b>Manage services of the managed care pharmacy practice environment.</b>	
<b>Objective R2.1.6</b>  <b>Understanding</b>	<b>Explain, or demonstrate understanding of, the patient intake process for specialty pharmacy patients.</b>	<ul style="list-style-type: none"> <li>• <b>Describe the intake process for specialty pharmacy patients.</b></li> </ul>
<b>Objective R2.1.7</b>  <b>Understanding</b>	<b>Demonstrate understanding of Risk Evaluation and Mitigation Strategies (REMS) for patients receiving specialty pharmacy medications.</b>	<ul style="list-style-type: none"> <li>• <b>Describe the purpose and types of Risk Evaluation and Mitigation Strategies (REMS) for specialty medications.</b></li> <li>• <b>Accurately identify REMS in preliminary medication reviews and therapeutic class reviews.</b></li> <li>• <b>Recommend appropriate formulary placement and utilization management of specialty medications with REMS.</b></li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R2.1.8 Understanding	Demonstrates understanding of how specialty pharmacies fulfill prescriptions/medication orders for patients.	<ul style="list-style-type: none"> <li>• Discuss the fulfillment process at specialty pharmacies.</li> <li>• Discuss Highmark's partnerships with specialty pharmacies.</li> <li>• Discuss Highmark's strategies for partnering with specialty pharmacy vendors.</li> </ul>
<b>Goal R2.2</b>	<b>Demonstrate personal and professional leadership skills.</b>	
Objective R2.2.1 Applying	<b>Manage oneself effectively and efficiently.*</b>	<ul style="list-style-type: none"> <li>• <b>Use time management skills to submit a final product by the assigned due date.</b></li> <li>• <b>Use time management skills to complete goal number of preliminary and class reviews by assigned internal and external due dates, without sacrificing quality of review.</b></li> </ul>
Objective R2.2.2 Applying	Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> <li>• Review self-reflective evaluations and assessments.</li> <li>• Apply self-reflective knowledge moving forward.</li> <li>• Create a measurable goal to progress to independent practice by an assigned date.</li> <li>• Review existing work to identify opportunities for improvement.</li> <li>• Report on progress toward achieving goals.</li> </ul>
Objective R2.2.3 Applying	Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.	<ul style="list-style-type: none"> <li>• Use effective communication skills to express thoughts, ideas, and opinions.</li> <li>• Demonstrate respect for colleagues, patients and other healthcare professionals when opposing viewpoints are discussed.</li> <li>• Demonstrate ability to accept and act on feedback.</li> </ul>
Objective R2.2.5 Applying	Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession of pharmacy.	<ul style="list-style-type: none"> <li>• Demonstrate Highmark's core behaviors when making utilization management decisions that impact member care.</li> <li>• Actively participate in team and staff meetings.</li> </ul>
<b>Goal R2.5</b>	<b>Demonstrates understanding of unique aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.</b>	
Objective 2.5.1 Analyzing	<b>Compare and contrast the provision of medication management in the various managed care environment.*</b>	<ul style="list-style-type: none"> <li>• <b>Summarize the similarities and differences of patient care provided by different sections of the health plan.</b></li> <li>• <b>Summarize the differences between Highmark's utilization management programs for Commercial, Healthcare Reform, and Medicare lines of business.</b></li> <li>• <b>Summarize the differences between formulary and coverage regulations in different states.</b></li> <li>• <b>Present (e.g., lunch and learn) to the UM team and demonstrate competency of necessary collaboration between UM team and CPS team.</b></li> </ul>



Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Goal R3.1</b>	<b>Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.</b>	
Objective R3.1.1 Understanding	Explain the organization's process for tracking the progress of drugs in the development pipeline.	<ul style="list-style-type: none"> <li>• Accurately explain sources of information on drugs that are in the development pipeline.</li> <li>• Assesses the potential impact of a drug in the development pipeline to a managed care organization through a presentation.</li> </ul>
Objective R3.1.2 Creating	Prepare a drug class review or monograph.	<ul style="list-style-type: none"> <li>• Complete preliminary reviews and class reviews.</li> <li>• Use a systematic approach to literature search and evaluation.</li> <li>• Use guidelines and other relevant resources and evaluate a new medication's utility and place in therapy compared to other agents in the class.</li> </ul>
Objective R3.1.3 Analyzing	Identify opportunities for implementation of utilization management strategies.	<ul style="list-style-type: none"> <li>• Evaluate the current utilization of selected medication or class of medications based on available evidence.</li> <li>• Project the impact of a new medication based on available safety and efficacy data.</li> </ul>
Objective R3.1.4 Creating	<b>Develop and implement clinically appropriate utilization management criteria (e.g. Prior Authorization, Step Therapy, Quantity Limits, and Drug Utilization Review (DUR) edits to enhance patient care.*</b>	<ul style="list-style-type: none"> <li>• <b>Identify an opportunity for a drug use evaluation based on a change in guidelines, prescriber inquiry, pharmacy case review, or other appropriate source.</b></li> <li>• <b>Recommend policy revisions or new criteria based on the findings of a drug use evaluation.</b></li> <li>• <b>Contribute to Highmark's ongoing process of utilization management improvement by reviewing policies as a member of the Clinical Pharmacy Strategies team.</b></li> </ul>
Objective R3.1.5 Applying	When appropriate, present the recommendations contained in a drug class review or monograph and/or utilization management criteria to members of the P&T Committee.	<ul style="list-style-type: none"> <li>• Justify formulary and UM recommendations to internal team during P&amp;T Prep meeting.</li> <li>• Provide a clinical overview of newly FDA-approved medications during P&amp;T Meetings.</li> <li>• Summarize new or revised utilization management policies during P&amp;T Meetings.</li> <li>• Take meeting Minutes for one P&amp;T Committee meeting.</li> </ul>
Objective R3.1.8 Creating	<b>Develop and propose recommendations to the appropriate committee based on the use of electronic data and information from internal information databases, external online databases and the Internet.*</b>	<ul style="list-style-type: none"> <li>• <b>Use all available and appropriate resources for preliminary reviews, class reviews, journal club presentations, and drug information questions.</b></li> </ul>

<b>Goal R3.3</b>	<b>Provide concise, applicable, comprehensive, and timely responses to requests for drug information from patients, health care providers, or plan sponsors.</b>
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Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R3.3.1 Creating	Formulate a systematic, efficient, and thorough procedure of retrieving and selecting the appropriate drug information.	<ul style="list-style-type: none"> <li>• Provide written search strategy for evidence gathering to answer a drug information questions.</li> <li>• Request additional information to answer key questions.</li> </ul>
Objective R3.3.2 Evaluating	Formulate responses to drug information requests based on analysis of the literature.	<ul style="list-style-type: none"> <li>• Answer drug information questions to guide formulary and utilization management decisions.</li> <li>• Research and respond to drug information inquiries.</li> <li>• Create clinical deliverables for internal and external stakeholders at Highmark.</li> </ul>

**\*Critical Objective**

## E. Minimum Requirements for the Learning Experience

- Complete at least 3 therapeutic class reviews
  - Complete at least 2 therapeutic class reviews with a rating of “3 – Guided Practice” or better
- Complete at least 8 preliminary/medication reviews
  - Complete at least 4 preliminary/medication reviews with a rating of “4 – Independent Practice” or better
- Complete at least 40 pharmacy policy reviews
  - Complete at least 20 pharmacy policy reviews with a rating of “4 – Independent Practice” or better
- Complete at least 2 journal club presentations
  - Complete at least 1 journal club presentation with a rating of “4 – Independent Practice” or better
- Complete 2 specialty disease state presentations
  - Complete at least 1 specialty disease state presentation with a rating of “4 – Independent Practice” or better
- Complete 8 drug information inquiry responses
  - Complete at least 4 drug information inquiry responses with a rating of “4 – Independent Practice” or better
- Discuss the role of the specialty pharmacy in patient care with a rating of “2 – Preceptor Assistance” or better
- Complete and submit specialty channel management materials with a rating of “3 – Guided Practice” or better
- Complete 1 monthly brand and specialty pipeline update with a rating of “3 – Guided Practice” or better
- Complete 6 monthly new indication document updates
  - Complete 5 monthly new indication document updates with a rating of “3 – Guided Practice” or better.
- Implement at least 1 formulary and/or utilization management changes with a rating of “2 – Preceptor Assistance” or better.
- Lead at least 1 new drug add meeting and resulting coding with a rating of “2 – Preceptor Assistance” or better.
- Implement at least 1 formulary and/or utilization management project related to a government business (i.e. Medicare, Healthcare Reform) with a rating of “2 – Preceptor Assistance” or better.

- Discuss the role of federal and state regulations on formulary and utilization management, with a rating of “2 – Preceptor Assistance” or better.
- Complete Minutes for 1 P&T Committee meeting with a rating of “3 – Guided Practice” or better.
- Present at 1 UM team educational session (e.g. lunch & learn) with a rating of “3 – Guided Practice” or better.
- Complete any additional tasks as assigned by the preceptor(s)
- Complete all quarterly evaluations before the conclusion of the quarter

## F. Expected Progression of Resident Responsibilities During this Learning Experience:

Experiences are cumulative and will build on the skills learned previously. To ensure successful progression of the resident towards the residency objectives and requirements, the suggested progression of resident responsibilities for this learning experience is outlined below. Length of time each resident spends in each phase will be customized based upon the resident's abilities.

### 1. Timeline of Learning Experience

#### Quarter 1

##### **July**

- Orientation to Learning Experience.
- Residents will be introduced to the different types of medication reviews.
- Residents will be assigned and complete their first medication or preliminary medication review. Residents will work on their medication or preliminary medication review and policy considerations with peer-reviewer and/or preceptor.
- Residents will be introduced to formulary and utilization management decisions, including tier placement, list additions, prior authorization and quantity level limits.
- Residents will work on policy creation/revisions and prepare for P&T packet inclusion.
- Residents will be assigned an agent for completion of their first therapeutic class review and will begin work on their assigned therapeutic class review, including requesting manufacturer Dossier, header, reason for review, and scoping session.
- Residents will be introduced to the new indication document and will complete 6 each by the end of the residency.
- Topic Discussions:
  - Medication review process
  - Policy-writing
  - Class review introduction

##### **August**

- Expectations for presentation to the Committee will be reviewed. Bi-Monthly P&T Committee and formulary decisions meetings will be held. Residents will present their preliminary review (if applicable) and corresponding policy during the Bi-Monthly P&T meeting.
- Residents will complete a reflective summary of the P&T Committee and formulary decisions meetings.
- Residents will continue work on and submit their class review including, completion of background information and pharmacology, literature search, literature critique, and evidence appraisal.
- Residents will continue to work on policy creations/revisions.
- Topic discussions:
  - Literature search
  - Appraisals/Statistics Part 1 and 2
  - Policy Writing Part 2

- Journal Club Presentation Overview
- Comparative Effectiveness Review

## **September**

- Residents will practice their literature critique skills through a Journal Club presentation to the CPS team.
- Residents will continue work on and complete their class review including, economic models (if available), comparative effectiveness review (ICER tables), executive summary, overall value conclusion, abbreviations, references, formatting, and proof-reading.
- Residents will submit their class review for peer-review by assigned due date.
- Residents will complete 2 EBM DIQs by the end of quarter 1.
- Quarter 1 Evaluation.

## **Quarter 2**

### **October - December**

- Residents will continue to work on medication reviews and policies (as assigned).
- Residents will present a Specialty presentation to the CPS team.
- Residents will be introduced to the formulary and utilization management implementation process and government business.
- Residents will participate in the post-P&T decisions process, including preparing the files to send to the pharmacy benefit manager.
- Residents will participate in a legislative discussion and also be assigned a government business project, based on business need.
- Residents will work on/submit second class review.
- Residents will complete 2 DIQs by the end of quarter 2.
- Residents will take minutes during one P&T meeting each during quarters 2, 3, or 4 (as assigned).
- Quarter 2 Evaluation.

## **Quarter 3**

### **January - March**

- Residents will continue to work on medication reviews and policies (as assigned).
- Residents will be introduced to the monthly Specialty and Brand pipeline document.
- Residents will work on independently updating the monthly Specialty and Brand pipeline document.
- Residents will present a Journal Club presentation to the CPS team.
- Residents will work on their third class review.
- Topic discussion on the drug approval process and specialty pharmacy basics.
- Residents will complete 2 DIQs by the end of quarter 3.
- Quarter 3 Evaluation.

## **Quarter 4**

### **April - June**

- Residents will continue to work on medication reviews and policies (as assigned).
- Residents will review medications and provide recommendations for channel management.
- Residents will present a Specialty presentation to the CPS team.
- Residents will submit at least 8 medication reviews by the end of the residency program year.
- Residents will successfully submit their third class review.
- Residents will present a lunch and learn topic to the UM team.
- Quarter 4 Evaluation.

## 2. Evaluation Schedule

### a. Formative Evaluations

Type of Evaluation	Activity	When
Snapshot – Task	Therapeutic Class Review	Upon Completion
Snapshot – Task	Preliminary/Medication Review	Upon Completion
Snapshot – Task	Pharmacy Policy Review	Upon Completion
Snapshot – Presentation	Journal Club Presentation	Quarter 1 and 3
Snapshot – Presentation	Specialty Disease State Presentation	Quarter 2 and 4
Snapshot – Task	Drug Information Inquiry Response	Upon Completion
Snapshot – Discussion	Specialty Pharmacy	Upon Completion
Snapshot – Task	New Drug Adds	Upon Completion
Snapshot – Task	Pipeline Monitoring	Upon Completion
Snapshot – Task	Implementation of Formulary and/or Utilization Management Changes	Upon Completion
Snapshot – Task	Government Business Project	Upon Completion
Snapshot – Discussion	Federal & State Regulations	Upon Completion
Snapshot – Task	P&T Committee Minutes	Upon Completion
Snapshot – Presentation	UM Educational Session	Upon Completion
Snapshot – Discussion	New Drug Add Meeting	Upon Completion

### b. Summative Evaluations

Evaluation Type	Completed By	When
Summative Evaluation – Midpoint (Verbal)	Preceptor	Week 7 Week 20 Week 33 Week 46
Summative Evaluation – Final	Preceptor	Week 13 Week 26 Week 39 Week 52
Summative Self-Evaluation	Resident	Week 13 Week 26 Week 39 Week 52
Preceptor Evaluation	Resident	Week 52
Learning Experience	Resident	Week 52

## XIII. Experiential Teaching & Management

### A. Preceptors

#### Primary Preceptor:

- Iris Tang, Pharm.D.  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: iris.tang@highmark.com

#### Adjunct Preceptors:

- Katie Purnell, Pharm.D.  
Senior Pharmacist, Clinical Pharmacy Strategies  
E-mail: katherine.purnell@highmark.com
- Victoria Wolf, Pharm.D.  
Faculty Pharmacist, Clinical Pharmacy Strategies  
Assistant Professor of Managed Care/Drug Information  
Notre Dame of Maryland School of Pharmacy  
E-mail: victoria.wolf@highmark.com

#### Consultants:

- Ellen Feeney, Pharm.D., BCPS  
Director, Clinical & Specialty Pharmacy  
E-mail: ellen.feeney@highmark.com
- Steven Kheloussi, Pharm.D., MBA, FAMCP  
Manager, Clinical Pharmacy Strategies  
E-mail: steven.kheloussi@highmark.com

### B. General Description

The management and experiential teaching learning experience is a required, 52-week learning experience designed to introduce the resident to the requirements of managing the prescription drug benefit in a health plan and the fundamentals of teaching in an experiential setting. The resident will learn about precepting techniques, including the four preceptor roles and how to provide feedback. The resident will also co-precept a final-year pharmacy student during their APPE rotation and will learn about the requirements for managing an accredited PGY1 Managed Care Pharmacy Residency Program. Residents will learn the essentials of presenting to healthcare professionals and how to give feedback to pharmacy students who are presenting. Residents will also meet with pharmacy leadership to understand the entire pharmacy benefit management process at Highmark. Finally, residents will work with managers to understand the basics of departmental planning and quality verification.

#### 1. Responsibilities of the Pharmacy Resident

Hours: 8:00 a.m. – 5:00 p.m.

The resident is responsible for attending all seminars and topic discussions. The resident will also be primarily responsible for coordinating learning activities, providing feedback, and completing evaluations for at least two final-year APPE pharmacy students. The resident is responsible for learning about the non-clinical aspects of managing the pharmacy benefit at a health plan, including departmental planning processes and quality verification procedures. All evaluations are expected to be completed no later than the last day of the learning experience. It is the resident's responsibility to schedule the quarterly midpoint (30 minutes) and summative (45 minutes) evaluation meetings during the seventh and last week of each quarter, respectively.

## C. Required Objectives for this Learning Experience

### 1. Competency Area R1: Patient Care

**Goal R1.3:** Support safe and effective access to drug therapy for patients.

Objective R1.3.1: (Evaluating) Assess whether network retail, mail order and specialty pharmacies following best practices and the organization's policies and procedures.

Objective R1.3.4: (Evaluating) 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.

### 2. Competency Area R2: Leadership and Management

**Goal R2.1:** Manage services of the managed care pharmacy practice environment.

Objective R2.1.1: (Applying) Manage patient care services at the managed care practice site.

Objective R2.1.2: (Applying) Participate in organizational level management activities, functions, and/or decision-making.

Objective R2.1.3: (Understanding) Identify relevant external factors that influence or impact managed care practice and identify appropriate strategies to adjust, comply, or improve.

**Goal R2.2:** Demonstrate personal and professional leadership skills.

**Objective R2.2.1: (Applying) Manage oneself effectively and efficiently.\***

Objective R2.2.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Objective R2.2.3: (Applying) Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.

Objective R2.2.5: (Applying) Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.

**Goal R2.3:** Demonstrate management skills.

Objective R2.3.1: (Understanding) Explain factors that influence departmental planning.

**Goal R2.4:** Maintain confidentiality of patient and proprietary business information.

Objective R2.4.3: (Understanding) Explain the relationship between the health plan and the delivery system functions of managed care.

### 3. Competency Area R4: Teaching, Education, and Dissemination of Knowledge

**Goal R4.1:** Provide effective education and/or training.

Objective R4.1.1: (Creating) Design effective education and/or training activities based on the learners' level and identified needs.

Objective R4.1.2: (Applying) Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.

Objective R4.1.3: (Understanding) Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.

Objective R4.1.4: (Evaluating) Appropriately assess effectiveness of education.

**\*Critical Objective**



## D. Specific Activities

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to perform. These activities were also selected to help residents work toward achieving specific objectives which in turn will help them achieve the goals assigned to the learning experience. There is usually not one specific activity assigned to help achieve an objective and/or goal.

Residents should familiarize themselves with the objectives associated with each goal as listed above. Achievement of these goals is determined through assessment of the residents' ability to perform the associated objectives. The tables below demonstrate the relationship between the activities residents will perform during the learning experience and the goals/objectives assigned to the learning experience.

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Competency Area R1 – Patient Care</b>		
<b>Goal R1.3</b>	<b>Support safe and effective access to drug therapy for patients.</b>	
Objective R1.3.1 Evaluating	Assess whether network retail, mail order and specialty pharmacies following best practices and the organization's policies and procedures.	<ul style="list-style-type: none"> <li>Discuss the structure and management of pharmacy networks.</li> <li>Discuss the role of the claims processor and/or pharmacy benefit manager in providing care for members.</li> </ul>
Objective R1.3.4 Evaluating	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.	<ul style="list-style-type: none"> <li>Discuss the structure and management of pharmacy networks.</li> <li>Discuss the role of the claims processor and/or pharmacy benefit manager in providing care for members.</li> <li>Work with the appropriate stakeholders to assess patient satisfaction with services provided by external vendors.</li> </ul>
<b>Competency Area R2 – Leadership and Management</b>		
<b>Goal R2.1</b>	<b>Manage services of the managed care pharmacy practice environment.</b>	
Objective R2.1.1 Applying	Manage patient care services at the managed care practice site.	<ul style="list-style-type: none"> <li>Discuss patient care services at Highmark.</li> <li>Work with department leaders to ensure that the health plan is compliant with legal regulations.</li> <li>Present to a patient care service team at Highmark.</li> </ul>
Objective R2.1.2 Applying	Participate in organizational level management activities, functions, and/or decision-making.	<ul style="list-style-type: none"> <li>Discuss management functions, such as budgeting, hiring, onboarding, etc.</li> <li>Use Excel to perform basic management activities.</li> <li>Attend at least one staff meeting for each pharmacy team.</li> </ul>
Objective R2.1.3 Understanding	Identify relevant external factors that influence or impact managed care practice and identify appropriate strategies to adjust, comply, or improve.	<ul style="list-style-type: none"> <li>Discuss the factors that influence managed care practice.</li> <li>Discuss legal regulations and accreditation standards that impact pharmacist practice in a health plan.</li> </ul>
<b>Goal R2.2</b>	<b>Demonstrate personal and professional leadership skills.</b>	
Objective R2.2.1 Applying	<b>Manage oneself effectively and efficiently.*</b>	<ul style="list-style-type: none"> <li><b>Use time management skills to complete assigned work before all deadlines.</b></li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R2.2.2 Applying	Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> <li>• Use self-assessment techniques to determine progress towards goals and objectives of the learning experience.</li> <li>• Create measurable goals and an action plan for personal performance improvement.</li> <li>• Report on progress toward achieving goals.</li> </ul>
Objective R2.2.3 Applying	Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.	<ul style="list-style-type: none"> <li>• Use effective communication skills to express thoughts, ideas and opinions.</li> <li>• Demonstrate respect for colleagues, patients and other healthcare professionals.</li> <li>• Demonstrate ability to accept and act on feedback.</li> </ul>
Objective R2.2.5 Applying	Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession of pharmacy.	<ul style="list-style-type: none"> <li>• Demonstrates Highmark's core behaviors when making decisions that impact a team or organization.</li> <li>• Actively participate in team and staff meetings.</li> </ul>
<b>Goal R2.3</b>	<b>Demonstrate management skills.</b>	
Objective R2.3.1 Understanding	Explain factors that influence departmental planning.	<ul style="list-style-type: none"> <li>• Discuss departmental planning, including budgeting, staff management, hiring, etc.</li> </ul>
<b>Goal R2.4</b>	<b>Maintain confidentiality of patient and proprietary business information.</b>	
Objective 2.4.3 Understanding	Explain the relationship between the health plan and the delivery system functions of managed care.	<ul style="list-style-type: none"> <li>• Discuss the impact of formulary and utilization management changes on network pharmacies.</li> <li>• Discuss delivery of pharmacy services on the member.</li> </ul>
<b>Competency Area R4 - Teaching, Education, and Dissemination of Knowledge</b>		
<b>Goal R4.1</b>	<b>Provide effective education and/or training.</b>	
Objective R4.1.1 Creating	Design effective education and/or training activities based on the learners' level and identified needs.	<ul style="list-style-type: none"> <li>• Assess a final-year pharmacy student's learning needs.</li> <li>• Create a comprehensive training plan for a final-year pharmacy student.</li> <li>• Present at least one change to the Advanced Pharmacy Practice Experience (APPE) rotation program, including an implementation plan.</li> </ul>
Objective R4.1.2 Applying	Use effective presentation and teaching skills to deliver education programs to targeted audiences including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	<ul style="list-style-type: none"> <li>• Complete all training seminars.</li> <li>• Apply techniques discussed in training seminars to precept final-year pharmacy students.</li> <li>• Provide verbal feedback and coaching to the final-year pharmacy student.</li> <li>• Develop verbal communication skills to effectively present to health care professional peers and students.</li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
Objective R4.1.3 Applying	Develop effective written communication skills to provide educational information to multiple levels of learners including patients, caregivers, and members of the community; health profession students; pharmacists; and other health care professionals.	<ul style="list-style-type: none"> <li>• Apply techniques discussed in teaching and management meetings to precept final-year pharmacy student(s).</li> <li>• Provide written feedback and coaching to the final-year pharmacy student.</li> <li>• Develop written communication skills to effectively present to health care professional peers and students.</li> </ul>
Objective R4.1.4 Evaluating	Appropriately assess effectiveness of education.	<ul style="list-style-type: none"> <li>• Assess a final-year pharmacy student's progress towards goals and objectives as outlined in the training plan.</li> <li>• Complete all required evaluations for a final-year pharmacy student.</li> <li>• Write a reflection on effectiveness of educational techniques used and future areas of opportunity as a preceptor.</li> <li>• Evaluate a student's presentation skills.</li> </ul>

**\*Critical Objective**

## E. Minimum Requirements for the Learning Experience

- Present at least 5 presentations.
  - Present at least 3 presentations at a rating of “4 – Independent Practice” or better.
- Create a training plan for a final-year pharmacy student with a rating of “3 – Guided Practice” or better.
- Present at least one change to the APPE rotation program, including an implementation plan, with a rating of “3 – Guided Practice” or better.
- Provide feedback and coaching to a final-year pharmacy student with an overall rating of “3 – Guided Practice” or better.
- Participate in all precepting discussions with an overall rating of “3 – Guided Practice” or better.
- Engage in discussion at team and staff meetings with an overall rating of “4 – Independent Practice” or better by the conclusion of the residency program.
- Present at least one change to the residency program, including an implementation plan, with a rating of “3 – Guided Practice” or better.
- Participate in a discussion of the role of management in a health plan with a rating of “3 – Guided Practice” or better.
- Provide feedback on three student presentations with a rating of “3 – Guided Practice” or better.
- Complete any additional tasks as assigned by the preceptor(s).
- Complete final evaluation before the conclusion of the learning experience.

## F. Expected Progression of Resident Responsibilities During this Learning Experience:

Experiences are cumulative and will build on the skills learned previously. In order to ensure successful progression of the resident towards the residency objectives and requirements, the suggested progression of resident responsibilities for this learning experience is outlined below. Length of time each resident spends in each phase will be customized based upon the resident's abilities.

### 1. Timeline of Learning Experience July 3, 2023 – June 28, 2024

#### **July-September**

Residents will be introduced to the learning experience and expectations. Residents will begin topic discussion. Residents may have the opportunity to work with pharmacy students from the University of Notre Dame Baltimore, Maryland in an interactive lab setting.

#### **October-December**

Residents will continue topic discussions. Residents will begin co-precepting final-year pharmacy students. Residents will develop a training plan for final-year pharmacy students. Residents will start presentations to the different teams. Residents will start brainstorming ideas to improve the APPE rotation program.

#### **January-March**

Residents will continue topic discussions and working with final-year pharmacy students as co-preceptors, implementing their training plans. Residents will formally present their proposal to the APPE rotation leadership, including plans for implementation if the proposal is accepted. As the year progresses, residents are expected to become more independent as a preceptor. A written or verbal reflection will be due one week after the conclusion of each APPE student's rotation. Residents are expected to make modifications to their training plans after each group of students. Residents will brainstorm ideas for their proposal to improve the residency program. Residents will be expected to be more independent in their presentations to the different teams. Residents

will start scheduling and meeting with leadership to discuss the role of management in a health plan. Residents may have the opportunity to work with pharmacy students from the University of Notre Dame Baltimore, Maryland in an interactive lab setting.

**April-June**

Residents will continue topic discussions and working with final-year pharmacy students as co-preceptors, implementing their training plans and APPE rotation change. As the year progresses, residents are expected to become more independent as a preceptor. A written or verbal reflection will be due one week after the conclusion of each APPE student’s rotation. Residents are expected to make modifications to their training plans after each group of students. Residents will be expected to provide appropriate feedback on the presentations of pharmacy students. Residents will continue to meet with leadership to discuss the role of management in a health plan. Residents will formally present their proposal to the residency program leadership, including plans for implementation if the proposal is accepted. Final evaluation.

**Semi-Monthly**

Residents will meet with preceptors for topic discussions on teaching techniques and residency conduct.

**Monthly**

Residents will meet with the preceptors to discuss management topics.

2. Evaluation Schedule

a. Formative Evaluations

Type of Evaluation	Activity	When
Snapshot – Task	Training Plan	Upon Completion
Snapshot – Presentation	APPE Rotation Change Presentation and Implementation	Upon Completion
Snapshot – Task	Verbal Coaching/Feedback	Upon Completion
Snapshot – Task	Written Coaching/ Feedback	Upon Completion
Snapshot – Discussion	Preceptor Seminars	Monthly
Snapshot – Discussion	Management	Monthly
Snapshot – Presentation	Residency Change Presentation or Clinical Presentation	Upon Completion

b. Summative Evaluations

Evaluation Type	Completed By	When
Summative Evaluation – Midpoint (Verbal)	Preceptor	Week 7 Week 20 Week 33 Week 46
Summative Evaluation – Final	Preceptor	Week 13 Week 26 Week 39 Week 52
Summative Self-Evaluation	Resident	Week 13 Week 26 Week 39 Week 52
Preceptor Evaluation	Resident	Week 52
Learning Experience	Resident	Week 52

## XIV. Utilization Management

### A. Preceptors

#### Primary Preceptor:

- Jordan Bagwell, Pharm.D.  
Pharmacist – Utilization Management, Clinical Pharmacy Operations  
Phone: 412-888-4435  
E-mail: jordan.bagwell@highmark.com

#### Adjunct Preceptors:

- Bobbie Jo Julian, Pharm.D.  
Pharmacist – Utilization Management, Clinical Pharmacy Operations  
Phone: 412-888-4154  
E-mail: bobbiejo.julian@highmark.com
- Linden Nelson, Pharm.D.  
Pharmacist – Utilization Management, Clinical Pharmacy Operations  
Phone: 412-888-3740  
Email: linden.Nelson@highmark.com
- Rose Niklewicz, Pharm.D.  
Pharmacist – Utilization Management, Clinical Pharmacy Operations  
Phone: 412-888-4574  
Email: rose.niklewicz@highmark.com
- Shannon Pfeuffer, Pharm.D.  
Pharmacist – Utilization Management, Clinical Pharmacy Operations  
Phone: 412-888-2645  
Email: Shannon.pfeuffer@highmark.com

### B. General Description

The utilization management learning experience is a required, longitudinal learning experience designed for the resident to gain experience in evaluating coverage determinations. The resident will complete Commercial, Healthcare Reform and Medicare coverage determinations. The resident will also gain experience in administrative functions of the Clinical Pharmacy Operations – Utilization Management team, such as pharmacist audits and compliance requirements.

#### 1. Responsibilities of the Pharmacy Resident

Hours: 7:00 a.m. – 7:00 p.m.

The resident is responsible for completing coverage determinations as a member of the Clinical Pharmacy Operations – Utilization Management team. All evaluations are expected to be completed no later than the last day of the learning experience. It is the resident's responsibility to schedule the quarterly midpoint (30 minutes) and summative (45 minutes) evaluation meetings during the seventh and last week of each quarter, respectively.

## C. Required Objectives for this Learning Experience

### 1. Competency Area R1: Patient Care

**Goal R1.1:** Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.

**Objective R1.1.1: (Applying) Demonstrate responsibility and professional behaviors as a member of the health care team.\***

**Objective R1.1.3: (Analyzing) Collect relevant subjective and objective information for the provision of individualized patient care.\***

Objective R1.1.9: (Applying) Collaborate and communicate effectively with other health care team members.

Objective R1.1.10: (Applying) Document patient care activities appropriately and efficiently.

**Goal R1.3:** Support safe and effective access to drug therapy for patients.

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

### 2. Competency Area R2: Leadership and Management

**Goal R2.2:** Demonstrate personal and professional leadership skills.

**Objective R2.2.1: (Applying) Manage oneself effectively and efficiently.\***

Objective R2.2.2: (Applying) Apply a process of on-going self-evaluation and personal performance improvement.

Objective R2.2.3: (Applying) Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.

Objective R2.2.5: (Applying) Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.

**Goal R2.5:** Demonstrates understanding of unique business aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.

**Objective R2.5.1: (Analyzing) Compare and contrast the provision of medication management in the various managed care environment.\***



### 3. Competency Area R3: Advancing Managed Care Practice and Improving Patient Care

**Goal R3.1:** Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.

Objective R3.1.7: (Applying) Exercise skill in basic use of databases and data analysis.

**\*Critical Objective**

## D. Specific Activities

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment are expected to perform. These activities were also selected to help residents work toward achieving specific objectives which in turn will help them achieve the goals assigned to the learning experience. There is usually not one specific activity assigned to help achieve an objective and/or goal.

Residents should familiarize themselves with the objectives associated with each goal as listed above. Achievement of these goals is determined through assessment of the residents' ability to perform the associated objectives. The tables below demonstrate the relationship between the activities residents will perform during the learning experience and the goals/objectives assigned to the learning experience.

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Competency Area R1 – Patient Care</b>		
<b>Goal R1.1</b>	<b>Provide safe and effective patient care services including medication management, health and wellness programs, and disease state management following the JCPP Pharmacists' Patient Care Process. Services are provided to a diverse range of patients in collaboration with the health care team.</b>	
<b>Objective R1.1.1</b>  Applying	<b>Demonstrate responsibility and professional behaviors as a member of the health care team.*</b>	<ul style="list-style-type: none"> <li>• Demonstrate professional behaviors when completing coverage determinations.</li> <li>• Work effectively and professionally with other members of the health care team (e.g. other pharmacists, prescribers, customer service representatives, etc.)</li> <li>• Take ownership of completing coverage determinations as a member of the Utilization Management team.</li> </ul>
<b>Objective R1.1.3</b>  Analyzing	<b>Collect relevant subjective and objective information for the provision of individualized patient care.*</b>	<ul style="list-style-type: none"> <li>• Evaluate the information provided to determine if additional information is needed.</li> <li>• Determine if enough information has been provided to make a coverage determination.</li> </ul>
<b>Objective R1.1.9</b>  Applying	Collaborate and communicate effectively with other health care team members.	<ul style="list-style-type: none"> <li>• Demonstrate professional behaviors while completing coverage determinations.</li> <li>• Work effectively and professionally with other members of the health care team (e.g. other pharmacists, prescribers, customer service representatives, etc.)</li> <li>• Take ownership of completing coverage determinations as a member of the Utilization Management team.</li> <li>• Use the appropriate communication method based on situational factors.</li> <li>• Adjust communication style/medium based on information and audience.</li> </ul>
<b>Objective R.1.1.10</b>  Applying	Document patient care activities appropriately and efficiently.	<ul style="list-style-type: none"> <li>• Document case notes thoroughly and accurately in 4UM.</li> <li>• Document case notes in a concise and easy-to-read manner, to be understood by other members of the health care team.</li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Goal R1.3</b>	<b>Support safe and effective access to drug therapy for patients</b>	
Objective R1.3.2 Applying	Manage aspects of the medication-use process related to formulary management.	<ul style="list-style-type: none"> <li>Identify when a formulary exception is required based on member benefits and formulary.</li> <li>Complete coverage determinations, including formulary exceptions.</li> </ul>
<b>Competency Area R2 – Leadership and Management</b>		
<b>Goal R2.2</b>	<b>Demonstrate personal and professional leadership skills.</b>	
Objective R2.2.1 Applying	<b>Manage oneself effectively and efficiently.*</b>	<ul style="list-style-type: none"> <li><b>Use time management skills to complete assigned work before all deadlines.</b></li> <li><b>Use time management skills to achieve goal cases per hour, without sacrificing quality of coverage determination review.</b></li> </ul>
Objective R2.2.2 Applying	Apply a process of on-going self-evaluation and personal performance improvement.	<ul style="list-style-type: none"> <li>Apply self-assessment techniques to evaluate self-performance and make changes to improve effectiveness.</li> <li>Create measurable goals and an action plan for personal performance improvement.</li> <li>Review monthly audit and identify opportunities for improvement.</li> <li>Report on progress toward achieving goals.</li> </ul>
Objective R2.2.3 Applying	Demonstrate personal, interpersonal, and teamwork skills and behaviors critical for effective leadership.	<ul style="list-style-type: none"> <li>Use effective communication skills to express thoughts, ideas and opinions.</li> <li>Demonstrate respect for colleagues, patients and other healthcare professionals.</li> <li>Demonstrate ability to accept and act on feedback.</li> </ul>
Objective R2.2.5 Applying	Demonstrate personal leadership qualities essential to operate effectively within the organization and utilize them to advance the profession and practice of pharmacy.	<ul style="list-style-type: none"> <li>Use knowledge of the coverage determination process to recommend at least one pharmacy and/or departmental policy or procedure.</li> <li>Actively participate in team and staff meetings.</li> </ul>
<b>Goal R2.5</b>	<b>Demonstrates understanding of unique business aspects of providing evidence-based, patient-centered medication management with interdisciplinary teams in the managed care environment.</b>	
Objective 2.5.1 Analyzing	<b>Compare and contrast the provision of medication management in the various managed care environments.*</b>	<ul style="list-style-type: none"> <li><b>Summarize the similarities and differences of patient care provided by different sections of the health plan.</b></li> <li><b>Summarize the differences between coverage determinations for Commercial, Healthcare Reform, and Medicare lines of business.</b></li> <li><b>Summarize the differences between coverage determination regulations in different states.</b></li> </ul>

Competency Areas, Goals and Objectives		Activities to Facilitate Professional Growth
<b>Competency Area R3 – Advancing Managed Care Practice and Improving Patient Care</b>		
<b>Goal R3.1</b>	<b>Demonstrate ability to manage formulary and utilization management strategies, as applicable to the organization.</b>	
Objective R3.1.7 Applying	Exercise skill in basic use of database and data analysis.	<ul style="list-style-type: none"> <li>• Use available resources (e.g. 4UM, ESI, etc.) to gather all relevant information required to complete a coverage determination.</li> <li>• Use appropriate clinical compendia (e.g. DRUGDEX, Clinical Pharmacology, NCCN, etc.) to make coverage determination decisions.</li> </ul>

**\*Critical Objective**

## E. Minimum Requirements for the Learning Experience

- Complete at least 900 total coverage determination cases comprised of Commercial, Healthcare Reform, and Medicare coverage determination cases.
  - Complete at least 450 coverage determinations with a rating of “4 – Independent Practice” or better
- Create or update 10 utilization management surveys with a rating of “4 – Independent Practice” or better
- Complete 1 denial code implementation with a rating of “4 – Independent Practice” or better
- Complete 1 project with a rating of “4 – Independent Practice” or better
- Complete 1 clinical presentation with a rating of “4 – Independent Practice” or better
- Complete 2 drug information questions
  - Complete at least one drug information question with a rating of “4 – Independent Practice” or better
- Complete any additional tasks as assigned by the preceptor(s)
- Complete all quarterly evaluations before the conclusion of the quarter

## F. Expected Progression of Resident Responsibilities During this Learning Experience:

Experiences are cumulative and will build on the skills learned previously. In order to ensure successful progression of the resident towards the residency objectives and requirements, the suggested progression of resident responsibilities for this learning experience is outlined below. Length of time each resident spends in each phase will be customized based upon the resident's abilities.

### 1. Timeline of Learning Experience July 3, 2023 – June 28, 2024

#### **July**

Residents will be oriented to learning experience and will complete all assigned reading, including Chapter 6 and Chapter 18 of the CMS Medicare Part D Manual. Residents will begin to shadow preceptors while completing coverage determinations. If residents are licensed, residents can start doing UM cases under the supervision of the preceptor.

#### **August**

Once residents are licensed in the Commonwealth of Pennsylvania (by August 31, 2022), they will transition to completing coverage determinations, with preceptor oversight. Residents will start with Commercial/Healthcare Reform lines of business and will transition to Medicare when ready.

#### **September**

Residents will transition to completing coverage determinations autonomously, starting with Commercial/Healthcare Reform lines of business and transitioning to Medicare.

#### **October to December**

Residents will continue to complete coverage determinations autonomously, with the goal of completing at least 5 coverage determinations per hour worked. Residents will complete at least one project during this time.

#### **January to June**

Residents will continue to complete coverage determinations autonomously, with the goal of completing at least 7 coverage determinations per hour worked. Residents will also gain

experience in administrative functions of the Clinical Pharmacy Operations – Utilization Management team, including pharmacist audits and compliance regulations. Residents will complete the remaining projects during this time.

## 2. Monthly Minimum Requirements

Month	Monthly Minimum	Cumulative Minimum
July	0	0
August	50	50
September	50	100
October	50	150
November	50	200
December	75	275
January	75	350
February	125	475
March	125	600
April	125	725
May	100	825
June	75	900

## 3. Evaluation Schedule

### a. Formative Evaluations

Type of Evaluation	Activity	When
Snapshot – Task	Commercial or Healthcare Reform Coverage Determination	As needed for the first 3 months, then monthly
Snapshot – Task	Medicare Coverage Determination	As needed for the first 3 months, then monthly

### b. Summative Evaluations

Evaluation Type	Completed By	When
Summative Evaluation – Midpoint (Verbal)	Preceptor	Week 7 Week 20 Week 33 Week 46
Summative Evaluation – Final	Preceptor	Week 13 Week 26 Week 39 Week 52
Summative Self-Evaluation	Resident	Week 13 Week 26 Week 39 Week 52
Preceptor Evaluation	Resident	Week 52
Learning Experience	Resident	Week 52

## XV. Acknowledgement

I, \_\_\_\_\_, a candidate selected for Highmark's PGY1 Managed Care Pharmacy Residency Program acknowledge that I have received and read the 2023-2024 Highmark PGY1 Managed Care Pharmacy Residency Manual and accept the terms and conditions set forth in this document.

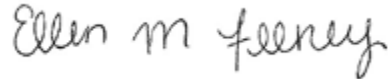
Resident Signature:

\_\_\_\_\_

Printed Name of Resident

\_\_\_\_\_

Residency Program Director Signature:



Printed Name of Residency Program  
Director

Ellen M. Feeney, PharmD, BCPS

FOR INTERNAL USE ONLY:

Acknowledgement Receipt Date: \_\_\_\_\_

RPD Initials: \_\_\_\_\_

## XVI. Notes







