

Faculty: Hyduk-Cardillo, Amy E.

Site:

Members Come First Healthplan

Status: Active

Required

General Description:

During this required six-week learning experience, the resident will participate in prior authorization (PA) activities at the Members Come First Healthplan (MCFH). This will include updating and developing prior authorization guidelines, presenting them to the Pharmacy & Therapeutics (P&T) Committee, and management of both commercial and Medicare Part D prior authorization/coverage determination requests.

MCFH is a regional healthplan with approximately 400,000 members. The MCFH headquarters is located in a metropolitan area. MCFH contracts with a large national Pharmacy Benefit Manager (PBM) for claims processing services, pharmacy network management, rebate negotiation, and some clinical programs. MCFH manages some clinical programs (prior authorization, medication therapy management, pharmacoadherence, and formulary management) in-house. MCFH has its own P&T Committee which meets quarterly. MCFH pharmacy staff includes 12 full-time pharmacists (of which 4 are dedicated to prior authorization) and 10 pharmacy technicians (of which they primarily conduct prior authorization reviews), and 4 administrative staff members.

In this learning experience, approximately 70% of the resident's activities will be in patient care:

- 1) Reviewing primary literature and nationally-recognized treatment guidelines to develop updated and new prior authorization criteria.
- 2) Reviewing prior authorization requests, making coverage determinations, and communicating these decisions with therapeutic recommendations to plan members and healthcare providers.

Role(s) of Pharmacist(s):

The role of the pharmacist is to update existing, and develop new, prior authorization guidelines. In addition, the pharmacist reviews requests for prior authorization and coverage determinations as well as communicates decisions to members and healthcare providers.

Expectations of Residents:

The activities assigned to this learning experience reflect the activities a pharmacist working in this environment is expected to be able to perform. These activities were selected to help the resident work toward achieving specific objectives which will, in turn, help the resident achieve the goals assigned to this learning experience.

The resident is expected to familiarize themselves with the objectives associated with each goal in the PGY1 Residency Competency Areas, Goals, and Objectives document located on the ASHP website under the Residency Information section. The resident's achievement of the goals of the residency is determined through the assessment of the resident's ability to perform the activities associated with each of the related objectives.

Required Readings:

- 1) AMCP statement on Prior Authorization http://amcp.org/prior_authorization
- 2) CMS regulation on Coverage Determinations <http://www.cms.gov/Medicare/Appeals-and->

Preceptor Interaction:

- * Orientation at beginning of learning experience
- * Assign reading materials and discuss
- * Weekly meetings to discuss progress of resident in learning experience
- * Ad hoc meetings
- * Final summative evaluation discussion

Progression of Residents:

Week 1:

- Orientation to learning experience, required goals and objectives to be taught and evaluated, feedback plan, evaluation strategy, and resources available
- Review assigned readings listed above and discuss with preceptor (Direct Instruction)
- Attend weekly P&T subcommittee meeting and discuss observations with preceptor after meeting
- Review reporting tools such as RxNavigator
- Overview of formularies and utilization management edits discussion with preceptor
- Review PA guidelines for top 25 requested medications
- Identify 2 medications which need PA criteria updated
- Shadow a PA pharmacist and have the pharmacist talk through each step of the process (Modeling)

Week 2:

- Submit first draft of PA guideline updates of two new drugs
- Identify 2 new medications for which PA criteria will be developed
- Manage 4 PA requests daily while explaining each step of the process to the preceptor (Coaching)

Week 3:

- Submit final draft of PA guideline updates of two drugs
- Submit first draft of new PA guideline for two drugs
- Manage 6 PA requests daily independently (Facilitation)

Week 4:

- Submit final draft of new PA guideline for two drugs
- Manage 8 PA requests daily independently (Facilitation)

Weeks 5-6:

- Present updated and new PA guidelines to P&T Committee
- Manage 20 PA requests daily independently (Facilitation)

			Activities
Goal R1.1	Provide safe and effective patient care services following JCPP (Pharmacists' Patient Care Process)		
OBJ R1.1.1	(Cognitive - Analyzing) Collect relevant subjective and objective information about the patient.	Taught and Evaluated	Collect pertinent information on each assigned patient from medical records, provider, and patient (as applicable). Conduct a medication profile review on assigned patients, including a review of medical record and patient. Perform a medication history, review medical record, and contact patient's pharmacy or prescribing physician as needed when performing medication reconciliation. Record discrepancies found and recommendations on medication reconciliation form.
OBJ R1.1.2	(Cognitive - Evaluating) Assess clinical information collected and analyze its impact on the patient's overall health goals.	Taught and Evaluated	Analyze assigned patient-specific medication profiles and pertinent clinical data/documentation record. Based on information collected while performing medication reconciliation, assess whether any issues need to be addressed. Identify any issues with medication therapy and be prepared to discuss issues identified with preceptor.
OBJ R1.1.3	(Cognitive - Creating) Develop evidence-based, cost effective, and comprehensive patient-centered care plans.	Taught and Evaluated	Be prepared to discuss recommendations for addressing medication therapy issues with preceptor. Contact prescribing/primary physician with recommended changes to medications or monitoring plans if determined that changes are needed. Determine when levels or other appropriate labs need to be ordered. Propose a medication and dosing regimen designed to achieve target levels and desired clinical outcome.
Goal R1.2	Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.		
OBJ R1.2.1	(Cognitive - Applying) Collaborate and communicate with healthcare team members.	Taught and Evaluated	Provide therapeutic recommendations on assigned patients and answer drug information questions in a timely manner. When interacting with other healthcare team members, be prepared to identify medication-related problems and make evidence-based recommendations for solutions to the team. Work with physicians and nurses to resolve issues found when reconciling patients' medications.
OBJ R1.2.2	(Cognitive - Applying) Communicate effectively with patients and caregivers.	Taught and Evaluated	Assess patients' and/or caregivers' understanding of medication therapy and address educational needs through counseling Obtain medication histories on assigned patients Provide medication education to patients, their families, and/or caregivers.
Goal R1.3	Promote safe and effective access to medication therapy.		
OBJ R1.3.1	(Cognitive - Applying) Facilitate the medication-use process related to formulary management or medication access.	Taught and Evaluated	Document and communicate approvals and denials appropriately and timely. Recommend formulary therapeutic alternatives for non-formulary medications, as appropriate. Review non-formulary/prior authorization-required drug requests to determine if meets criteria for approval.

Goal R1.4	Participate in the identification and implementation of medication-related interventions for a patient population (population health management).		
OBJ R1.4.2	(Cognitive - Creating) Prepare or revise a drug class review, monograph, treatment guideline, treatment protocol, utilization management criteria, and/or order set.	Taught and Evaluated	<p>Conduct a drug use evaluation or drug utilization review to identify opportunities for inappropriate use.</p> <p>Evaluate current utilization of a medication or a therapeutic class against the current evidence supporting use.</p> <p>Evaluate current utilization of a medication or a therapeutic class against the current evidence supporting use.</p> <p>Identify 2 medications for which prior authorization criteria has not yet been developed and draft prior authorization guidelines for the respective medications.</p> <p>Identify 2 medications which need prior authorization criteria updated and complete revisions of the respective prior authorization guidelines.</p> <p>Identify therapeutic areas or drugs that have a significant potential for inappropriate use (e.g., drug is ineffective or significantly less effective, or significantly more costly than the alternatives for the indication).</p> <p>Identify therapeutic areas or drugs that have a significant potential for inappropriate use (e.g., drug is ineffective or significantly less effective, or significantly more costly than the alternatives for the indication).</p> <p>Implement approved changes, as applicable.</p> <p>Propose the strategy and criteria to appropriate committee for approval.</p> <p>When a new gap between current evidence and current use patterns is identified, propose a utilization management strategy.</p>

Assessments:

	Evaluator	Evaluated	Timing
Summative Evaluation	All Preceptors	Each Resident Taking this Learning Experience	Ending and Quarterly if Needed
ASHP Preceptor Evaluation	Residents	All Preceptors of this Learning Experience	Ending and Quarterly if Needed
ASHP Learning Experience Evaluation	Residents	Learning Experience	Ending and Quarterly if Needed