

## **Patient Care Activities – Requirement in PGY1 Managed Care Pharmacy Residency programs**

### **Overview: Description of requirements for patient care activities in a PGY1 Managed Care Pharmacy residency program**

#### **How much time is the resident required to be engaged in patient care activities during a PGY1 Managed Care Pharmacy Residency?**

Standard 3.1.c.3 requires that residents spend two thirds or more of the program in patient care activities.

#### **How are patient care activities different than the direct patient care requirements of a PGY1 Managed Care Pharmacy Residency program?**

The direct patient care that the resident is required to provide as delineated in required objectives 1.1.1-1.1.6 is a subset of all the patient care activities that the resident is engaged in throughout the residency. Direct patient care involves the resident working with individual patients, while patient care activities are a much broader set of activities that ultimately impact patient care and include any direct patient care provided by the residents.

#### **What are patient care activities in a managed care pharmacy environment?**

Activities performed by pharmacists with the intent of contributing to positive pharmacotherapeutic and health outcomes of patients. Care may be in collaboration and communication with other members of the health care team with responsibilities for patients.

Examples of patient care activities (but are not limited to this list):

- Critical appraisal and analysis of appropriate literature, evidence-based guidelines, utilization data, population data, compendia, models, to develop formulary, utilization management criteria, and clinical intervention programs and strategies which are applied to individual patients (e.g., development of treatment guidelines and prior authorization criteria, care pathways, order sets).
- Critical appraisal and comparison of population level disease information with clinical trial population level data for the provision of identifying potential gaps in information and/or recommendations for any intervention(s) to improve access to medications or care.
- Assessment of medical and/or pharmacy utilization data to provide population-level recommendations to improve quality measures for patient-focused outcomes.
- Prospective medication evaluation (e.g., evaluating and interpreting diagnostic information, utilization management, prior authorization).
- Retrospective medication evaluation with corresponding patient-centric recommendations or interventions for program development or enhancements.
- Completing comprehensive (i.e., thorough review of medication profiles) or targeted (i.e., clinical intervention program) medication reviews.

- Performing drug therapy management including, for example, high risk drugs, high risk patients, (e.g., anticoagulation management, renal dosing, pharmacokinetics) and pharmacogenomics and participating in disease state management services (e.g., case management or care management).
- Collecting and organizing patient-specific information needed by the pharmacist to improve health status and/or prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.
- Evaluating and intervening upon any identified health related social needs (HRSN) impacting patient care, when appropriate and possible, including social determinants of health (SDOH) impacts.
- Specifying therapeutic goals for patients incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.
- Designing patient-centered regimens and monitoring plans (medication action plans) that meet the evidence-based therapeutic goals established for patients, which integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues and measures, and considers pharmacoeconomic principles.
- Recommending or communicating patient-centered, evidence-based therapeutic regimens and corresponding monitoring plans to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient.
- Initiating, when appropriate, the patient-centered, evidence-based therapeutic regimen and monitoring plan for patients according to the organization's policies and procedures.
- Assessing patients' progress toward therapeutic goal(s) and, when necessary, redesigning a patient centered, evidence-based therapeutic plan as necessary based on evaluation of monitoring data and therapeutic outcomes.
- Performing or participating in medication reconciliation.
- Evaluation of need for, and appropriateness of, drug therapy.
- Using effective patient education techniques to provide education and counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Patient-centered preparation and dispensing of medications for individual patients, including ensuring patient access to their medications.

**What are the documentation requirements regarding the residents' spending at least two thirds of their time in patient care activities?**

There is not a requirement that the residents' track their time in patient care activities. It is sufficient for the RPD to assess the approximate time that a resident spends in patient care activities during each learning experience and document this in either the learning experience descriptions or in the program structure document. This documentation may be the percentage of time or the number of hours in each learning experience that the resident will typically be engaged in patient care activities.