

**Managed Care Rotation Learning Activities:**

**Preceptor: Dr. Rina Ackerman, PharmD; BCACP; 910-615-4407**

**Office: 3403 Melrose Road**

**Email: racke@capefearvalley.com**

1. **General Description**

The Managed Care rotation is a service week rotation and has an additional longitudinal component at Cape Fear Valley Health. Managed Care/Integrated Health encompasses both the Community Paramedic Program (CPP) and Accountable Care Organization (ACO). There are approximately 30 patients enrolled weekly in the CPP and there are approximately 7000 patients attributed to the ACO. The care team consists of community paramedics, social workers, registered nurses, medical assistants, and a clinical pharmacist. The ACO team sees and cares for up to 30 patients per day and the CPP team sees up to 20 patients per day. The service week rotation will concentrate on ACO attributed patients while the longitudinal component will be dedicated to CPP patients who are enrolled in the CPP for 30 to 45 days. Many of the CPP patients transition to the ACO.

This rotation will provide the PGY1 resident with the opportunity to further develop and refine advanced pharmacotherapy management skills required for provision of care in ambulatory settings, specializing in transitional care and chronic disease management in a variety of patient populations and ages. The resident will assist in and eventually assume the role of clinical pharmacist for comprehensive medication management across the continuum of care to include interpretation of labs, disease state education, along with recognizing and addressing socioeconomic barriers to care. The resident will gain experience and knowledge in the treatment of heart failure, COPD, pneumonia, MI, sepsis, and diabetes.

The clinical pharmacy specialist is responsible for ensuring the safe and effective medication use for all patients enrolled in the CPP and ACO. The resident will have a chance to work in collaboration with community paramedics, nurses, pharmacists, physicians, social workers, and other medical staff outside of the hospital setting to ensure proper care and education of patients. The resident will participate in organizational, pharmacy department, and continuous quality improvement committees.

The pharmacy resident will be responsible for identifying and resolving all medication related issues for patients enrolled in the CPP and many patients attributed to the ACO. The PGY1 resident will work toward assuming care of all patients throughout the learning experience. The resident will complete the following during the rotation: therapeutic drug monitoring services for patients in the home and office setting; patient and provider education, comprehensive medication reconciliation to ensure appropriate medication use while addressing, drug-drug interactions, duplications, inappropriate dosing, undocumented medications, and relevant side effects; obtaining prescription transfers along with new medication orders may be required; refilling/filling new prescriptions at various Cape Fear Valley Health Outpatient Pharmacies may also be required. The resident will also be responsible for returning phone calls and calling and/or emailing internal/external providers as needed for patient care issues related to medication or any other urgent care issues. The resident must exhibit effective communication and interpersonal skills. The resident must devise efficient strategies for accomplishing the required rotational and patient care activities essential to the completion of this rotation. As the rotation progresses, resident responsibilities and duties will increase until he/she is able to perform independently.

The ACO component will concentrate on providing evidence based medication management in patients with chronic diseases who are fairly stable. The CPP component will concentrate on recently hospitalized patients and addressing issues unique to patients undergoing transitions of care to include any barriers to care. Since these patients have more acute needs, immediate attention is typically required. The pharmacist will serve as the liaison between the paramedic and the physician. The pharmacist will also act as the medication expert resource for the paramedics who are in the field.

The role of the preceptor will depend on the resident’s performance. Direct instruction and modeling of practice skills by the preceptor will be utilized during the beginning of the rotation. As the rotation progresses, the preceptor will transition to a coaching role in which the resident will be observed performing home/clinic duties and patient interviews/interactions. The preceptor will provide constructive feedback in both verbal and written format as necessary to foster professional growth and development. By the end of the rotation, the resident is expected to be able to perform home/clinic duties independently and can appropriately initiate, manage, and follow-up on all patient care activities; however, the preceptor will be available if needed for any issues/concerns and to complete a debriefing at the end of each day.

1. **Disease States**

Common disease states in which the resident will be expected to gain proficiency through literature review, topic discussion, and/or direct patient care experience include but are not limited to:

* Heart Failure
* COPD
* Myocardial infarction
* Pneumonia
* Sepsis
* Diabetes
* Hypercoagulability disorders
* Atrial fibrillation

1. **Goals and Objectives:**

The goals and objectives to be taught and evaluated during this learning experience include:

R1.1.4: Analyze and assess information on which to base safe and effective medication therapy

R1.1.5: Design or redesign safe and effective patient-centered therapeutic regimens and monitoring plans (care plans)

R1.1.6: Ensure implementation of therapeutic regimens and monitoring plans (care plans) by taking appropriate follow-up actions

R1.1.7: Document direct patient care activities appropriately in the medical record or where appropriate

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

R1.3.3: Manage aspects of the medication-use process related to oversight of dispensing

1. **Daily schedule:**

Daily: 0730-0800 Resident/Preceptor morning huddle

0800-1140 Patient appointments

1200-1230 Lunch

1230-1300 Retrieve voicemail, call patients, catch up on charts

1300-1440 Patient appointments

1500-1600 Preceptor office hours available for topic discussions, reviewing progress notes, patient updates, midpoint/final evaluations etc.

1. **Communication:**
2. Daily scheduled meeting times: Resident to prioritize questions and problems to discuss during scheduled meeting times as listed above.
3. E-mail: Residents are expected to read e-mails at the beginning, middle, and end of each day at a minimum for ongoing communication. This is appropriate for routine, non-urgent questions and problems from the preceptor and from other providers.
4. Office extension: Appropriate for urgent questions pertaining to patient care.
5. Pager: Residents to page preceptor for urgent/emergency situations pertaining to patient care. Resident to wear pager at all times and to answer all pages received from the preceptor and other providers within a reasonable amount of time.
6. Personal phone number: Provided to resident at time of learning experience for emergency issues.

**Expected progression of resident responsibility on this learning experience:**

***(Length of time preceptor spends in each of the phases will be customized based upon resident’s abilities and timing of the learning experience during the residency training year)***

Day 1: Preceptor will review learning activities and expectations with resident.

Week 1: Resident to watch preceptor perform clinic and home appointments, then model pharmacist’s role on the health care team for the programs. Resident will start to manage patient appointments at the end of the week with continued systems training. Resident is expected to be responsible for up to 1/3 of the daily appointments by the end of week. Preceptor will be with the resident to answer questions and coach/guide appointments as necessary.

Week 2: Based on comfort of resident, resident to begin to take over complete program responsibilities up to 36 patients in one day. Preceptor will be with the resident to answer questions and coach/guide appointments as necessary.

Weeks 3/4: Resident expected to take responsibility for all patients assigned to the programs. The preceptor will no longer attend patient appointments, but will continue to facilitate the resident and be available for questions or concerns. Preceptor may discuss appointments with patients after the appointment to determine the patient’s comfort with the resident and the resident’s ability to provide accurate assessments and convey therapeutic plans.

1. **Evaluation Strategy**

PharmAcademic will be the primary mode of evaluation documentation (see chart below). The resident is to complete the midpoint performance evaluation, a summative self-evaluation, preceptor evaluation, and learning experience evaluations. The preceptor will complete the summative evaluation of the resident. For all end of learning experience evaluations completed in PharmAcademic, the resident and the preceptor will complete them independently and save as a draft. A face to face evaluation will take place at the end of the learning experience to discuss the resident’s performance on the rotation and to discuss and compare evaluations. This discussion will also provide feedback on both performance of activities and accuracy of resident’s self-assessment skills. For areas marked as “Needs Improvement” or “Achieved”, both the resident and preceptor are to comment on why this rating was selected. Evaluations will be signed in PharmAcademic following the discussion. Throughout the month, verbal feedback will be given and the preceptor has the option of using PharmAcademic (“Provide Feedback to Resident” on individual resident page) to provide insight into the performance of patient care activities and/or administrative activities and skills. Formative feedback on resident progression towards achievement of goals will be used to adjust future rotation plans and activities.

|  |  |  |
| --- | --- | --- |
| **Type of Evaluation** | **Who Completes the Evaluation** | **When is the Evaluation Completed** |
| Written and Verbal Formative Feedback | Preceptor | Throughout rotation based on activities; resident to place written feedback into electronic portfolio |
| Self-evaluation | Resident | End of 1st and 3rd Quarter |
| Summative Self-evaluation | Resident | Midpoint and end of learning experience |
| ASHP Preceptor Evaluation | Resident | Midpoint and end of learning experience |
| ASHP Learning Experience Evaluation | Resident | End of learning experience |
| Summative Evaluation | Preceptor | Quarterly |