

Integrating a Residency Program into a Community Pharmacy

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Introductions

Richard Dang, PharmD

- USC Alfred E Mann School of Pharmacy & Pharmaceutical Sciences
- Residency Program Director, PGY1 Community-Based Pharmacy Residency Program
 - USC Pharmacy & Clinic
 - USC Pharmacy & UC Irvine Senior Health Center
 - Keck Medicine of USC Specialty Pharmacy
 - Ralphps (Kroger Pharmacy)
 - CliniCare Pharmacy
 - 986 Pharmacy

Micah Hata, PharmD

- Western University of Health Sciences
- Director of Residency and Fellowship Training
- Residency Program Director, PGY1 Community-Based Pharmacy Residency Program
 - Ralphps (Kroger Pharmacy)
 - 986 Pharmacy

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Learning Objectives

- Describe the standards and objectives of a community-based pharmacy residency program
- Identify opportunities and challenges of creating and integrating a residency program into a community pharmacy practice
- Evaluate existing programs and review best practices of operating a residency program

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Pre-Test Questions

1. Which organization is responsible for accrediting a community-based pharmacy residency program?
2. According to the accreditation standards, how much time must a community-based pharmacy resident spend in patient care activities?
3. Which of the following projects is required to be completed by a community-based pharmacy resident?
4. In order to be eligible as a preceptor for a community-based pharmacy resident, pharmacist must meet which of the following criteria?
5. Which of the following are competency areas with associated education goals and objectives that must be completed in the design of a community-based pharmacy residency program?

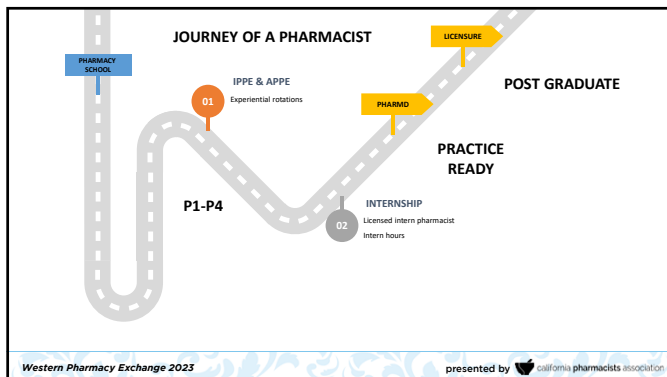
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Post-Graduate Training Programs

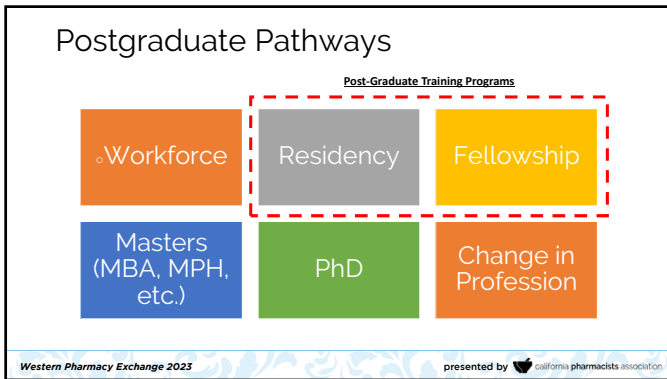
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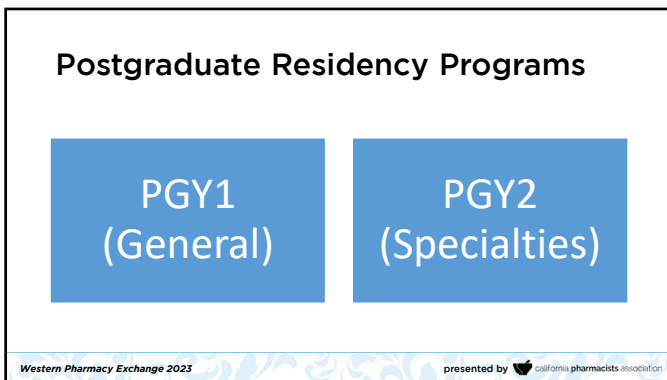
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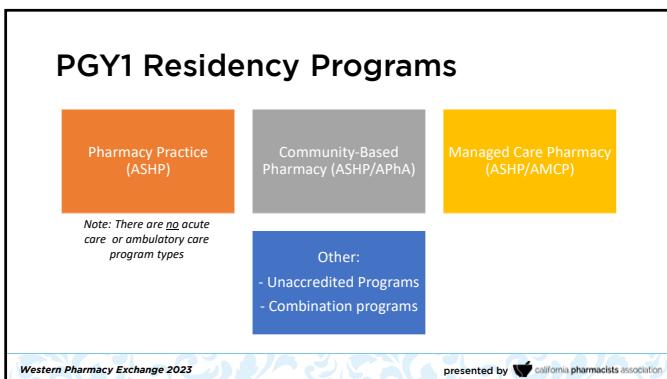


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Benefits of Residency Training

- Purpose of a PGY1 Program
 - Build upon PharmD education
 - Eligible to pursue PGY2
 - Eligible to pursue professional certifications (i.e. BCPS, BCACP, etc.)
 - Eligible to pursue APh license [CA]
- Structured learning with experienced preceptors
- Accelerated leadership and clinical opportunities
- Considered 3-5 years of equivalent work experience

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<p>Pharmacy Practice</p>	<p>General PGY1 pharmacy practice</p> <p>○ Learning Experiences may include: General Pharmacy Practice, Acute care, Ambulatory care, Health Administration, Drug Info, Academia, Managed Care, Outpatient/Community</p>
<p>Community-Based</p>	<p>● Comprehensive patient care from practice locations such as: chain/corporate pharmacies, independent pharmacies, hospital-based outpatient clinics and pharmacies, ambulatory care clinics, physician offices, federally qualified health centers, nursing homes, telehealth, and community health events or locations</p> <p>● Learning experiences may include: Direct patient care, Leadership, Practice management, Communication skills, Health and wellness promotion, Academia</p>
<p>Managed Care</p>	<p>● Comprehensive patient care from the benefit management perspective, population health, medication use policies</p>

ALL required to include 2/3rd time in patient care experience

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Postgraduate Residency Programs

<p>○ PGY1 Pharmacy Practice: 1,603</p>	<div style="border: 1px solid #ccc; padding: 5px; width: 80%; margin: 0 auto;">○ Accredited</div> <div style="border: 1px solid #ccc; padding: 5px; width: 80%; margin: 5px auto;">○ Non-accredited</div>
PGY1 Community-Based: 191	
PGY1 Managed Care: 49	
PGY2 (Specialties): 1,398	
Combination PGY1/PGY2/MS: 124	

Data from ASHP Residency Directory, April 2023

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Community-Based Residency Programs (CPRP)

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History of CPRPs

- Residency programs in hospitals traced back to 1930s, first accreditation in 1962
- APhA calls for development of community residency programs in 1982
- APhA introduces the community pharmacy residency programs (CPRPs) in 1986
 - Approximately 30 programs in 1990s
- ASHP partners with APhA to adopt community program standards in 1999
- New “community-based” program standards adopted in 2016
- New harmonized standards for all PGY1 programs adopted in 2023

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CPRP Vision in 2003

Table 1
Expected community-based residency training roles and responsibilities in 2025

Roles and responsibilities	Percentage
Provide medication management services	98.6
Provide disease management services with medication management	98.6
Serve as a disease state educator	95.7
Take responsibility for medication management of their patient population and ensuring optimum outcomes	92.8
Serve as community “wellness” experts	89.9
Function as the providers of community-based population health services	84.1
Assume responsibility for patient transitions of care services	82.6
Conduct physical assessment of patients	72.5
Serve as a “physician extender”	58.0
Serve as “acute care or primary care providers” in the community	52.2
Diagnose minor medical issues and ailments; determine and implement appropriate treatment options	42.0

Figure 1. Vision of community medication use.

Table 2
Expected community-based residency training environments in the year 2025

Types of environments	Percentage
Community health center	94.2
Traditional community pharmacy (independent, chain, supermarket, large retailer)	92.8
Family medicine or ambulatory care clinic	87.0
Federally qualified health center	87.0
Physician office	84.1
Worksite health	84.1
Health-system clinic	82.6
Virtual care delivery or telemedicine practice	76.8
Home care	63.8
Place of worship	23.2

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Now... Community-Based Locations

Community-based settings refer to locations where direct patient care is delivered outside of the inpatient health system setting

- Chain pharmacies
- Independent pharmacies
- Ambulatory care (physician- or other provider-based) clinics
- Hospital-based outpatient clinics
- Hospital-based outpatient pharmacies
- Specialty pharmacies
- Federally-qualified health centers (FQHC)
- Patient-centered medical homes (PCMH)
- Telehealth/remote monitoring services
- Free clinics
- Other locations

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Required Competency Areas, Goals, and Objectives (CAGO)

•Patient Care

•Leadership and Management

Advancement of Community-based Practice and Improving Care

Teaching, Education, and Dissemination of Knowledge

Community-based Settings (Outpatient):

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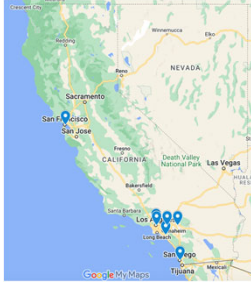
Core Learning Experiences

Patient-Centered Dispensing/Pharmacy Operations	}	66%
Community-Based/Ambulatory Patient Care		
Teaching/Education	}	33%
Residency Research Project		
Leadership and Practice Advancement		


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CPRP: Programs in CA

1. **Adventist Health Glendale**
2. **Albertsons Pharmacy / University of California, Irvine (UCI)**
3. **Kaiser Permanente, San Diego**
4. **Loma Linda University Medical Center**
5. **University of California San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences (UCSD)**
6. **Safeway Pharmacy/University of California San Francisco School of Pharmacy (UCSF)**
7. **Walgreens / University of California, San Francisco (UCSF)**
8. **University of Southern California School of Pharmacy**
9. **Western University of Health Sciences College of Pharmacy**




Data from ASHP Residency Directory, April 2023

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USC PGY1 CPRP

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Apha/ASHP Accredited
Established in 1999

NUMBER OF RESIDENTS TRAINED
51

- Initial employment settings:
 - Ambulatory care: **27%**
 - Chain pharmacy: **27%**
 - Independent pharmacy: **10%**
 - Academic: **10%**
 - Hospital pharmacy: **6%**

2021-2022 PGY-1 Residents:

 Amanda Miller 2021-2022 Clinical Pharmacist, St. Mary's Community Health Center	 Alanna 2021-2022 Clinical Pharmacist, Kaiser Permanente	 Haley Maloney 2021-2022 Clinical Pharmacist, Lawrence Family Health Center	 Katie Starnob 2021-2022 Clinical Pharmacist, UCLA Health
 Whitney Faldutale 2021-2022 Clinical Outpatient Pharmacy Manager, Rose Care Pharmacy			

Current PGY-1 Residents:

Alia Subhakar, USCSD
Shreya Narasimha, USC
Yuh-Jung Lin, USC
Pranshu Nigla, UCSF Pharmacy
Nana Kwabena, Specialty
Isabelle Kautzman, Specialty
Camryn Ferguson, Tropic
Jessica Kim, Costco Pharmacy

Graduate Spotlight:

 Tom Phan 2019-2020 Pharmacist, Kaiser Permanente	 Alison Chen 2019-2020 Pharmacist, Kaiser Permanente	 Wade Henson 2019-2020 Pharmacist, Kaiser Permanente	 Robert Frank 2019-2020 Pharmacist, Kaiser Permanente
 Katie Schaefer 2020-2021 Pharmacist, Kaiser Permanente	 John Brennan 2020-2021 Pharmacist, Kaiser Permanente	 Peggy Kim 2020-2021 Pharmacist, Kaiser Permanente	 Alysa Wu 2020-2021 Pharmacist, Kaiser Permanente
 Stephanie 2021-2022 Pharmacist, Kaiser Permanente	 Hannah Miller 2021-2022 Pharmacist, Kaiser Permanente	 Tanya Nguyen 2021-2022 Pharmacist, Kaiser Permanente	 Hanna Tuckey 2021-2022 Pharmacist, Kaiser Permanente
 Melissa Robinson 2021-2022 Pharmacist, Kaiser Permanente	 Tina 2021-2022 Pharmacist, Kaiser Permanente	 Michelle 2021-2022 Pharmacist, Kaiser Permanente	 Lauri Karpman 2021-2022 Pharmacist, Kaiser Permanente
 Alison Smith 2021-2022 Pharmacist, Kaiser Permanente	 Lili Lee 2021-2022 Pharmacist, Kaiser Permanente	 Katelyn Smith 2021-2022 Pharmacist, Kaiser Permanente	 Ken Tan 2021-2022 Pharmacist, Kaiser Permanente

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Practice Sites	Learning Experiences
Ralphs Pharmacy 986 Pharmacy	Hone patient care service skills including dispensing, med management , health and wellness, immunizations, disease state management , transitions of care, and precepting APPE students.
SOS Community Health Center WesternU Health	Practice patient care services to the underserved community including med management, health and wellness, disease state management, transitions of care, and precepting APPE students while working on an interprofessional healthcare team .
Ralphs Corporate 986 Corporate	Gain leadership and management skills at the corporate level, partake in the advancement of community-based practice keeping in mind patient care, and provide effective education and training to all pharmacy staff (pharmacists, technicians)
Teaching Certificate Program and Didactic teaching elective	Learn from WesternU faculty to provide effective education and training
Project/Research	Plan, conduct, and analyze data for a community-based pharmacy research project taking into consideration impact, feasibility, and practicality.
Leadership and Precepting	Collaborate with pharmacy leaders in professional pharmacy organizations for the advancement of pharmacy.

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Typical Weekly Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
Ralphs Pharmacy (Placentia, CA)	SOS CHC (Costa Mesa, CA)	Ralphs Corporate (Compton, CA)	WesternU* (Pomona, CA)	Ralphs Pharmacy (Placentia, CA)
Monday	Tuesday	Wednesday	Thursday	Friday
986 Pharmacy (La Verne, CA)	WesternU Health (Pomona, CA)	986 Corporate (Monrovia, CA)	WesternU* (Pomona, CA)	986 Pharmacy (La Verne, CA)

**WesternU includes teaching certificate, research project, leadership activities*
Electives scheduled based on the resident's interest and can include a health plan, medical group, specialty (i.e. psych, HIV, law firm)

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Program Graduates

- PGY2 Informatics → MedImpact (Clinical Analytics Manager)
- Share Our Selves (Clinical Pharmacy Manager)
- Ralphs Pharmacy (staff pharmacist) and DOHC (clinical pharmacist) → SOS (Clinical Pharmacist)
- PGY2 MedSafety Resident at Kaiser → Kaiser Home Infusion → Transitions of Care at UCI
- Program Manager at VA Whole Health Faculty Development

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Opportunities & Challenges for Implementing a Program

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Why start a CPRP?

- Commit to a motivated, well-trained pharmacist*
- Support the development of future leaders of the profession
- Develop/expand your patient care services or other innovative projects
- Increase the footprint of your pharmacy in the community
- Contribute to research around innovative community pharmacy practice
- Increase capacity for IPPE/APPE students
- Utilize best practices in patient care and business operations

* Consider partnering (co-funding) with another practice site or school/college of pharmacy

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Considerations for Implementing a Program

- Meeting accreditation standards
- NOT only a "retail" or "dispensing" training program
- Ensure adequate patient care services
 - Variety of disease states and patient populations
 - Longitudinal follow ups
- Sustainable clinical programs
- Ability and interest in developing new services
- Adequately trained preceptors

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Post-Test Questions

1. Which organization is responsible for accrediting a community-based pharmacy residency program?

- a. ASHP only
- b. NCPA only
- c. APhA and NCPA
- d. ASHP and APhA

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Post-Test Questions

2. According to the accreditation standards, how much time must a community-based pharmacy resident spend in patient care activities?

- a. At least 100% of the residency year
- b. At least 66% of the residency year
- c. At least 50% of the residency year
- d. At least 33% of the residency year

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Post-Test Questions

3. Which of the following projects is required to be completed by a community-based pharmacy resident?

- a. Medication use evaluation (MUE)
- b. Business plan proposal
- c. Quality improvement (QI) project
- d. A & B
- e. B & C

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Post-Test Questions

4. In order to be eligible as a preceptor for a community-based pharmacy resident, pharmacist must meet which of the following criteria?

- a. Have not completed an accredited PGY1 residency program but has one year of pharmacy practice experience in a community or ambulatory practice environment
- b. Have not completed an accredited PGY1 residency program but has three year of pharmacy practice experience in a community or ambulatory practice environment
- c. Have completed an accredited PGY1 residency program in a community or ambulatory practice environment
- d. Have completed an accredited PGY1 and PGY2 residency program in a community or ambulatory practice environment

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Post-Test Questions

5. Which of the following are competency areas with associated education goals and objectives that must be completed in the design of a community-based pharmacy residency program?

- a. Patient care
- b. Leadership and management
- c. Teaching, education, and dissemination of knowledge
- d. All of the above
- e. None of the above

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Questions?

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