Report of the Task Force on Managed Care Pharmacy

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CHARGE

The Task Force was charged to develop a process/method by which departments of Pharmacy Practice can implement curricular revisions in a timely manner in response to changes in the practice of pharmacy resulting from managed care.

INTRODUCTION

In the last 20 years, health care expenditures have increased significantly. In 1980, 9.2 percent of the gross domestic product accounted for health care expenditures compared with an estimated 18.1 percent in 2000. National health care expenditures are estimated to exceed one trillion dollars this year. On an individual basis, this amounts to four thousand dollars per person\textsuperscript{(1)}. Escalating health care costs have forced payers to identify methods to decrease cost while maintaining the quality of health care services provided. One of the methods for dealing with the increased costs was the tremendous expansion of managed care that is concerned with both the financing and delivery of health care. Managed care is not new. It has been around since the early 1900s when two physicians were contracted to provide medical care for a fixed fee per employee\textsuperscript{(2)}. Managed care is expected to continue its growth spurt and it is estimated that in only two years at the turn of the century, more than 80 percent of the Medicaid and 50 percent of the Medicare population will be enrolled in managed care\textsuperscript{(3)}. We can already see this occurring in states such as Maryland and Pennsylvania which are requiring patients with Medical Assistance to choose a managed health care plan. Enrollment in managed care organizations (MCOs) is increasing dramatically in the privately insured population as well\textsuperscript{(4)}.

Health care professionals are now faced with providing care...
in a different system than the traditional system for which they have been trained. Currently, medical education has been remiss in providing managed care education and training to its students. This has been an area which was identified in the 1997 Janus Commission report which states that the ‘curricular and experiential components of the professional program in pharmacy generally lack any substantial exploration of or exposure to population-based pharmaceutical care delivery and related health systems research initiatives’(5). The mission of schools and colleges of pharmacy is to produce graduates who have the skills and competencies needed by the current health care system. We want to develop practitioners who will be able to succeed in the managed care environment. Schools should be proactive in gauging changes in the health care system and responding to the changes that do occur.

Although most would agree on the task at hand, barriers exist in the academic environment which make accomplishing this task more difficult. The first is the formal process of curricular change. Administrative aspects make it difficult to be proactive in the educational system. Several years can pass before new courses are approved and even longer when the entire curriculum is being revisited as has occurred recently with entry level PharmD programs. Secondly, the topic of managed care is not one which can be taught in an individual lecture, one course or even in one year. The pervasiveness of the managed care environment makes it critical to integrate and coordinate this information with other material throughout the curriculum. Our challenge of this Task Force on managed care is to create a process by which Departments of Pharmacy Practice can implement curricular revisions in a timely manner in response to changes in the practice of pharmacy resulting from managed care.

STAGES OF CURRICULAR REVISION

Eight stages have been identified which are necessary for curricular change (see Table I). These are simplistic and move along the lines of a formal approach, but the key to successful and timely curricular change requires making changes before official administrative approval. Suggestions for a timely passage from one stage to another are provided in a discussion of each stage and a list of resources is also provided in the Appendix.

Stage 1. Aware of Need for Managed Care

This is the most important stage. It is critical to have an awareness of the need for managed care education and training. Once the need has been identified, something needs to be done. This may take the form of a charge to a curricular committee or a job description for a managed care faculty person. A suggestion here is to identify a faculty member who will be the managed care faculty contact. This person should have the responsibility and power to ensure timely integration of managed care into the curriculum. Some schools have already done this. A group of faculty members may be identified to spearhead the process. The entire school faculty also needs to be educated and motivated. Providing a half-day seminar devoted to managed care and its impact on pharmacy practice and the faculty is a start. Devoting the Dean’s lecture series to managed care or having lunch time seminars on managed care are others. Along with internal support, external support is important. It is helpful to garner support for curricular change from practicing pharmacists in the neighborhood. Developing an advisory board with change agents is one way of involving the pharmacy community. This stage is also the time to begin developing linkages between schools of pharmacy and local MCOs and pharmacy benefit management (PBM) companies. Looking at the spectrum of faculty involvement, full-time faculty can have a half-day of clinic or a full day working on formulary management at a practice site in managed care or full-time practitioners in managed care can have a faculty appointment. Those that fall in the middle of the spectrum can have jointly funded arrangements between the school of pharmacy and the managed care organization.

Stage 2. Determine the Skills/Competencies Necessary

The skills that are necessary for pharmacy practice in managed care can be found in numerous places. In addition to the information gathered from managed care pharmacy employers or members of the advisory committee, there are several sources of information about what skills graduates need. The Academy of Managed Care Pharmacy (AMCP) has developed a template of topics for managed care and has a time line for which year(s) the information could be discussed. A focus group on managed care could also accomplish this second stage.

Stage 3. Identify Courses Which Contain Managed Care

This stage involves reviewing the current curriculum and identifying courses which deal with the above skills/competencies as determined in Stage 2. This task takes time in the fact that all faculty must submit their syllabi and someone must review each to determine if managed care is covered and in what context. Suggestions for this could be a survey that asks faculty when and how they discuss managed care in their courses. Most faculty are connected to an E-mail system which could be used to survey faculty and facilitate timely responses.

Stage 4. Determine Deficiency Areas

The fourth stage is to determine the areas not covered in the curriculum. This is the difference between Stages 2 and 3.

Stage 5. Propose Lectures/Topics/Courses

Once the deficiency areas have been identified, it is critical to determine an approach to integrate and coordinate the topics that address deficiency areas. Often when the need for managed care education and training surfaces, several faculty are eager to incorporate managed care into their courses. This should be encouraged as it gets around the issue of awaiting formal curricular review before making changes in course content. Students are exposed to managed care earlier which creates a snowball effect as students pass information to the following classes behind them. However, there may not be sufficient communication among faculty to coordinate the topics discussed. The designated managed care faculty person should have coordination of managed care curricular content as one of his or her responsibilities.

Table I. Eight stages of incorporating managed care into the curriculum

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Aware of need for managed care in curriculum</td>
</tr>
<tr>
<td>2</td>
<td>Determine the managed care skills/competencies needed</td>
</tr>
<tr>
<td>3</td>
<td>Identify courses/lectures in the curriculum dealing with #2 above</td>
</tr>
<tr>
<td>4</td>
<td>Determine deficiency areas</td>
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<tr>
<td>5</td>
<td>Propose changes in lectures/topics/courses</td>
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<tr>
<td>6</td>
<td>Approve above curricular changes</td>
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<tr>
<td>7</td>
<td>Implement approved curricular changes</td>
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<tr>
<td>8</td>
<td>Assess of managed care skills/competencies</td>
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Recommendations for incorporating managed care into the PharmD curriculum can be divided into didactic and experiential education, extracurricular activities and postgraduate training. Suggestions regarding didactic education include: Choosing topics of paper/projects to managed care topics, (e.g., adherence of clinical practice guidelines for a population of patients with diabetes), developing required course dealing with population-based pharmacy care and elective courses in managed care (e.g., Disease State Management, Pharmacy Opportunities in Managed Care), and incorporating managed care applications in the ‘Model Pharmacy’ through use of disease state management.
programs and computerized databases. For experiential learning, some suggestions include having the course masters for the rotations incorporate managed care practices into goals/terminal objectives for experiential learning and including evaluation/assessment of student’s performance based on these managed care objectives. Preceptors should be encouraged to explain the financial arrangements at their site. Students should be required to complete one of their rotations in a managed care environment. To ensure these suggestions work, pharmacy preceptors working in managed care environments must be recruited. The majority of preceptors will be pharmacy directors and staff of local MCOs and PBMs. Additionally, creative preceptors could be those working at AMCP, ASHP (American Society of Health-System Pharmacists) Center for Managed Care, APhA (American Pharmaceutical Association) and ASCP (American Society of Consultant Pharmacists). The pharmaceutical industry is another resource for experiential learning in managed care. Extracurricular activities include organizing managed care topics/lectures and starting an AMCP student chapter. For postgraduate training, offering managed care residencies and developing certificate and certification programs in managed care are two suggestions.

Stage 6. Approve Curricular Changes
Curricular changes must be approved eventually through a formal curricular process. Each school has its own process for formal curricular revision.

Stage 7. Implementation of Approved Changes
One of the barriers to successful implementation of curricular changes is a lack of faculty to support these changes. Again, identifying managed care practitioners to aid in the education process can be another way to link schools of pharmacy and the managed care pharmacy community.

Stage 8. Assessment of Managed Care Skills/Competencies
The final stage is the assessment of the skills/competencies which students should have obtained. For various assessment strategies, readers can be referred to other documents on assessment.

SUMMARY OF SUGGESTIONS FOR TIMELY CURRICULAR CHANGE
- Enlist change agents early in process
- Designate a managed care faculty person or team to be responsible for incorporating managed care into the pharmacy curriculum
- Motivate/educate faculty about managed care
- Make resources available for faculty (see Table II)
- Involve practicing pharmacists in the community
- Develop a linkage between schools of pharmacy and local managed care organizations and pharmacy benefit management companies.
- Identify local managed care pharmacy directors as preceptors
- Develop an electronic laboratory of health care data

CONCLUSION
Our task was to develop a process whereby Departments of Pharmacy Practice can revise the curriculum with respect to managed care in a timely manner. In order to succeed at this task, the mind set of the static process of curricular revision must be changed to that of a dynamic process. Before official curricular change, schools of pharmacy should begin by offering school-wide lectures or workshops for all faculty and students. Faculty should be encouraged to provide guest lecturers in managed care in their courses and integrate managed care topics into existing courses before the actual topics have been approved. A faculty member should be designated as the managed care change agent and responsible for leading curricular revision. Networking with the managed care community and utilizing resources from professional pharmacy organizations should help the designated faculty member achieve his or her goal.

Although this document delineated eight sequential steps, many of activities can occur simultaneously. While proposing changes to courses, faculty may begin implementing some of the changes before official curricular approval. This creates an environment where managed care may be added and integrated in a more timely fashion. This document has provided several suggestions that can be tailored to individual schools of pharmacy and it is our goal that this will help those schools integrate managed care pharmacy into their curriculum in a more timely fashion.

Am. J. Pharm. Educ., 62, 31S-33S(1998); received 8/14/98.

References
(4) HMO Enrollment Sets Record Growth in 1996, Trend of the Month, 9, 8(1997).

APPENDIX. LIST OF RESOURCES FOR TIMELY CURRICULAR REVISIONS FOR MANAGED CARE

1. Professional Pharmacy Organizations
American Society of Health-System Pharmacists Center for Managed Care Academy of Managed Care Pharmacy
2. A Guide for the Integration of Managed Care Pharmacy Into a School of Pharmacy Curriculum. Academy of Managed Care Pharmacy (AMCP)
3. Who’s Who in Managed Care Pharmacy - published yearly (list of members in AMCP divided by geographic region)
4. Local practitioners involved with managed care pharmacy
5. Faculty Diplomat Program (AMCP)