

## REFERENCES

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## PERSPECTIVE OF A NEW PRACTITIONER

Ivy Muteithia, PharmD

My interest in managed care pharmacy started when I attended a pharmacy conference as a student and met pharmacists working in a managed care organization. Up until this point, I had had minimal exposure to the opportunities that were available to pharmacists in managed care. I wanted to learn more about managed care pharmacy, so after the conference I worked with my pharmacy school to arrange a student rotation at a managed care organization. I enjoyed the rotation and found it intriguing to make a difference to millions of lives versus one-on-one in a clinic/retail setting. As a result of this experience, I began looking into residencies and fellowships in managed care. After pharmacy school, I completed a postgraduate year 1 (PGY1) residency in managed care, with an ambulatory care focus. After the completion of my residency, I started working as a clinical pharmacist at a managed care organization, where I have been for the last 3 years.

### ***The Career***

My work is mainly focused on telephonic patient care in the Medicare population, providing high-quality, evidence-based, and cost-effective care tailored to suit each patient's needs. The patients are usually triaged to me when a referral is made by a provider (physician or nurse practitioner). Some examples of such referrals include patients on several medications (poly pharmacy), patients on high-risk medications, and patients with nonadherence to medications. Other patients are targeted for annual comprehensive medication reviews based on their total amount spent on medications (drug expense), chronic disease states, and numbers of medications taken. I also conduct medication reviews with providers (nurse practitioners or physician assistants) for patients in long-term care facilities for issues such as interactions, duplication of therapy, indications for therapy, and high-risk medications, and then I make recommendations to the provider.

### ***A Typical Day***

A typical day starts in the morning and usually involves checking e-mails, the patients assigned for that day, and my calendar for meetings and tasks. Then I usually begin working on my assigned patients.

I review the patient's medication profile and review notes from various providers (physicians and nurse practitioners) about the patient's progress to determine the appropriate approach for that patient. During my consultations with patients, I assess their drug therapy needs, any medication adherence barriers, and provide education to them about their medications as well as their conditions. I also develop a medication adherence plan with the patient to improve or maintain their overall health.

Common drug therapy problems that I encounter are duplicate therapy, high-risk medications, and untreated indications. For example, during a medication review, I will notice that a patient is on duplicate medications (e.g., two statins, two beta-blockers, or two proton pump inhibitors). The patient is usually not aware of taking duplicate medications. Most of the time, a provider discontinued one medication and switched the patient to another. However, when the patient goes to the pharmacy to pick up the medications, the patient picks up all of the medications, including those that were discontinued. The problem is compounded when the patient forgets that the provider discontinued one of them. Another example is when a patient on a high-risk medication, such as a muscle relaxant, complains of side effects (e.g., feeling

sleepy throughout the day or feeling unsteady). Many patients do not even know or understand why they are taking specific medications, so the opportunity to discuss their medications and educate them on their use and proper administration is very important and leads to improved health outcomes. The most common medication adherence barrier is cost, and when this is the case, I work with the patient to find less expensive alternatives or refer the patient to a pharmaceutical assistance program if a medication is a brand-name only.

After the consultation, depending on the urgency of the recommendations, I will contact the healthcare provider with my recommendations. I also inform the patient of my plan to contact the provider and give my recommendations to the patient, which can be shared with the patient's providers and caregivers. The duration of each consultation varies and is dependent on the complexity of the patient's health. When a medically qualified interpreter for non-English speaking patients is necessary, the visit takes longer to complete due to the language barriers and translation.

I usually spend a large part of my day performing the telephonic consults with the patients. Depending on the day, I may also have team meetings with other clinical pharmacists, continuing education meetings/classes, and team-building exercises.

### *Projects/Activities/Responsibilities*

I have assisted with the training and development of new hires. This involves training computer database training, letting them listen in on phone consults, and active participation in their first calls. I also assist with various projects as needed, including the following:

- Testing updates for our computer system and providing feedback
- Participation in pilot projects to improve patient outreach and Centers for Medicare & Medicaid Services' star ratings (Medicare measures how well part D plans perform using a star rating system on a scale of 1 to 5).

### *Goals*

My daily goal is to successfully engage with each patient and devise a plan in conjunction with the patient to improve overall health. This should reduce the patient's overall medical and prescription spending.

Managed care pharmacy is unique because it requires the use of both clinical and business skills. Establishing both short-term and long-term goals is important for one's career path in managed care as well as actively checking on the progress of these goals to ensure staying on track. For students, residents, new practitioners, or practitioners looking to switch to a different career path, I personally recommend setting goals with a timeline in mind and checking on your progress periodically.

Short-term goals should include getting acclimated to your new environment and new position and methodical evaluation of your value to the team. Other short-term goals are sharpening oral and written communications skills (communicating effectively with patients and delivering clear and concise evidence-based recommendations to providers), business management skills, computer/information system skills, and project management skills. These are important skills to hone as you gain more experience in the new position. Another essential goal is to determine what qualifications are needed to reach your long-term goals, such as a master's degree in business administration and board certifications (e.g., BCPS [board-certified pharmacy specialist], BCACP [board-certified ambulatory care pharmacist], and CGP [certification in geriatric pharmacy]).

Long-term goals depend on where you see yourself at your current organization or whether you envision yourself at another organization in a few years. Goals may include getting involved in or managing clinical program development (using your medical expertise to evaluate and select effective, cost-effective treat-