

PGY1 Managed Care Pharmacy Residency Manual

L.A. Care Health Plan

Program Year 2024/2025



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I. L.A. CARE HEALTH PLAN

L.A. Care Health Plan is the nation’s largest publicly operated health plan serving more than 2.4 million members. L.A. Care offers four product lines including Medi-Cal and L.A. Care Covered on the Affordable Care Act exchange. The mission-driven health plan prioritizes health care quality, access and inclusion, and is committed to advancing health equity.

Our Mission

L.A. Care’s mission is to provide access to quality health care for Los Angeles County's vulnerable and low-income communities and residents and to support the safety net required to achieve that purpose.

Our Vision

A healthy community in which all have access to the health care they need.

Our Values

We are committed to the promotion of accessible, high quality health care that:

- Is accountable and responsive to the communities we serve and focuses on making a difference;
- Fosters and honors strong relationships with our health care providers and the safety net;
- Is driven by continuous improvement and innovation and aims for excellence and integrity;
- Reflects a commitment to cultural diversity and the knowledge necessary to serve our members with respect and competence;
- Empowers our members, by providing health care choices and education and by encouraging their input as partners in improving their health;
- Demonstrates L.A. Care’s leadership by active engagement in community, statewide and national collaborations and initiatives aimed at improving the lives of vulnerable low income individuals and families; and
- Puts people first, recognizing the centrality of our members and the staff who serve them.

L.A. Care Health Plan is committed to maintaining a diverse and inclusive work environment that promotes fairness and values each employee's unique contribution to the workplace. L.A. Care Health Plan believes in treating all employees with respect.

II. PGY1 MANAGED CARE PHARMACY RESIDENCY INTRODUCTION

In response to the changes in healthcare delivery systems, emerging reimbursement trends, and increasing recognition of the need to improve and document drug therapy outcomes, the L.A. Care Health Plan PGY1 Managed Care Pharmacy Residency prepares pharmacists for leadership roles in the managed care setting. The program is designed to provide a solid foundation in population-based pharmaceutical care. Primary emphasis is placed on the development and implementation of medication use management initiatives and policies, clinical/disease management programs,

formulary management, pharmacoeconomic and outcome assessment, strong clinical and data analytics, drug information, effective communication and teaching/mentoring skills.

The L.A. Care Health Plan residency program is in accredited status by the American Society of Health-System Pharmacists (ASHP) in partnership with the Academy of Managed Care Pharmacy (AMCP). As such, the program incorporates ASHP's Residency Learning System (RLS), goals and objectives, and evaluation processes. The specific goals, objectives, and key topics that have been identified for the program have been selected from the *Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy, Community-Based, and Managed Care Residency Programs*.

III. PURPOSE

PGY1 Managed Care Pharmacy Residency Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to develop pharmacist clinicians with diverse patient care, leadership and education skills who are eligible for board certification and postgraduate year two (PGY2) pharmacy residency training. A managed care residency will provide systematic training of pharmacists to achieve professional competence in the delivery of patient care and managed care pharmacy practice.

IV. QUALIFICATIONS AND REQUIREMENTS OF THE RESIDENCY PROGRAM

a. **Licensure Requirements**

The resident must be a graduate or candidate for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation); confirmation provided by receipt of pharmacy school transcript.

During the course of the residency, the resident accepts full responsibility and accountability as a Clinical Pharmacist at L.A. Care Health Plan. Therefore, the resident must obtain licensure to practice as a pharmacist in the state of California, either before the start of the residency or within four months of the start of the residency.

To expedite licensing, residents must be eligible for licensure in the state of California at the start of the residency (July 1st). The resident must make at least one attempt at both the North American Pharmacist Licensure Examination (NAPLEX) and California Pharmacist Jurisprudence Exam (CPJE) by no later than September 1st of the applicable academic year. The resident must have passed both NAPLEX and CPJE and have a valid California Pharmacist license no later than November 1st of the applicable academic year.

For residents who are licensed in other states for which the state of California recognizes reciprocity, the resident will only be expected to sit for the CPJE. However, that individual will be responsible for transferring his or her license to California by no later than September 30th. For residents licensed in a state or territory for which reciprocity is not recognized, the same requirements will exist as for unlicensed individuals.

In the event that the resident does not pass either of the exams on the first attempt, subsequent attempts must be made at the closest intervals allowed by current law.

The consequences for failure to meet the above deadlines will be determined on a case-by-case basis by the RPD and may include suspension from the program pending licensure (in the form of leave without pay for up to one month), and if the resident does not obtain licensure after the allotted month, it will lead to dismissal from the program. Time spent on suspension from the program will need to be made up beyond the original end date of the program, before the resident can graduate from the residency.

Exceptions to the deadlines listed above may be made on an individual basis, and will require the approval of the Residency Program Director (RPD). However, at that time, a reasonable deadline will be set with the expectation that it will be met. Failure to meet the negotiated deadline will result in the same consequences described above.

The resident assumes financial responsibility for all costs associated with licensing, including but not limited to review courses or materials, the exam and processing fees, and the license and/or transfer fee.

b. Requirements for Successful Completion of the Program

All of the following must be completed to successfully complete the L.A. Care Health Plan PGY1 Managed Care Pharmacy Residency and receive a certificate of completion:

- i. Complete 12 full months of training (minus allowed vacation and holidays)
- ii. Complete a longitudinal residency project
- iii. Perform a midpoint or final formal evaluation of an APPE student
- iv. Design a pharmacy department quality improvement project/clinical program
- v. Prepare and present at least one Drug Monograph and Class Review at Pharmacy Quality Oversight Committee (PQOC) Meetings
- vi. Complete an Executive Director Report and Formulary Class Review
- vii. Prepare personal mission/vision/goals
- viii. Complete 80% of the objectives in PharmAcademic with a status of “Achieved”
 1. 100% of the objectives of Competency Goal R1: Patient Care

c. Principles of the Residency Program

- i. Principle 1: The resident will be a pharmacist committed to attaining professional competence beyond entry-level practice.
- ii. Principle 2: The pharmacy residency program will provide an exemplary environment conducive to resident learning.
- iii. Principle 3: The resident will be committed to attaining the program’s educational goals and objectives and will support the organization’s mission and values.
- iv. Principle 4: The resident’s training will be designed, conducted, and evaluated using a systems-based approach.
- v. Principle 5: The RPD and most preceptors will be professionally and educationally qualified pharmacists. Some preceptors may be non-pharmacists who are content

matter experts. The RPD and all preceptors must be committed to providing effective training of residents.

- vi. Principle 6: The organization conducting the residency will meet accreditation standards, regulatory requirements, and other nationally applicable standards and will have sufficient resources to achieve the purposes of the residency program.
- vii. Principle 7: The practice environment will be organized effectively and will deliver comprehensive, safe, and effective services.

d. Obligations and Expectations of the Resident

- i. The Resident's primary professional commitment must be to the residency program.
- ii. Residents must be committed to the values and mission of the organization conducting the residency program (L.A. Care Health Plan).
- iii. Residents must be committed to completing the educational goals and objectives established for the program.
- iv. Residents must seek constructive verbal and documented feedback that directs their learning.
- v. The resident must abide by the terms and conditions of the MATCH program.
- vi. Residents must be committed to making active use of the constructive feedback provided by residency program preceptors.
- vii. The resident will contribute to team discussions, sharing their knowledge willingly and collaboratively.
- viii. The resident will model professional behavior and conduct that is reflective of the L.A. Care Health Plan mission and values.
- ix. The resident agrees that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant during any application cycle.
- x. Residents will act with integrity, honesty and fairness, remaining mindful of the duty of trust L.A. Care Health Plan has to its employees, and to its providers, employers and members.
- xi. Acceptance by resident of the terms and conditions set forth by this document, the ASHP Accreditation Standards, and L.A. Care Health Plan policies. Acceptance of these terms must be documented prior to the beginning of the residency.
- xii. Be in prompt attendance for all assigned rotations, scheduled meetings, conferences, and seminars.
- xiii. Professional attire always except for Casual Fridays (business casual) unless otherwise noted by management.
- xiv. Professional attire is required on Fridays and regardless of the current policy set forth by management if interacting with patients, meeting with external vendors/parties, or formal presentations are being given.

- xv. Complete projects within deadline or give reasonable notification of delays.
- xvi. Notify the RPD and preceptor of any absence due to illness.
- xvii. Submit all leave requests to the RPD and preceptor as soon as possible, but no later than 2 weeks in advance of the leave request.
- xviii. Complete all residency requirements within the residency year.

e. Obligations and Expectations of the Residency Program

- i. The residency program will be 12 months in length.
- ii. The RPD will ensure that neither the educational outcomes of the program nor the welfare of the resident or the welfare of patients are compromised by excessive reliance on residents to fulfill service obligations. Providing residents with a sound academic and clinical education must be planned and balanced with concerns for patient safety and resident well-being.
- iii. The residency program will adhere to the rules of the Resident Matching Program (RMP) process set forth in Rules for the Resident Matching Program.
- iv. The RPD will provide residents who are accepted into the program with a letter outlining their acceptance to the program.
- v. The residency program will provide a sufficient complement of professional and technical pharmacy staff to ensure appropriate supervision and preceptor guidance to all residents.
- vi. The residency program must provide residents an area in which to work, access to appropriate technology and equipment, access to extramural educational opportunities (e.g., AMCP national meetings, other pharmacy association meetings, a regional residency conference), and sufficient financial support to fulfill the responsibilities of the program.
- vii. Policies concerning professional, family, and sick leave and the effect such leaves would have on the resident's ability to complete the residency program must be documented.
- viii. The RPD will award a certificate of residency to those who complete the program. If applicable, reference must be made in the residency certificate that the program is accredited by ASHP in partnership with AMCP.
- ix. This residency site agrees that no person at this site will solicit, accept, or use any ranking-related information from any residency applicant.
- x. The RPD will ensure the program's compliance with the provisions of the current version of the ASHP Regulations on Accreditation of Pharmacy Residencies.
- xi. The RPD will be qualified as outlined in the ASHP Accreditation Standard for PGY1 Managed Care Pharmacy Residency programs.
- xii. The residency program preceptors will be qualified as outlined in the ASHP Accreditation Standard for PGY1 Managed Care Pharmacy Residency programs.

- xiii. The Department of Pharmacy will be qualified as outlined in the ASHP Accreditation Standard for PGY1 Managed Care Pharmacy Residency programs.
- xiv. Program design, learning experiences, and evaluations will be developed in accordance with the ASHP Required Outcomes, Goals & Objectives for PGY1 Pharmacy, Community-Based and Managed Care Residency programs.

f. Time Off

The PGY1 Managed Care Pharmacy Residency is an intensive one-year training period, and thus prolonged or excessive absence from the training site is not conducive to achieving the educational objectives of the program in a timely manner.

Time off is accrued by pay period as with all other L.A. Care Health Plan Health Plan employees. The resident must request leave at minimum 2 weeks in advance, in writing (email is acceptable), to the RPD. The resident cannot take more than 10 days off in any 1 month.

The consequences of utilizing time off over and above the annual allotment will be handled on an individual basis, but may include no additional time required, delayed completion of the residency program if it is determined that the missed time has had a detrimental effect on the resident's completion of training competencies, or termination from the program. Please note that any time off from the program above and beyond what is accrued by the resident can be considered terms for dismissal from the program. Time off will not be approved during the final three weeks of the residency.

Residents exceeding a combined total of the greater of 37 days per 52-week training period or the minimum number of days allowed by applicable federal and/or state laws without requiring extension of the program are likely to be terminated from the residency.

****NOTE:** Any unused vacation days OR sick days are NOT eligible to be 'paid out' at the conclusion of the residency year.

g. Leave

Sick Leave is accrued per pay period (as with all L.A. Care Health Plan employees) and can be used for illness and injury as well as medical, dental, optical, and other medically-related appointments or procedures.

Unplanned sick leave must be reported as soon as you determine you will not be able to come to work and preferably 1 hour prior to the beginning of your scheduled hour of duty, but in any event, not later than 2 hours thereafter. It is the resident's responsibility to directly notify the immediate supervisor and preceptor of their rotational area and the RPD. The resident must call in sick for each consecutive day of illness. If you require sick leave for 3 or more consecutive work days, you must furnish medical certification by a physician attesting to the need for sick leave during the period of absence. Residents cannot miss more than 10 days in any 1-month rotational experience (due to annual, sick, or authorized leave) and need to plan accordingly. Sick leave may also be used for family care, adoption-related purposes, or bereavement for a family member. If your request for sick leave exceeds the amount of granted sick leave hours, annual leave will be used.

Leave of Absence (LOA) is an excused period of time, whether paid (receiving Paid Time Off), or unpaid, when an employee is away from the job for a reason: 1) mandated by Federal, State or local law, and/or; 2) otherwise provided for under L.A. Care Health Plan's leave provisions approved by a supervisor in coordination with Human Resource (HR) LOA Partner.

It is L.A. Care's policy to address and administer LOAs (continuous or intermittent) to all eligible employees on a non-discriminatory basis in accordance with applicable laws. LOAs will be considered in cases of pregnancy disability, medical, family care, occupational injury or illness, military leave, domestic violence, victims of felony crime, organ donation, bone marrow donation and/or other cases where leave is required by applicable law or compelling personal reasons. Each type of LOA may have specific eligibility requirements either determined by applicable Federal and State law, or by L.A. Care.

If approved, time spent on LOA will need to be made up beyond the original end date of the program. The allowable period of extension is 1 month and is unpaid without benefits.

h. Time Commitment

A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage their activities external to the residency so as not to interfere with the program. It is expected that a minimum of 2100 hours will be required to successfully complete the program. Some of the program activities and the estimated time requirements are listed below.

Residents are expected to spend the majority of their time in managed care related activities. A minimum of 8 hours/day will be spent on managed care activities. Time spent attending scheduled meetings, presentations, etc. will be considered managed care activities. Additional time dedicated to presentations, assignments and the residency research project will be required. This time will vary throughout the year.

i. Duty Hours

- i. The resident and program will follow the ASHP "Duty-Hour Requirements for Pharmacy Residencies."

Review ASHP policy at available at link: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/duty-hour-requirements.ashx>

- ii. Residents are expected to complete the required residency hours. Moonlighting is allowed as long as total worked hours, including the residency, does not exceed 80 hours per week, averaged over a four-week period. Outside employment (moonlighting) must always be avoided if it interferes or conflicts with L.A. Care Health Plan's mission, business, or your work.

- iii. Instances of non-compliance will be formally assessed by the residency advisory committee (RAC) and actions to be taken to prevent exceeding duty hours will be discussed.
- iv. Once a month, the resident will attest to compliance with the Duty Hours policy by completing a Duty Hours Attestation Form on PharmAcademic.
- v. Once a month, the resident will track and log their duty hours for one continuous week using the Residency Duty Hours tracking log (**see Appendix A: Residency Hours Tracking Form**)
- vi. The resident will track and log all completed moonlighting hours every month using the moonlighting hours tracking log (**see Appendix A: Residency Hours Tracking Form**)

j. Employment During Residency (Moonlighting)

The resident's primary professional commitment must be to the residency program. A residency is a full-time obligation. It provides an exceptional learning opportunity that demands considerable time commitment from the resident to meet the residency requirements for certification. The resident must manage their activities external to the residency so as not to interfere with the program.

For this reason, the resident is advised to refrain from outside employment during the residency year, if possible, or at least to keep outside employment commitment to a reasonable number of hours to allow the resident to optimize learning from the residency program. Should the resident elect to gain outside employment, it can only occur during non-residency hours. A clear distinction must be made between employment and residency responsibilities. It cannot occur during other required attendances, such as the Western States Conference. The Director of the Residency Program will advise the resident to refrain from outside employment should it become apparent that it is interfering with the resident's ability to meet the demands of the residency program. All hours worked during the residency, including outside employment of any kind must be tracked and logged on the resident's Duty Hours form. Internal moonlighting is not allowed for the duration of this residency.

k. Professional Self Responsibility

Residents are expected to take self-responsibility for their professional behavior during all aspects of the residency program. Residents are expected to perform within the guidelines provided by the organization and pharmacy department's policies and procedures. Residents are expected to strive for good time management and as such, to be in prompt attendance for all assigned blocks, scheduled meetings, conferences, and presentations. Residents should complete projects within the stated deadline or give a reasonable notification of delays to those in expectation of the project. For each rotational experience, residents are expected to notify their rotation preceptor 1 week in advance of rotation starting date. Residents must take it upon themselves to solicit constructive verbal and documented feedback (e.g., evaluations) from their preceptor prior to the completion of each rotation. This includes reminding preceptors for feedback throughout the rotation (verbal), at the midpoint (optional), and at the completion of the rotation (required). In turn, each resident is required to provide rotation and preceptor evaluations at the completion of each assigned rotation.

l. Professional Meetings

Residents are required to attend applicable professional meetings every year including but not limited to, CSHP Seminar, the AMCP Educational Conference, and the Western States Residency Conference (WSC). Most years this is the equivalent of 7 or 8 days of meetings (not including weekends). The resident will not be required to use vacation time to attend these meetings, unless the resident chooses to arrive at the conference venue prior to the start or stay after the final conference date for personal reasons. The resident may choose to attend additional professional meetings with prior approval of the RPD. Time off for these additional meetings will be handled on an individual basis, and may require use of accrued time.

Job interviews and other professional activities will be handled on an individual basis. Unless absence from the Health Plan becomes excessive, it will be assumed that these activities are a routine part of the resident's job and will not require use of accrued time.

m. Dismissal from the Residency Program

While a resident at L.A. Care Health Plan, the resident is held to the standards of L.A. Care Health Plan employees, and any actions that would result in termination from L.A. Care Health Plan would also result in dismissal from the L.A. Care Health Plan Residency Program. L.A. Care Health Plan grounds for termination are outlined by the L.A. Care Health Plan Employee Handbook.

Additionally, if the resident fails to meet the licensure requirements as outlined above may be grounds for dismissal. Excessive time-off beyond what is allotted may be considered grounds for dismissal. Exceptions will be reviewed on a case-by-case basis.

For any situation not discussed above, or in this document, please refer to the L.A. Care Health Plan Policies and Procedures (P&Ps) and/or reach out to the HR Department for further guidance.

V. RESIDENCY ADVISORY COMMITTEE (RAC)

The Residency Advisory Committee is established in accordance with the American Society of Health-Systems Pharmacists (ASHP) Accreditation Standards for Residency Programs.

Purpose: The purpose of the RAC is to guide the overall pharmacy residency program at L.A. Care Health Plan with respect to the established ASHP Accreditation Standards. This includes maintaining standards with respect to qualifications of the training site, RPDs and preceptors, and resident selections, as well as the residency training program and pharmacy service, resident and program evaluations, and certification. The executive committee serves as the decision-making body with regards to the program and represents the advisory board in their decisions.

Responsibilities and Functions: In conjunction with the RPD:

- Reviews, maintains, and assures that each residency program is in compliance with current ASHP accreditation standards.

- Maintains, reviews, and approves the annual Residency Program Handbook.
- Annually reviews the qualifications of the RPD(s) and preceptors and establishes their functions and responsibilities.
- Assures that overall residency program goals and specific learning objectives are met, training schedules are maintained, appropriate preceptorship for each period of training (rotation) is provided, and resident evaluations are conducted.
- Establishes residency applicants' requirements, applicant procedures, and formal review process for evaluation and selection of the resident.
- Annually reviews residency applicant screening, interview, and selection process to identify and reduce potential bias and to promote diversity and inclusion in recruitment.
- Reviews, maintains, and updates the educational and experiential learning experiences of the residency program(s), which will also be consistent with the current ASHP guidelines and Residency Learning Model.
- Annually reviews the incoming resident's individualized plan for residency, training schedule, and learning objectives and quarterly reviews the resident's progress in the residency.
- In conjunction with other identified experts in research, reviews potential residency research proposals for feasibility, research design, and unique contribution to the literature.
- Conducts corrective actions and dismissals as necessary, under the advisement of the RPD(s).

Meetings and Minutes: The RAC will meet at least annually (or more frequently as needed) and will maintain a permanent record of its proceedings and actions. Minutes of each meeting will be prepared by a designated member and be maintained by the RPD.

Each member of the RAC is expected to:

- Act as an advocate for the resident.
- Participate in efforts to attract or work with a diverse group of employees or students and/or increase cultural competency
- Provide expertise for the residency project (when possible) or identify other appropriate resources.
- Provide feedback and suggestions on the current structure of the residency program, and offer possibilities for future direction.

The members of the RAC include, but are not limited to, the following:

- Chief Pharmacy Officer
- Director of Clinical Pharmacy
- Residency Program Director
- Residency Coordinator(s)

VI. RESIDENT RECRUITMENT/SELECTION PROCESS AND CRITERIA

- a. This PGY1 residency program will accept one (or more) resident(s) each year via the Resident Matching Program.
- b. Residency Recruitment Process
 - i. To increase diversity of the candidate pools, particularly individuals underrepresented in the profession of pharmacy, the residency program will participate in (including, but not limited to):
 1. Career fairs/panels
 2. Local residency showcases
 3. National residency showcases
- c. Residency Interview Selection Process
 - i. Residency applicant qualifications will be evaluated by the RPD in conjunction with the current resident(s) and select members of the RAC.
 1. Residency applicants will be split evenly amongst the RPD, the current resident(s), and select members of the RAC to be evaluated
 - ii. An objective process is defined for evaluation of candidate's application materials using a standard evaluation scoring tool.
 1. Point system will be applied during evaluation of residency applicants based on their submitted applications
 2. No additional points will be awarded to certain schools or colleges of pharmacy and residency applicants will be evaluated based on their submitted applications using an objective point system
 - iii. Applications submitted via PhORCAS in completed status by the applicable deadline of each year will be reviewed. Completed applications must include:
 1. Letter of intent
 2. Curriculum vitae
 3. School of Pharmacy transcripts
 4. Three letters of recommendation
- d. An interview is required. Generally, a total of 8 to 15 applicants are invited to interview during the month of February.
 - i. RAC will agree on the finalized list of applicants who will be extended an interview based on the above process.
 - ii. Qualified applicants invited for an interview will be sent the residency manual beforehand, so it will be discussed during their interview.
- e. Interview Evaluation Process
 - i. Defined selection criteria and assigned rating scales help assist in objective assessment of applicant
 1. Score applicants (interview evaluation form, application materials)
 2. Rank applicants (according to scores)

3. Following completion of all interviews, interviewers will discuss and comprehensively evaluate applicants
 - a. Re-rank based on discovery from above meeting discussion
 - b. Submit consensus approved rank-order list to the National Matching Services
- ii. Factors considered during the interview process:
 1. CV/Application
 - a. Professional engagement & leadership
 - b. Understanding of managed care
 - c. Presentations
 - d. Publications & research
 - e. Awards & scholarships
 2. Letter of interest / personal statement
 - a. Why are you applying to our program?
 - b. Understanding of managed care
 - c. Writing skills (organization, vocabulary, grammar, etc)
 3. Letters of reference
 4. GPA
 5. Interview
 - a. Verbal communication skills
 - b. Professional demeanor, maturity
 - c. Clinical acumen and experience
 - d. Confidence
 - e. Self-motivation
 - f. Leadership ability
 - g. Alignment of professional goals with residency goals
 - h. Level of interest
 - i. Overall fit with our residency program and L.A. Care as a whole
 6. Personal
 - a. Presentation skills
 - b. Content and audio visuals
 - c. Critical thinking
 - d. Ability to answer questions
- f. Resident applicants will adhere to and participate in the National Matching Services process to be eligible for acceptance at L.A. Care Health Plan.
- g. If there is a need to participate in the phase 2 match process (i.e., we initially match <1 resident), we will follow an abbreviated version of the above process.
 - i. Interested candidates will be asked to submit an application
 - ii. RPD will review applications
 - iii. Qualified applicants will be offered an interview (may also be conducted via phone or video conference)

- iv. Applicants will be scored and ranked based on their interview and application materials
- v. RPD approved rank-order list will be submitted to National Matching Services
- h. Within 30 days of the Match, the residency program will contact the matched candidate via email.
 - i. The RPD or designee will need to review the residency program policies with the matched candidate and acceptance must be documented within 14 days from the start of the residency.
 - ii. Residency applicants must be able verify their identity and legal authority to work in the United States. L.A. Care Health Plan does not offer VISA sponsorships.
 - iii. Pre-employment requirements
 - iv. Confirmation of program start date and term of appointment

VII. INSTRUCTIONAL DESIGN AND ORGANIZATION

- a. The 12-month (typically, July 1st to June 30th) L.A. Care Health Plan PGY1 Managed Care Pharmacy Residency consists of activities developed primarily by staff from L.A. Care Health Plan. Functionally, the Residency is divided into 8 blocks. A range of specific activities has been designed within each of the blocks to ensure that residents are afforded maximum learning opportunities across the full scope of managed care pharmacist roles. Please see the Learning Experience Descriptions for the full block descriptions.
 - i. Core (required) learning experiences include:
 - 1. Pharmacy Orientation – 4 weeks
 - 2. Clinical Programs – 8 weeks
 - 3. Formulary & Benefit Design – 8 weeks
 - 4. Appeals and Grievances – 8 weeks
 - 5. Strategy and Data Analytics – 4 weeks
 - 6. Management – 4 weeks
 - 7. Teaching and Leadership – 4 weeks
 - 8. Ambulatory Care – 4 weeks
 - ii. Longitudinal (required) learning experiences:
 - 1. Residency Project – 50 weeks
 - iii. Elective learning experiences:
 - 1. Compliance – 4 weeks
- b. At the beginning of each LE, residents and preceptor will jointly review the rotation specific goals and objectives. During this time, residents are expected to share pertinent results from their various self-assessments (e.g., learning styles, strengths, communication preferences, Entering Objective-Based Self-Evaluation) along with their personal goals for that particular LE.
 - i. This discussion is critical to customizing the experience for each resident.

PGY1 Managed Care Pharmacy Resident Schedule – Tentative 2024-2025

ID	Rotation Blocks	Duration	Q3			Q4			Q1			Q2					
			Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun			
1	Pharmacy Orientation	4w															
2	Formulary & Benefit Design	8w															
3	Clinical Programs	8w															
4	Appeals & Grievances	8w															
5	Teaching & Leadership	4w															
6	Strategy & Data Analytics	4w															
7	Management	4w															
8	Ambulatory Care	4w															
9	Elective	4w															
10	Residency Project	52w															

VIII. GOALS AND OBJECTIVES

- a. ASHP Outcomes, Goals and Objectives for PGY1 Pharmacy, Community-Based, and Managed Care Residency Programs
 - i. Required competency outcomes and goals for this program are listed in Table 1.
 - ii. Key managed care topics to be taught to all PGY-1 Managed care pharmacy residents are listed in Table 2.

Table 1. Required Competency Goals – PGY1 Managed Care Pharmacy Competencies & Goals

Competency Area R1: Patient Care	
Goal R1.1	Provide safe and effective patient care services following JCPP (Pharmacists’ Patient Care Process).
Goal R1.2	Provide patient-centered care through interacting and facilitating effective communication with patients, caregivers, and stakeholders.
Goal R1.3	Promote safe and effective access to medication therapy.
Goal R1.4	Participate in the identification and implementation of medication-related interventions for a patient population (population health management).
Competency Area R2: Practice Advancement	
Goal R2.1	Conduct practice advancement projects.
Competency Area R3: Leadership	
Goal R3.1	Demonstrate leadership skills that contribute to departmental and/or organizational excellence in the advancement of pharmacy services.
Goal R3.2	Demonstrate leadership skills that foster personal growth and professional engagement.
Competency Area R4: Teaching and Education	
Goal R4.1	Provide effective medication and practice-related education.
Goal R4.2	Provide professional and practice-related training to meet learners’ educational needs.

Table 2. Key Managed Care Topics To Be Taught To All PGY-1 Managed Care Pharmacy Residents

Evolution and Principles of Managed Care
Pharmacy Benefit Management Tools
Getting Medications to Patients Through the Pharmacy Benefit
Developing and Managing the Drug Formulary & Utilization Management Policy
Stakeholders and Flow of Money in Managed Care Pharmacy

Pharmaceutical Manufacturer Discounts and Rebates; including Value Based Contracting and Direct Negotiations
Population Level: Clinical and Educational Programs
Individual Patient Level: Clinical and Educational Programs
Specialty Pharmacy
Managed Care Pharmacy within various lines of business including Medicare, Medicaid, Exchange and Commercial
Quality Measures in Managed Care Pharmacy
Health Equity
Health Economics and Outcomes Research

- iii. 80% of the residency objectives listed above in Table 1 must be “Achieved for Residency” by the end of the residency
 - 1. RPD will review all summative and quarterly evaluations, and use PharmAcademic to mark achievement of goals
 - 2. 100% of the objectives of Competency Goal R1: Patient Care must be “Achieved for Residency” by the end of the residency
- iv. Complete PharmAcademic evaluations within one-week of the due date, if unable to do so, the resident should renegotiate the deadline in advance with the RPD.
- b. Residency Project
 - i. Complete Western States Residency Conference platform presentation
 - ii. Submit draft of the residency project manuscript for review before final presentation
- c. Other presentations and/or smaller projects will be required throughout the residency year as deemed appropriate by preceptors of individual learning experiences.

IX. ASSESSMENT AND EVALUATION

In order to ensure the resident is on track for completion of all goals and learning objectives by the end of the residency, evaluation of the program will be done quarterly (every 3 months). Changes may be made to the program based on feedback from preceptors or the Resident. Evaluations are centered on the programs goals and learning objectives, and administered via PharmAcademic. It is L.A. Care Health Plan’s goal to customize the residency program to the Resident’s specific skills and interests. Mandatory evaluations include:

1. Preceptor assessment of Resident performance and progress towards learning objectives
2. Resident self-evaluation of performance
3. Resident evaluation of preceptors and learning experiences.

The ASHP PharmAcademic evaluation system is used to administer both preceptor evaluation and resident self-evaluation on a quarterly basis. Email reminders will be sent 1 week prior to evaluation due dates. The preceptors/RPD and resident are then expected to meet to discuss the evaluation.

RPD will sign off all completed evaluations. Customized training plan (using modified ASHP-template) will be updated to reflect on desired changes discussed quarterly.

The evaluation scale is defined as follows:

Rating	Definition
Needs Improvement (NI)	Resident is not performing at an expected level at that particular time; significant improvement is needed.
Satisfactory Progress (SP)	Resident is performing and progressing at a level that should eventually lead to mastery of the goal/objective
Achieved (ACH)	Resident can perform associated activities independently for this learning experience
Achieved for Residency (ACHR)*	Resident can perform associated activities independently across the scope of pharmacy practice

Evaluation Due Dates: All Evaluations are due by the end of rotation (if block) or quarter (if longitudinal), and preceptors are required to schedule time for evaluations during the last week of the block/quarter. The RDP is responsible for ensuring that evaluations are completed in a timely fashion (via web-calendar alerts, email reminders, verbal reminders, etc.).

Quarterly Progress Reviews and Self Evaluations: In addition to individual longitudinal learning experiences, the RDP will evaluate overall progress of the Resident for all goals and objectives and document status in the customized training plan along with any changes or alterations of schedule. The resident will complete the Pharmacy Resident Quarterly Self Evaluation form at each quarter of the residency program and submit it (electronically) to their respective RPD. The self-evaluation will include status of existing goals and objectives, introduce new goals and objectives, and summarize status of residency requirement completion. The self-evaluation will be the basis for discussion between the resident and program director at each quarterly meeting. With each quarterly review, when opportunities for improvement and appropriate action plans are identified, this will be documented on the Resident Customized Plan.

Resident Customized Plan: The RPD and, when applicable, preceptors will customize the training program for the resident based upon an assessment of the resident’s entering knowledge, skills, attitudes, and abilities and the resident’s interests. Any discrepancies in assumed entering knowledge, skills, attitudes, or abilities will be accounted for in the resident’s customized plan. Similarly, if a criteria-based assessment of the resident’s performance of one or more of the required educational objectives is performed and judged to indicate full achievement of the objective(s), L.A. Care Health Plan will modify the resident’s program accordingly. This would result in changes to both the resident’s educational goals and objectives and to the schedule for assessment of resident performance. The resulting customized plan must maintain consistency with the program’s stated

purpose and outcomes. Customization to account for specific interests must not interfere with achievement of the program’s educational goals and objectives. The customized plan and any modifications to it, including the resident’s schedule, will be shared with the resident and all preceptors.

Example Customized Plan Template:

Entering Characteristics	Initial Plan: Change to Program/Residency Structure	1 st Update	2 nd Update	3 rd Update
Strengths (list):				
Areas for improvement (list):				
Career Goals (list):				
Interests (list):				
Resident Progress:				

End of Year Self-Assessments: At the end of each residency year, the resident will complete a self-assessment. The End of Year Self-Assessment shall include:

- Review of accomplishments of educational outcomes of the program (PharmAcademic)
- Final review of the customized plan (with ASHP-modified template)
- Strengths discovered during residency
- Areas for improvement found during residency
- Career goals
- Life-long learning plan

Type of Evaluations: Evaluations should be qualitative, summarizing performance on objectives rather than listing what was accomplished.

X. L.A. CARE HEALTH PLAN PHARMACY RPD & COORDINATORS

Ann Phan, PharmD, BCGP
Residency Program Director
Andy Han, PharmD
Residency Coordinator

XI. SALARY AND BENEFITS

The Pharmacy resident is hired on a one-year contract basis, with a salary of \$70,000 per annum plus benefits. A generous supply of holidays and vacation days is also provided. Expenses are covered for registration and travel to the annual conferences.

L.A. Care Health Plan Incoming Pharmacy Resident Agreement

By signing this form, I hereby confirm my acceptance into the L.A. Care Health Plan PGY1 Managed Care Pharmacy Residency Program and formally commit myself to this program. Furthermore, I acknowledge that I have received the terms and conditions to this residency program and agree to all above terms and conditions for this residency program.

- I understand that it is my responsibility to read and become familiar with the terms and conditions of this residency program. If I have questions concerning the information contained in the terms and conditions, I will bring them to the attention of the Residency Program Director (RPD).
- I have read and agree to all requirements for successful completion of this residency.
- I have read and agree to all conditions that could lead to my release/termination of the residency.
- I have read and agree to all expectations of the resident for this residency program.
- I have read and agree to the licensure requirement as outlined in this document and understand the consequences.

I understand I am bound to duties and responsibilities of all L.A. Care Health Plan employees as outlined in the L.A. Care Health Plan Employee handbook and detailed in the Human Resources Policies and Procedures, violation of which may lead to my release from the residency program.

Incoming Pharmacy Resident Full Name (printed)	
Date:	
Signature:	
RPD Full Name (printed)	
Date:	
Signature:	

Appendix A

Residency Hours Tracking Form

Duty hours are all scheduled clinical and academic activities related to the pharmacy residency program and include inpatient and outpatient care, in-house calls, administrative duties, and scheduled or assigned activities such as conferences, committee meetings, and health fairs that are required to meet the goals and objectives of the residency program. Duty hours are not to exceed a weekly average of 80 hours. Duty hours do not include: reading, studying, and academic preparation time for presentations and journal clubs; travel time to and from conferences; and hours that are not scheduled by the RPD (RPD) or a preceptor.

Track your duty hours for one continuous week every month.

Date Duty Hours Rotation Comments

Date	Duty Hours	Rotation	Comments
Monday /			
Tuesday /			
Wednesday /			
Thursday /			
Friday /			
Saturday /			
Sunday /			

Moonlighting hours: Voluntary, compensated, pharmacy-related work performed outside the organization. Moonlighting must not interfere with the ability of the resident to achieve the educational goals and objectives of the residency program. All moonlighting hours must be counted toward the 80-hour maximum weekly hour limit. Track all moonlighting hours every month. Include brief comments.

Date	Moonlighting Hours	Location	Comments

TOTAL DUTY HOURS: _____

TOTAL MOONLIGHTING HOURS (if applicable): _____

AVERAGE HOURS PER WEEK (duty hours + moonlighting hours/4): _____

Submit completed form electronically to RPD.

By my electronic submission to the RPD, I attest the reported hours are accurate to the best of my ability and knowledge.