AMCP Leadership Professionalism Development Series
University of Minnesota College of Pharmacy

Project Description & Implementation Overview

Our chapter developed a year-long series of member activities focusing on professional development. Four of the main activities developed included:

1) **Networking Breakfast** – In October we organized a networking breakfast with about 65 members of the Managed Care community in Minnesota. During the session, the Chapter was officially introduced to the Managed Care professionals and a great opportunity was provided for student pharmacists to network with the managed care pharmacy world in MN. Following an initial networking session, an official presentation on the Healthcare Exchanges was given. It was an excellent opportunity for attendees to learn and ask questions about the healthcare landscape.

2) **Student Pharmacist Mentoring** – Students were randomly assigned partners for the course of the academic year. The pair typically made up of a 1st year student pharmacist, who was new to AMCP and Managed Care, with a more experienced 2nd or 3rd year student pharmacist. The "mentors" were encouraged to bring their "mentees" out to AMCP events and to serve as a liaison between the mentee to the Managed Care world. Gatherings are organized throughout the year to allow all participants across our two campuses to meet each other.

3) **Residency and Career Panels** – At two separate chapter meetings of the year, we invited current residents and professionals to sit down with our student pharmacists to provide them information about the exciting opportunities that exist in a career in Managed Care. Student pharmacists are given an opportunity to speak with our invited guests one-on-one.

4) **Elective Course in Managed Care** – Student pharmacists have the opportunity to participate in a weekly roundtable discussion with members of the faculty to talk about current trends and events in Managed Care. What started out as informal lunch meeting between two students and faculty is now a fully structured course.

Purpose of the Project

The purpose of the AMCP Professionalism Development Series was:

- To provide our chapter members with the opportunity to acquire the skills and knowledge for personal development and career advancement
- To expose student pharmacists to different local managed care organizations
- To allow student pharmacists the opportunity to connect with local managed care pharmacy professionals and expand their managed care network
- To provide advice and guidance for student pharmacists pursuing a career in managed care pharmacy practice

Project Budget: Expenses and Revenues
There were no expenses and no revenues associated with this project.

Who and How Many Chapter Members are Involved?
The creation and implementation of the overall initiative involved the four-member executive board members of the University of Minnesota AMCP Student Pharmacist Chapter. It was a collaborative effort of the Chapter Co-Presidents (Twin Cities and Duluth), Vice-President of Professional Development, and Vice-President of Professional Affairs. The four main activities of this series were led by the following individuals:

1) **Networking Breakfast** – Co-President Twin Cities
2) **Student Mentoring** – Vice-Presidents
3) **Residency and Career Panels** – Vice-Presidents
4) **Elective Course in Managed Care** – Co-President Duluth

Who Should be Targeted? Audience or Involvement? How Do You Find Them? How Do You Contact?

1) **Networking Breakfast**
   Who was your audience? - This was open to all student pharmacists interested in managed care pharmacy practice. Professionals affiliated with local and national managed care entities were also invited. There were 65 confirmed attendees.
   Who were your speakers? - Norrie Thomas of the Manchester Square Group provided an introduction to the University of Minnesota AMCP Student Chapter to kick off the networking hour. Jane Dubose from HealthLeaders-InterStudy gave an official "Countdown to Exchanges" presentation.
   How did you find them? - We initially contacted Denise Wolff, the Minnesota Pharmacists Association (MPhA) Managed Care Academy Chairperson, to discuss the idea of a networking event for our students. The MPhA Managed Care Academy group meets biannually and the idea of a joint breakfast was formed. Denise brought us into contact with the Managed Care Academy members as well as other Managed Care Professionals in the Twin Cities metro area.

2) **Student Pharmacist Mentoring**
   Who was your audience? – This was open to all University of Minnesota AMCP Student Chapter members.
   Who were your speakers? – n/a
   How did you find them? – Student pharmacist members were sent a survey in the Fall which gauged their interest in participating in the AMCP Mentoring Program. Based on the responses received and the experiences described by the survey respondents, student pharmacists were matched up and encouraged to create meaningful relationships.

3) **Residency and Career Panels**

Who was your audience? - This was open to all University of Minnesota AMCP Student Chapter members.

Who were your speakers? – Speakers were pharmacy professionals and current Pharmacy Residents from companies such as Unitedhealthcare, Prime Therapeutics, Express Scripts and Optum

How did you find them? – Our Executive Board members utilized their personal network of managed care professionals, as well as reached out to faculty at the University of Minnesota for additional contacts. The Minnesota group meetings at AMCP annual meetings also presented great opportunities to connect with professionals and current Residents who may be interested in participating in the panels. Judges and mentors from the P&T Competition can also be a good resource.

4) **Elective Course in Managed Care**

Who was your audience? - This was open to all student pharmacists interested in managed care pharmacy practice.

Who were your speakers? – Most of the weekly discussions were led by student pharmacists who participated in the course. Occasionally, we invited our course faculty as well as outside practitioners to speak to the group. However, most of the speakers were the student pharmacists themselves.

How did you find them? – A course schedule was created in the beginning of each semester. As enrollment varied from semester to semester, the number of discussions that a student pharmacist may sign up to lead may vary, as well.

What Materials are Needed? Outside Resources, Ordering, etc?

1) **Networking Breakfast**
   a. Speaker(s)
   b. Meeting space (our meeting space was sponsored by CVS Caremark at an office park). Because CVS covered the meeting space, we were not informed of the cost to rent the space.
   c. Breakfast/refreshments (our breakfast was sponsored by the Manchester Square Group). The Manchester Group provided coffee and baked goods for approximately 65 people for around $250 to $300.
   d. Email and social media outlets were utilized to promote event
2) **Student Mentoring**
   a. Email and social media outlets were utilized to promote event
3) **Residency and Career Panels**
   a. Speakers
   b. Meeting space (reserved classrooms through the University)
   c. Email and social media outlets were utilized to promote event
4) **Elective Course in Managed Care**
   a. Meeting space (reserved classrooms through the University)
   b. Email and social media outlets were utilized to promote course

Timeline for Implementation and Execution

Summer:
- Executive Board meets to discuss project planning and implementation
- Identification of practitioners and speakers (ongoing process)
- Contact practitioners and speakers for their availability

Fall/Spring Semester:
- Hold AMCP general meeting to introduce the Professionalism Development Series
- Begin sign-up/enrollment process for each project
- Reservation of on-campus meeting spaces for the semester
- Identification of practitioners and speakers (ongoing process)
- Finalize practitioners and speakers for each event

Follow-up with Faculty Members/Volunteers/Participants

Practitioners were thanked for their participation in the various events of the Professionalism Development Series. Follow-up was initiated for practitioners who participated in more than one project.

Project Evaluation:

What Went Well? What Didn't? How Would You Improve for the Next Year?

We were pleased with the level of participation we encountered. Student pharmacists were eager to sign up for our various initiatives. For example, enrollment in the Managed Care Elective Course grew 20% between Fall 2013 and Spring 2014. We were also pleased with the amount of help we received from the professionals we reached out to for our various initiatives. Many of them sponsored various aspects of our events which lightened our financial burden. We were also pleased with the number of professionals who volunteered for multiple events.

We received positive feedback from attendees about all of the activities in our Series. We were happy with the exposure student pharmacists gained to the types of professional and networking opportunities available in managed care.

We feel that it is important to continue to expand the University of Minnesota AMCP Student Chapter's network of managed care professionals available to our student members. The professional network is an integral part of our success.

Project Checklist:
- Create a timeline
- Search for opportunities to collaborate with other Managed Care organizations for initiatives
- Contact managed care professionals about upcoming student events
- Allocate roles and responsibilities within the Student Chapter
- Reserve meeting spaces
- Promote events through email and social media

- Follow-up with practitioners after events and thank them for their time

Sample Networking Breakfast Meeting Agenda:

Countdown to Exchanges - MN Managed Care Networking Meeting & Pharmacy Student Reception

Dear Minnesota AMCP Members & MPhA Managed Care Academy Members,

This is a reminder invitation for our local managed care pharmacy networking meeting on Thursday, October 3rd. The Agenda follows:

- 7:00 - 7:30 AM Networking Breakfast & Pharmacy Student Reception. This is an opportunity for the UMN College of Pharmacy Students to meet our managed care pharmacy community - please plan to attend and network with the students and enjoy a complimentary breakfast sponsored by Manchester Square Group.

- 7:30 - 8:30 AM Keynote Presentation: Countdown to Exchanges. Presented and sponsored by HealthLeaders-InterStudy, A Decision Resources Group Company. CE Credit Now Available sponsored by MPhA. Please see presentation summary at the bottom of this email for further details.

- 8:30 - 9:00 AM Networking Time

AMCP Peer Mentoring Program

* Required

What is your name? *

[ ]

What is your U of M email? *

[ ]

Are you interested in participating in the AMCP Peer Mentoring Program? *

- ⬤ Yes
- ⬤ No

What campus are you on? *

- ⬤ Twin Cities
- ⬤ Duluth

What year are you in Pharmacy School ? *

- ⬤ PD1
- ⬤ PD2
- ⬤ PD3
- ⬤ PD4

Please share any managed care experiences or interests you may have so we can best match you with a peer mentor/ mentee *

[ ]

Submit

Sample Student Mentoring Program Assignment Email:

Hello xxx,

Thank you for participating in the AMCP Peer Mentoring Program. Your student mentee is: xxx

Your mentee should contact you and set up a time to connect by the end of this semester. The AMCP chapter will be holding a mentoring event next semester.

Some suggestions for your mentor/ mentee discussions:

- Previous managed care experiences
- Advice on involvement and course work
- Internship/ residency plans
- Help with CVs
- Why managed care?

This program has been created to enhance your experience and connect students within the AMCP chapter to facilitate meaningful relationships. This is an opportunity to learn and grow together. Please let me know if you have any questions.

Take care,

xxx

340B
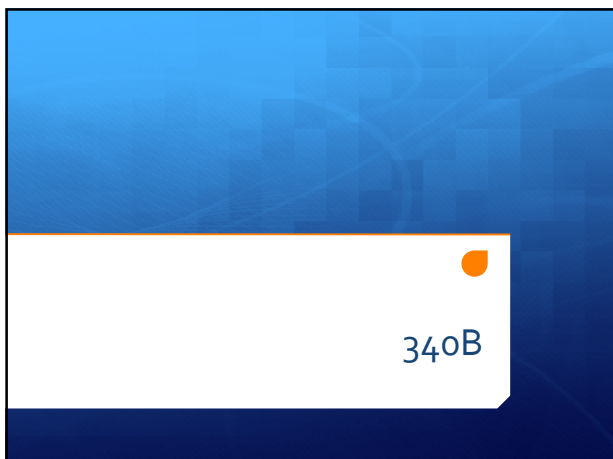
Program Development

+ 1990: Medicaid Drug Rebate Program

+ 1992: found that failing to exempt these discounts resulted in a dramatic price increase for these facilities
  + Price increase up to 32%

+ 1992:Public Health Service Act (PHSA)
  + Drug Discount Program Started that requires drug manufacturers to provide outpatient drugs to eligible "covered entities" at significantly reduced prices.

1992:Public Health Service Act (PHSA)
Created through the enactment of Public Law 102-585 (Veterans Health Care Act of 1992)

+ George H.W. Bush

+ Intent of the program:
  + To allow health organizations to stretch scarce federal resources as far as possible to serve individuals who otherwise would not be able to afford prescription medications

+ Protect "covered entities", (clinics/hospitals) from drug price increases and gave them access to price reductions

+ Requires drug manufacturers to provide rebates or medication purchases, based on sales to Medicaid beneficiaries

+ Rebate doesn't account for manufacturer discounts offered directly to federally funded clinics/hospitals

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340B Cash Flow
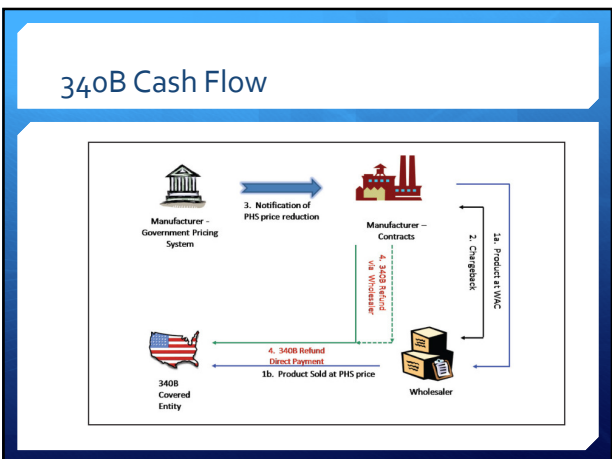
1992:Public Health Service Act (PHSA)

Pharmaceutical Pricing Agreement (PPA)

+ Required Pharmaceutical companies participating in Medicaid (MA) program to enter a second agreement with the Secretary of HHS

+ Provide statutorily specified discounts on covered outpatient drugs purchased by "covered entities"

+ Expected to serve the nation's most vulnerable patient populations
  + Private Insurance: insurance or government reimburses "covered entities" for full price of medication
  + Entity pockets the difference between reduced price they pay and the full price reimbursed

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340B Program

+ Sets price ceilings for manufacturers

+ Significant savings on outpatient drugs for both pharmacies and eligible patients
  + 20-50% ($5B annually)[1]

Eligibility

1. Disproportionate share hospitals (DSH)
   + Percentage based on low income patients
2. Children's Hospitals
3. Cancer Hospitals
4. Sole community hospitals
5. Rural referral centers
6. CAHs: Critical access hospitals

Hospitals

+ State/Local government non-profit
+ Public/Private non-profit formally granted governmental powers
+ Private non-profit contracted to provide care to low income individuals and indigent care (Not CAHs)
+ Must Meet: Payer-mix criteria related to Medicare DSH program
+ FQHC and look-alikes: HIV/AIDS, TB, Black Lung, family planning and STD, hemophilia, public housing primary care, homeless, urban Indian, native Hawaiian.
+ Covered entities must comply with all program requirements
+ Given a 340B ID that requires verification before discounted drugs

Patients

+ "Covered entity" maintains health care records
+ Health care services are performed by an employee of the "covered entity"
+ Services must be consistent for which the grant funding look-a like status has been provided (hospitals exempt)
+ "Covered entities" could misinterpret consistent
   + too broad or too narrow

Expansion

+ 1996: HRSA (Health Resources and Services Administration) issued guidance
   + Allowed "covered entities" without in-house pharmacy to contract with a single outside pharmacy
   + 2010: HRSA began allowing 340B "covered entities" to contract with multiple pharmacies
   + Today, 20% of retail pharmacies are contracted through 340B[5]

+ 2003: Medicare Modernization Act
   + Allowed more rural and urban hospitals to become eligible by meeting the DSH % threshold requirement

+ 2005: Deficit Reduction Act
   + Certain children's hospitals

2010: Patient Protection and Affordable Care Act

+ Increased funding: $17.1B allotments between 2014 and 2020

+ Four new types of eligible entities
   1. Outpatient settings of certain cancer hospitals
   2. Rural referral centers
   3. Sole community hospitals
   4. Critical access hospitals

Expansion
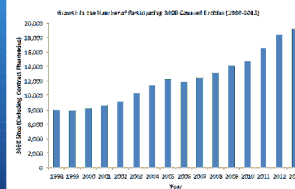
+ Covered Entities
   + Parent site + Child off-site outpatient facilities
   + Grown from 8K to 16K (2001-2011, 10 years)
   + Hospitals (x3)
   + Hospital sites (x4)
+ Currently: 1/3 of U.S. hospitals participate in 340B program
   + 2% of all U.S. medicines purchased
   + Each covered entity collects an estimated $6B in additional revenue from drug sales

Minnesota[6]

+ 1992: HCMC (DSH)
+ 1992: Regions (DSH)
+ 1995: Fairview UMMC (HM)
+ 1996: Southside community Health Services (CH)
+ 1997: West Side community Health Services (CH)
+ 1997: Mille Lacs Band of Ojibwe Indians (FQHC)
+ 2014: **403** unique Minnesota 340B IDs

Video

https://www.youtube.com/watch?v=eb5L00AEBks
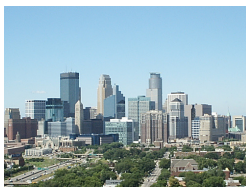
GPO compliance: Prohibited to use GPO to buy 340B-covered drugs[1]

+ Some hospitals were using GPO to purchase and then use 340B to replenish the stock
+ All initial purchases must be purchased using WAC or other non-340B/non-GPO account
+ HRSA can monitor this by making sure newly purchased NDC numbers match the original
  + Difficult with drug shortages and frequent NDC changes
  + EMRs can have difficulty communicating data with accumulators

Government Mandates don't lower healthcare costs[2]

+ Compared 340B to a free lunch buffet, called it fatally flawed
+ Patients, Taxpayers, Hospitals, Pharmacies all benefit
+ U.S. Health care system= wasteful, unproductive, and inefficient

Chuck Grassley[3]

+ Chuck Grassley (R-IA) has asked: Duke University Hospital, UNC Hospitals, and Carolinas Medical Center to report use of 340B to determine if they are profiting from giving 340B drugs to non-charity patients (up-selling)
+ If profits are made and savings are not passed on to the patient, 340B is not functioning as intended

References

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5. http://www.hrsa.gov/opa/
6. http://opanet.hrsa.gov/opa/CESearch.aspx