

# Thinking of a career in managed care pharmacy?

By Jill Flaherty



As you may know, the 2004 APhA–ASP House of Delegates passed a resolution reflecting Academy members' concerns regarding PBMs. Several practitioners devoted their time and energy to assisting the APhA–ASP Policy Standing Committee with the resolution to try to increase student pharmacist awareness of the role PBMs play in the pharmacy profession. Those same practitioners have kindly

returned this year to relate the ins and outs of their careers in managed care pharmacy.

**Resolution 2004.2 states the following:**

1. APhA–ASP encourages legislation that would require pharmacy benefit managers (PBMs) to disclose the rationale behind their therapeutic selections including business practices and fiscal implications.

2. APhA–ASP opposes any actions that compromise a patient's choice of where to receive pharmacy services with equal benefits, co-pays, and access to patient care.

**Ami Thakkar, Clinical Account Executive Medco, Franklin Lakes, N.J.**

**Jill Flaherty: Please describe your current position as a managed care pharmacist and how you reached your current position.**

**Thakkar:** Currently, I work with mid- to large-size employer groups on designing and maintaining their prescription benefit plans. My role is to provide clients with clinical information and support to help them make benefit design decisions, such as the addition of new prior authorization criteria or coverage of a class of medications. The career path I took to be in this current role included receiving a PharmD degree and an MBA from Drake University. After graduation, I completed a 1-year postgraduate managed care pharmacy practice residency at Medco. The residency provided me with the opportunity to gain a better understanding of managed care, the PBM industry, as well as the different groups necessary to successfully run a PBM. Without the residency experience, I would have had a much more difficult time obtaining my current position.

**JF: Please describe your role in advancing patient care. In your opinion, does patient care differ in a managed care setting as compared with other areas of pharmacy practice?**

**Thakkar:** The only difference is the number of lives affected. Managed care pharmacists make decisions based on sound clinical principles and advocate better patient care on a macro level instead of a micro level.

**JF: Please describe some of the benefits of being a managed care pharmacist.**

**Thakkar:** In managed care pharmacy, you have the opportunity to make decisions that have an impact on a large number of patients. Therefore, you have the ability to improve patient care for an entire population.

**JF: What do you think is the most common misconception about PBMs and/or managed care pharmacy?**

**Thakkar:** The most common misconception is that managed care pharmacy/PBMs are only out there to make money and create hurdles for patients. Many believe that the decisions made are only in the best interest of the managed care organization and never in the best interest of the patient.

**JF: How has the increase in media attention affected your position?**

**Thakkar:** The increase in media attention has made clients more conscious of the services a PBM provides. With clients proactively looking for answers to manage the benefit they provide, my role has expanded to be more consultative. For example, there is a greater exchange of communication surrounding clinical issues, the impact they can have on a plan, and potential management strategies, when appropriate.

**JF: What advice do you have for student pharmacists considering careers in managed care pharmacy?**

**Thakkar:** My advice for all student pharmacists is to consider opportunities in all types of practice settings. Try and take advantage of student organizations, summer internships, pharmacy mentoring programs, and advance practice sites to gain a better understanding of the roles you could play in any given practice setting. Talking to pharmacists who are currently in roles you find interesting is a great place to start networking and learning more about potential career options. The Academy of Managed Care Pharmacy Web site [www.amcp.org] has a variety of resources that a student interested in managed care will find useful.

**Katheryn Russi, Senior Clinical Account Executive Medco, Livonia, Mich.**

**JF: Please describe your current position as a managed care pharmacist and how you reached your current position.**

**Russi:** I am a senior clinical account executive [CAE] at Medco. I joined Medco about 8 years ago after holding a similar position at another PBM. After several years in that role, directly providing clinical support to clients, I was promoted to a senior CAE position. Prior to joining the PBM industry and before relocating to Michigan, I was a pharmacy faculty member and pharmacy practice division director at the Drake University College of Pharmacy and Health Sciences for 19 years.

**JF: Please describe your role in advancing patient care. In your opinion, does patient care differ in a managed care setting as compared with other areas of practice?**

**Russi:** In a managed care setting, patient care is a critical area

of focus. The common goal is to design and administer pharmacy benefits that provide high-quality care and efficient use of resources for a large population while maintaining clinical integrity for the individual patients in that population. There's a recognition that optimum pharmaceutical therapy achieves desired patient care outcomes and is cost-effective by reducing hospitalizations, emergency room visits, and other more expensive health care services.

**JF: Please describe some of the benefits of being a managed care pharmacist.**

**Russi:** I believe one of the benefits, and challenges, of being a managed care pharmacist is integrating clinical and financial/cost information in the decision-making process to provide the best possible care while maximizing cost efficiencies. A substantial amount of information is considered in decision making, and I enjoy that analytical process.

**JF: What do you think is the most common misconception about PBMs and/or managed care pharmacy?**

**Russi:** I think a common misperception about PBMs is that the PBM makes decisions regarding plan design, formulary content, and other aspects of pharmacy benefits. We consult with our clients regarding these topics and provide them with information and tools to help them evaluate plan designs and benefits options, but it is the clients who ultimately make the decisions regarding their pharmacy benefits.

**JF: How has the increase in media attention affected your position?**

**Russi:** The attention focused on managed care organizations creates an opportunity to discuss important health care issues and how best to solve them.

**JF: What advice do you have for student pharmacists considering a career in managed care pharmacy?**

**Russi:** I would encourage a student pharmacist interested in managed care pharmacy to take advantage of a wide range of experiences. Managed care pharmacy encompasses business, communication skills, and solid clinical knowledge. Previous ambulatory care experience would also be helpful.

**Duane Bosch, Director of Clinical Services Medco, Minneapolis**

**JF: Please describe your current position as a managed care pharmacist and how you reached your current position.**

**Bosch:** My current position is director of clinical services, where I provide clinical services to large (more than 25,000 members) self-funded employer groups that are part of a large health insurer. I have been in managed care for 12 years, 7 of which have been with Medco. Prior to Medco, I worked for Aetna Pharmacy Management, PCS, and Value Rx. I was also the assistant director of pharmacy services for a 425-bed hospital in the Minneapolis area. I provided clinical services for the cardiac and surgical critical care departments.

**JF: Please describe your role in advancing patient care. In your opinion, does patient care differ in a managed care setting as compared with other areas of pharmacy practice?**

**Bosch:** One example of my role in advancing patient care is our program for early identification of new patients on therapy and identification of potential gaps in compliance. Certain medications cause significant side effects that may prompt patients to discontinue their therapy. Our computer system allows early identification of claims history. New patients on our targeted drug list are contacted to discuss their disease, treatment, and how to maximize their medical benefit. When potential gaps in therapy are identified, the patient is contacted to discuss any potential reasons for gaps in compliance.

One difference in how patient care differs in the managed care setting is that managed care often works on a more global scale. In the hospital setting, I always worked with one patient at a time. In managed care, we work with patients on an individual level; however, we also have disease programs and interventions that benefit many patients simultaneously.

**JF: Please describe some of the benefits of being a managed care pharmacist.**

**Bosch:** A managed care pharmacist consults with the purchasers of medications and pharmacy services in order to provide the best possible care while maximizing cost efficiencies. We now are integrating medical and pharmacy services to coordinate this patient care. Our computer systems add capabilities to monitor for potential medicine mishaps, such as drug interactions, duplication of therapy, maximal daily doses, drug misuse, and drug-disease interactions. The claims history is also used to help manage drug spend and drug trend. We consult the purchasers to identify key areas that can be more effectively managed in order to provide superior drug therapy.

**JF: What do you think is the most common misconception about PBMs and/or managed care pharmacy?**

**Bosch:** That their primary concern is financial. In my experience (particularly at Medco), the clinical concerns are paramount, and the safety of the patient always comes first. Our clinical programs are designed to provide the best patient care while attempting to decrease costs that do not add value to the overall care of the patient.

**JF: How has the increase in media attention affected your position?**

**Bosch:** My position has not changed. The employer groups that I work with understand our pharmacy programs and firmly believe that their members benefit from our efforts.

**JF: What advice do you have for student pharmacists considering a career in managed care pharmacy?**

**Bosch:** Contact a pharmacist who works in managed care to discuss a career in this area. And encourage your college of pharmacy to include a course in managed care.

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