Long-Term Care

Background

As a general rule, a long-term care pharmacist is engaged by a long-term care pharmacy to provide pharmacy, infusion, education, consulting, and related services for a specific patient population. There are two general career paths in long-term care pharmacy: one focuses on dispensing/management operations and the other on consultant services. This profile addresses both roles.

With the “aging of America,” the proportion of people needing long-term care can be expected to increase. Long-term care pharmacists practice in a variety of settings, including hospitals that own skilled nursing facilities, long-term care pharmacies, nursing homes, and rehabilitation facilities, or they may practice as independent consultants. Pharmacists in this field work with medication dosage requirements, drug interactions, drug therapy regimens, and formulary decisions that differ from those used in other population segments. They may be restricted to a limited number of medications to treat patients because of the therapeutic effects of drugs in elderly patients. Although generally a geriatric population, some long-term care facility populations include the placement of non-geriatric residents such as those with HIV infection, multiple sclerosis, amyotrophic lateral sclerosis, or developmentally challenged residents.

Characteristics

According to the survey results, 26% of work time is spent on medication management services. This is followed by 24% spent on medication dispensing (including associated patient counseling), 10% on data management, and 10% on patient management services.

Fifty long-term care pharmacists responded to the 2012 APhA Career Pathway Evaluation Program survey. Fifty-seven percent had a bachelor of pharmacy degree and 52% held a PharmD degree (this includes those with a Post BS PharmD degree). Eleven percent indicated they earned an advanced degree (MA, MS, MBA, PhD, or other). Notably, 42% had completed some certificate training, 21% had been through a residency program, and 12% completed some form of other training.

Respondents’ average age was 50 years old. Just over two thirds (65%) of respondents were female. Thirty-two percent indicated some type of management role. Income data show 36% earn between less than $100,000, 60% earned more than $100,000 or more per year, and 6% indicated that they earn more than $170,000. The average time worked per week was 47 hours. Respondents represented 22 states.

Most respondents indicated that they were satisfied with their work with 38% indicating “extremely satisfied” and 73% indicating “somewhat satisfied.” On a similar scale, respondents said they felt the work was challenging, with 46% indicating “extremely challenging” and 73% indicating “somewhat challenging.”
Insider's Perspective

What aspects of the job are most appealing?
Many of the long-term care pharmacists who responded to this survey cited the flexibility of their schedule as one of the most appealing aspects of this work setting. Others liked things such as the “opportunities to use clinical training,” “working with a unique and extremely complex patient population,” “analysis of medication results in geriatric settings,” and “working for a privately held company.”

One pharmacist said, “With the aging population, pharmacists are the ideal “patient advocate” regarding safe medication use, appropriate drug therapy, unnecessary medications, cost-saving factors, [and] more in long-term care settings. Collaborating with the health-care team is beneficial for all of our seniors overall well-being as they age.”

What aspects of the job are least appealing?
Many respondents indicated that the “workload” and/or the “long hours” are the least appealing aspects of the work. Several others said that “paperwork” was one of the least appealing aspects.

Others discussed the burden of regulatory requirements, management challenges, and a lack of resources as difficulties for some in this position.

What advice should students and practitioners consider when selecting the option of long-term care pharmacy?
One respondent gave the following, comprehensive advice about long-term care pharmacy: “Consulting at LTC facilities can require significant driving time and distances. You have to have a sound clinical backing, be able to do “on the spot” research in areas you may not be as familiar with, have a sense of humor, be able to communicate with other professionals and the public, and accept that there are limits to what you will be able to accomplish.”

Another pharmacist simply said: “Develop a passion for serving, caring for, [and] advocating for the geriatric community and the rest will fall in place.”
Critical Factor Ratings

Interaction with Patients
Respondents rated this factor in the low mid-range at 3.9. Many respondents commented that their interactions are greater with other health care professionals versus patients.

= 3.9

Conducting Physical Assessments
Long-term care pharmacy is often seen as an excellent opportunity to conduct basic preliminary health assessments of patients. Evaluation of symptoms and other indicators can be helpful in directing the patient’s therapy. However, respondents indicated that little of their time is spent conducting physical assessments with a rating of only 2.0.

= 2.0

Interpreting Laboratory Values
In comparison to the above factor, long-term care pharmacists have access to laboratory tests and interpret these values in directing the patient’s therapy.

= 4.7

Continuity of Relationships
Long-term care pharmacists have the opportunity to get to know their patients and community health professionals. They develop a working knowledge of the idiosyncrasies of their patients and their therapies; many pharmacists would agree that this is key to their effectiveness. Those pharmacists with consulting roles in long-term care pharmacy have the opportunity to develop continuous relationships with patients while those pharmacists with a dispensing focus may not have as great an opportunity to develop these relationships.

= 5.6

Helping People
There are many pharmacists who cite helping people as the primary factor for choosing pharmacy as a career. Helping people ranked relatively low with a 5.7 rating, showing that the long-term care pharmacists who responded feel they have a more indirect effect on the
well being of the individuals they treat.

= 5.7

1 2 3 4 5 6 7 8 9 10
All effect is indirect All effect is direct

Collaboration with Other Professionals
Collaboration with other professionals scored in the upper mid-range with a 6.8 rating. While communication with doctors and nurses in a long-term care pharmacy is often limited to authorizations or new prescription orders via the telephone and fax, this collaboration is face-to-face when on-site. Often, both the pharmacy and the physician’s office are engaged in longer discussions with each other, thereby allowing the physician, nurse, and pharmacist to communicate accurately and concisely to ensure the patient gets optimal therapy.

= 6.8

1 2 3 4 5 6 7 8 9 10
None of my time All of my time

Educating Other Professionals
Typically, long-term care pharmacists engage in educating other professionals when they provide in-service education. Some long-term care pharmacies choose to educate physicians and nurses in their daily work.

= 5.1

1 2 3 4 5 6 7 8 9 10
None of my time All of my time

Variety of Daily Activities
Respondents were involved in a number of different roles. By definition, this involves variety and includes prescription evaluation and therapy review. The challenges often arise in resolving therapy and other prescription-related problems, especially for elderly patients. Other tasks, such as dispensing activities and paperwork requirements may be more repetitive in nature. Generally, the pharmacists felt their tasks were an even mix between repetitive and variable

= 5.1

1 2 3 4 5 6 7 8 9 10
Highly repetitive Highly variable

Multiple Task Handling
A long-term care pharmacist is often required to handle multiple tasks at once to ensure the timely and accurate dispensing of prescription medications in a pharmacy; this is especially true in a large volume pharmacy. Tasks could include answering patient questions, addressing nurses’ and physicians’ concerns, checking filled prescription orders, and evaluating insurance problems. Respondents indicated that they tend toward working on

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multiple tasks at one time. = 5.9

Always one activity at a time

Problem Solving
The problems are often complex in many situations taking into account the physiological changes in patients in this population. With a rating of 5.1, pharmacists indicated that they equally use tried-and-true solutions as well as try untested strategies to solve problems. Questions concerning insurance clarifications may rely on more established alternatives. = 5.1

Always tried and true

Focus of Expertise
Respondents were again mid-range in their response indicating that they require both a general and somewhat specialized knowledge base. = 5.6

Generally defined area

Innovative Thinking
In response to the question “To what extent does your practice involve generating new ideas (innovative thinking) pertaining to pharmacy?” respondents rated the factor a 5.6, indicating that their practice does provide the opportunity for innovative thinking. Opportunities for idea generating in long-term care pharmacy may include novel therapy or the tailoring of therapy for the patient. = 5.6

Never involves innovative thinking

Applying Scientific Knowledge
Applying scientific knowledge received an upper mid-range rating of 6.3. Scientific knowledge is applied in determining dosage ranges and adjustments necessary taking into account some of the pharmacokinetic considerations that need to be incorporated regarding this population. = 6.3

None of my time

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Applying Medical Knowledge
Applying medical knowledge received a higher rating at 7.6. Medical knowledge is applied in patient counseling, medication regimens, patient profile reviews, and collaboration with other professionals.

Creating New Knowledge by Conducting Research
Long-term care is a prime example of a setting designed mostly for the application of learned knowledge. It is the arena where the results of pharmaceutical research and studies are used to improve patient lives. There are some opportunities to conduct research in the long-term care setting, mostly in the realm of disease state management. However, for the most part, this setting is where knowledge is applied rather than created.

Management/Supervision of Others
Respondents rated the factor mid-range with a 3.5, indicating that they tend to spend a lower amount of time supervising others. However, staff pharmacists still maintain a supervisory role because, when on duty, they are responsible for the conduct and practice in that pharmacy.

Management/Supervision of a Business
Respondents indicated they spend even less time managing the business side of the practice. The disclaimer here is that those who are consultants may spend more time managing the business because this is how they receive work.

Pressure/Stress
Respondents indicated that they experience pressure or stress more often than not in their practice. Stress comes from the multiple demands of the patient, nurse, and physician as well as demands of the nursing facility itself. When this is added to the stress caused by the dispensing pharmacy, it is easy to see why pharmacists feel pressure and stress in their work.
Work Schedule
Respondents indicated that they were equally split across the continuum with a rating of 6.7. The variability on this factor may be caused by the facility staff versus consultant roles. Facility schedules would be more predictable while consultant positions may more unpredictable.

Part-Time Opportunities
Respondents were again split that there are some opportunities for part-time work in the field. Perhaps part of the discussion here is the need for pharmacists with a specialized knowledge base being available for a position.

Job-Sharing Opportunities
Long-term care pharmacists indicated a low range response to job-sharing at 3.5.

Exit/Re-entry Opportunities
Opportunities do exist to exit/re-entry. The difficulty is being able to re-enter the same position.

Parental Leave Opportunities
Respondents answered mid-range on the subject of parental leave with a rating of 5.0.
Leisure/Family Time
Respondents rated this factor a 5.9, indicating that many feel they have time available for leisure activities and family.

Job Security
Job security was rated in the mid-range area by these pharmacists. With the continued shortage in some areas, long-term care pharmacists indicated a sense of job security.

Opportunities for Advancement
Respondents rated this factor mid-range with respect to opportunities for advancement. Career advancement can often be limited by the size of the organization and the size of the pharmacy. For pharmacists working in a company with only one nursing home under contract, there may not be the opportunity to go beyond chief pharmacist. However, in a larger company, they may have more versatility to choose the corporate ladder approach in their career.

Opportunities for Leadership Development
While pharmacists see only limited chance for advancement, they see a greater opportunity for leadership development. With a rating of 5.1, long-term care pharmacists see a great deal of leadership opportunity.

Community Prestige
Long-term care pharmacists gave this factor a 4.8 rating. Pharmacists can become well
known in their community for helping individuals. Long-term care pharmacists are simply looked to as confidants because they are a familiar face and a trusted health care professional in the long-term care community.

= 4.8

1 2 3 4 5 6 7 8 9 10
Much less prestige than anyone else in the community

Much more prestige than others in the community

**Professional Involvement**

Professional involvement of individual pharmacists is critical to the development of the profession as a whole, and pharmacists need to communicate with each other so that the profession can continue to advance in providing optimal health care for the public. Long-term care pharmacists rated this factor in the upper mid-range at 6.5.

= 6.5

1 2 3 4 5 6 7 8 9 10
No opportunity for professional involvement

Always an opportunity for professional involvement

**Income**

Respondents indicated that they tend toward feeling properly compensated for the work they perform.

= 7.1

1 2 3 4 5 6 7 8 9 10
Not properly compensated

Properly compensated

**Benefits (vacation, health, retirement)**

Often directly linked to income or salary, benefits scored slightly above income at a rating of 6.5.

= 6.5

1 2 3 4 5 6 7 8 9 10
No benefit package

Excellent benefit package

**Geographic Location**

Long-term care pharmacists have great opportunity to relocate almost anywhere in the United States.

= 6.4

1 2 3 4 5 6 7 8 9 10
Limited to one location

Can practice anywhere

**Working Remotely**

Much of the work done by long-term care pharmacists cannot be done remotely. There are opportunities, especially for consultant pharmacists, to complete documentation activities.
Autonomy in a long-term care pharmacy, in general, can depend on whether the pharmacist works alone or always works with another pharmacist or supervisor. One of the liberties of being a pharmacist in practice is that the pharmacist on duty has final say in most decisions that occur under his or her supervision. In most cases, long-term care pharmacists are highly autonomous.

Self-Worth
Respondents rated self-worth as the second-highest factor in this profile. Although the focus of the long-term care pharmacist is to help improve the lives of their residents through the use of prescription medications, many feel that they are helping not only the patients but their patients’ families as well. Intrinsically, this act creates a great deal of self-worth and the feeling of accomplishment in the pharmacist’s daily work.

Future Focus
The majority of what a long-term care pharmacist may be addressing is the immediate needs of patients. However, reviewing drug regimens and suggesting changes also can be forward looking. Pharmacists indicated that they have a tendency to focus on the future with a score of 6.1.

Professional Prestige
Respondents to this question responded mid-range. Long-term care pharmacists can develop a reputation in the long-term care community for providing thoughtful and thorough service.
Unique Practice Environment

The opportunity for a unique practice environment is very dependent on the management philosophy of the particular pharmacy organization and the nursing homes where they operate. Long-term care pharmacists rated this factor at 6.4.

Advanced Degree

Respondents rated this factor in the lower range indicating that, for the most part, advanced degrees are not typically required. The vast majority of pharmacists are able to complete their work with the initial degree they received and additional specialized training.

Entrepreneurial Opportunity

There is limited entrepreneurial opportunity available in long-term care pharmacy. Perhaps the greatest opportunity is for consultants in this field because they have the opportunity to work with a variety of groups and create a niche for their practice.

Additional Training

Certificate training programs are available in geriatric pharmacy along with other programs geared toward this patient population. Some states require certification to serve as a “consultant pharmacist.”

Interacting With Colleagues

As one would suspect, respondents indicated that they interact with coworkers on a daily basis.

Travel

Long-term care pharmacists are split with their needs to travel for their day-to-day activities.
as seen with the mid-range rating of 4.0. Again, this may be due to a number of respondents who consult in the field versus those who have a permanent practice location. In addition, some pharmacists work for an organization with multiple sites and may need to travel to different locations.

\[ \text{Rating} = 4.0 \]

- **Writing**
  
  Respondents were in the mid-range regarding writing, rating the factor at 3.5.

\[ \text{Rating} = 3.5 \]

- **Working With Teams**
  
  Respondents indicated they tended toward the middle with regard to working in teams, giving this factor a rating of 5.3. This rating may take into account that the staff of some organizations work together and can communicate regularly when needed, whereas those who work solely in the pharmacy may not work in teams.

\[ \text{Rating} = 5.3 \]
Mean Scores for Critical Factors

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<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Interaction with people</td>
<td>3.9</td>
</tr>
<tr>
<td>2.</td>
<td>Performing physical assessments</td>
<td>2.0</td>
</tr>
<tr>
<td>3.</td>
<td>Interpreting laboratory values</td>
<td>4.7</td>
</tr>
<tr>
<td>4.</td>
<td>Continuity of relationships</td>
<td>5.6</td>
</tr>
<tr>
<td>5.</td>
<td>Extent to which effect is direct</td>
<td>5.7</td>
</tr>
<tr>
<td>6.</td>
<td>Collaboration with other professionals</td>
<td>6.8</td>
</tr>
<tr>
<td>7.</td>
<td>Educating other professionals</td>
<td>5.1</td>
</tr>
<tr>
<td>8.</td>
<td>Variety of daily activities</td>
<td>5.1</td>
</tr>
<tr>
<td>9.</td>
<td>Multiple task handling</td>
<td>5.9</td>
</tr>
<tr>
<td>10.</td>
<td>Problem solving</td>
<td>5.1</td>
</tr>
<tr>
<td>11.</td>
<td>Focus of expertise</td>
<td>5.6</td>
</tr>
<tr>
<td>12.</td>
<td>Innovative thinking</td>
<td>5.6</td>
</tr>
<tr>
<td>13.</td>
<td>Applying scientific knowledge</td>
<td>6.3</td>
</tr>
<tr>
<td>14.</td>
<td>Applying medical knowledge</td>
<td>7.6</td>
</tr>
<tr>
<td>15.</td>
<td>Creating new knowledge by conducting research</td>
<td>2.5</td>
</tr>
<tr>
<td>16.</td>
<td>Managing others</td>
<td>3.5</td>
</tr>
<tr>
<td>17.</td>
<td>Managing business operations</td>
<td>2.8</td>
</tr>
<tr>
<td>18.</td>
<td>Pressure/Stress</td>
<td>5.9</td>
</tr>
<tr>
<td>19.</td>
<td>Work schedule</td>
<td>6.7</td>
</tr>
<tr>
<td>20.</td>
<td>Part time opportunities</td>
<td>6.6</td>
</tr>
<tr>
<td>21.</td>
<td>Job sharing</td>
<td>3.5</td>
</tr>
<tr>
<td>22.</td>
<td>Exit and re-entry</td>
<td>5.1</td>
</tr>
<tr>
<td>23.</td>
<td>Parental leave</td>
<td>5.0</td>
</tr>
<tr>
<td>24.</td>
<td>Free time for leisure/family activities</td>
<td>5.9</td>
</tr>
<tr>
<td>25.</td>
<td>Job security</td>
<td>6.9</td>
</tr>
<tr>
<td>26.</td>
<td>Opportunities for advancement</td>
<td>4.3</td>
</tr>
<tr>
<td>27.</td>
<td>Opportunities for leadership development</td>
<td>5.1</td>
</tr>
<tr>
<td>28.</td>
<td>Community prestige</td>
<td>4.8</td>
</tr>
<tr>
<td>29.</td>
<td>Professional involvement</td>
<td>6.5</td>
</tr>
<tr>
<td>30.</td>
<td>Income</td>
<td>7.1</td>
</tr>
<tr>
<td>31.</td>
<td>Benefits (vacation, health, retirement)</td>
<td>6.5</td>
</tr>
<tr>
<td>32.</td>
<td>Geographic location</td>
<td>6.4</td>
</tr>
<tr>
<td>33.</td>
<td>Working Remotely</td>
<td>3.7</td>
</tr>
<tr>
<td>34.</td>
<td>Autonomy</td>
<td>7.0</td>
</tr>
<tr>
<td>35.</td>
<td>Self-Worth</td>
<td>7.1</td>
</tr>
<tr>
<td>36.</td>
<td>Future focus</td>
<td>6.1</td>
</tr>
<tr>
<td>37.</td>
<td>Professional prestige</td>
<td>4.8</td>
</tr>
<tr>
<td>38.</td>
<td>Unique practice environment</td>
<td>6.4</td>
</tr>
<tr>
<td>39.</td>
<td>Advanced degree</td>
<td>2.5</td>
</tr>
<tr>
<td>40.</td>
<td>Entrepreneurial opportunity</td>
<td>3.8</td>
</tr>
<tr>
<td>41.</td>
<td>Additional training</td>
<td>5.8</td>
</tr>
<tr>
<td>42.</td>
<td>Interacting with co-workers</td>
<td>6.9</td>
</tr>
<tr>
<td>43.</td>
<td>Travel</td>
<td>4.0</td>
</tr>
<tr>
<td>44.</td>
<td>Writing</td>
<td>3.5</td>
</tr>
<tr>
<td>45.</td>
<td>Working with teams</td>
<td>5.3</td>
</tr>
</tbody>
</table>
Reference

Professional Organizations
American Pharmacists Association (APhA)
2215 Constitution Ave, NW, Washington, DC 20037
Tel: 800-237-APhA  Fax: 202-783-2351
www.pharmacist.com

American Society of Consultant Pharmacists (ASCP)
1321 Duke Street, Alexandria, VA 22314
Tel: 703-739-1300 Fax: 703- 739-1321
www.ascp.com

American Society of Health-System Pharmacists (ASHP)
7272 Wisconsin Avenue, Bethesda, MD 20814
Tel: 301-657-3000
www.ashp.org

National Community Pharmacists Association (NCPA)
205 Daingerfield Road, Alexandria, VA 22314
Tel: 703-683-8200  Toll-Free: 800-544-7447  Fax: 703-683-3619
www.ncpanet.org