

DRUG TOPICS

THE ROAD LESS TRAVELED

Many young pharmacists are finding satisfaction forging novel career paths for themselves.

May 2, 2005

By: [Carol Ukens](#)

Drug Topics

When most newly minted pharmacists get their licenses, they head off to a work life spent on the dispensing treadmill in retail or hospital pharmacies. But more and more young practitioners are opting for pharmacy careers that their grandfathers could never have imagined.

Many of the young pharmacists who are forging new career paths have completed residencies to build on their knowledge and experience base, as well as gain self-confidence to explore other options. They are also perceptive enough to recognize opportunities when they arise and are not afraid to grab for the brass ring that will set them apart from more traditional pharmacists. *Drug Topics* invites you to meet a few of these young pioneers who have, indeed, taken the road less traveled.

Father's footsteps LeAnn Causey's father, Nolton, owns a pharmacy in Natchitoches, La., so it might have seemed a cinch that she would follow his example. That's how it ultimately turned out, but only after her dream of being a medical illustrator died when she couldn't stomach dissection in class.

Rethinking her career choice, Causey entered the University of Louisiana at Monroe College of Health Sciences as part of its first all-Pharm.D. class. She thought she'd go into retail practice, but that changed during her senior year when a clinic rotation fired her up about clinical pharmacy and a professor convinced her to enter a residency program.

After graduating summa cum laude in 2002, Causey completed a primary care residency and went back home to work in her dad's pharmacy—but not to dispense pills. With his blessing and a three-year grace period to turn a profit, she founded Causey's Rx Solutions in August 2003. She oversees a wide mix of reimbursable clinical services, including diabetes, weight management, cholesterol testing, medication analysis, and insulin pump training. She also consults with drug companies and pharmacy benefit managers. And her business is profitable after only 18 months.

Causey's My Prescription Program offers local self-insured employers a chance to improve worker health and reduce medication costs. So far, the service provides medication therapy management to more than 700 employees. She goes on-site to counsel workers, and she also consults with physicians to modify drug regimens in line with formularies.

"In our area, there is a huge lack of any of these types of services," said Causey, who was the 2004 Louisiana Pharmacists Association's Innovative Pharmacist of the Year. "Patients were traveling an hour or more to get care. We are truly meeting an unmet need for our community because we're not duplicating a service another health professional was already doing. That's why we've been so successful."

Information, please Brent I. Fox, Pharm.D., is also a Southerner whose father is in the profession, but as a hospital pharmacy director. Born in Mobile, Ala., he received a B.S. and a Pharm.D. from Auburn University Harrison School of Pharmacy. He recently earned a Ph.D. from Auburn University as well. His career path was set the very first day of pharmacy school orientation. As he listened to Bill G. Felkey, professor of pharmacy care systems, talk about his work in pharmacy informatics, Fox realized he had found his niche.

"I had no formal information technology in high school, but in pharmacy school I was always the person in class someone came to when they had a computer problem," Fox said. "Then in graduate school I immersed myself in the area, allowing me to understand and talk some of the technospeak. But I'm not trained as a computer science person. Clinical informatics, a subset of the broad area of informatics, is a blending of health care and IT from the viewpoint of how they can be applied to improve patient care. Pharmacy informatics is found within this area."

After graduating with his Pharm.D., Fox worked for about a year in the pharmacy department of a company in Mobile that designs, installs, and supports hospital information systems. But eventually, the job lost its challenge, and he headed back to graduate school in 2000 where he worked with Felkey and other professors on the cutting edge of informatics and pharmacy practice.

Fox was hired last August as an assistant professor and director of the newly created Center for Pharmacy Informatics at the Shenandoah University Bernard J. Dunn School of Pharmacy. He sees the center's mission as evaluating IT for use by his students in school and when they become practitioners.

"As a trained clinician, I can save them the time and trouble of trying something that probably isn't mature enough for their usage," Fox said. "They need to understand what they're going to be using and be able to use it in whatever environment they walk into. I want to be able to tell them what I honestly think is best and how to best use IT to improve patient care. That's why I see myself staying in academia, where I have the ability to be objective in pretty much everything I do."

Leap of faith Buoyed by some advice to roll the dice because they could always get a regular job, two young Iowa pharmacists overcame their personal fear factor and stepped into the clinical pharmacy services arena. Jennifer Musick, Pharm.D., and Amy Moet, Pharm.D., classmates at the University of Iowa, had tried community practice after graduation in 2002 but found they couldn't provide patient care services and dispense, too. So last June, they quit their day jobs and founded Health Solutions Inc. in Cedar Rapids.

The daring duo's business model is built around medication therapy management with an eye to disease state management as well. They participate in the state Medicaid Pharmaceutical Case Management Program, counseling high-risk Medicaid patients at their office. They also have three disease state management contracts with employers and consult with a hospice. They figure that their medication therapy management work with a local physician will set them up to care for Medicare patients when the prescription drug benefit kicks in next January.

"We are very young pharmacists early in our careers," said Musick. "We decided to take a leap of faith into this. We are actually very surprised at how well things are going. We're quickly realizing that the potential for growth is pretty good. We're proud that we're able to think outside the box. We took a huge risk, not knowing whether there were enough patient care opportunities out there to support two pharmacists. Now we're looking at surpassing what we could make even in a chain drugstore. The rewards are huge for being in control of your own career."

Yin and yang David and Kim Ehlert, married Pharm.D.s, illustrate the yin and yang of pharmacy opportunity. He has parlayed two residencies into an executive position with a corporation that contracts to manage hospital pharmacy departments, while she is a clinical pharmacist in a transplant clinic at St. Luke's Medical Center in Milwaukee.

In his role as VP of clinical services with McKesson Medication Management, David spends a lot of time on the road checking in with hospital sites and his team of regional clinical coordinators. His job appeals to him because he was determined not to settle for a cookie-cutter career even when he was in pharmacy school.

"I wear both executive and clinical hats," David said. "I have to be able to translate the language clinical pharmacists use into a business context. One challenge I have is to justify the appropriate use of resources and to get investment in clinical pharmacists by showing the positive effects of pharmacists' involvement in the medication use process."

When David's team goes into a new hospital, it's usually a situation where the pharmacy operation is in trouble. "It can be disconcerting, but it can also be very rewarding to turn it around and really feel that we're helping that practice site and improving the way patient care is delivered," he said. "And improving patient care is the name of the game."

Like her husband, Kim is dedicated to improving patient care, but in a more hands-on way. After three years in

St. Luke's chronic pain clinic, she was ready for a new challenge and recently switched to the transplant clinic. She also works part-time in the outpatient pharmacy.

"It's a clinical position, no dispensing and no pharmacy in the clinic," said Kim. "I've been working with the doctors and their transplant coordinators helping to adjust medications. With transplant patients, you always worry about drug interactions and side effects. I also play a big role in patient education about the medications and how to take them."

Like many young couples, the Ehlerts are juggling two demanding careers. David is often on the road, while Kim stays in Milwaukee. "Our jobs are very different," said Kim. "We do see each other, but it's challenging sometimes. The travel is hard, but he enjoys other aspects of his job. I guess there are things you like and dislike about whatever you do."

Fortune-teller Michael Negrete, Pharm.D., is another young pharmacist who found his way into management, but his route ran through a clinical residency with the Department of Veterans Affairs, onto another residency in managed care with Blue Shield of California, and then a position with the California Pharmacists Association as VP of clinical programs. Most recently, he was named CEO of Premier Pharmacists Networks (see *Drug Topics*, April 4), which was created by CPhA as a vehicle to market the services of credentialed pharmacists as a network to health plans and employers.

When he was at the University of California, San Francisco, School of Pharmacy, Negrete had his career sights set on clinical pharmacy. But he didn't find his intern experiences in hospital pharmacy to be particularly satisfying. He discovered that by the time he had a handle on patients' medication issues, they had already been discharged. He next took aim at outpatient pharmacy and ended up in a VA residency in primary care where he triaged medication problems, managed anticoagulation and diabetes patients, and started a cholesterol clinic.

The next stop for Negrete's career train was a residency he helped create with Blue Shield of California in managed care pharmacy systems, working on formularies and drug benefit design. Instead of relating to patients one at a time, he was looking at entire patient populations.

Negrete is now the head of a company that he realized in pharmacy school was needed to move community pharmacists into clinical services in a big way. After a six-week community practice clerkship that he helped create, he concluded that the healthcare system was not set up to pay for community pharmacists' clinical services. He figured that in California's managed care climate, the only way to implement clinical initiatives on a large scale was to put together pharmacist networks to contract with employer groups and payers.

"I didn't know what to do with my insight at that point," said Negrete. "Later, when I was talking to the chief of pharmacy in my first residency, he asked me where I saw myself in five years. I told him that I wanted to be putting together networks of pharmacists to do these services because that was the only way I saw it happening in our healthcare environment. And five years later, here I am doing exactly that."

Words of wisdom These seven young pharmacists have taken diverse routes, but there are a few things on which they seem to agree. While a residency is not absolutely essential, they advised pharmacy students to consider taking that extra year because it would help them build a support network, open doors, and get where they want to be a lot faster. They also urged students and new practitioners to risk failure by having the courage to try something new.

"The opportunities really are endless," said Negrete. "The profession has diversified so much in the past 10 or 15 years. If you're creative and willing to take some risk to get out of your comfort zone, you can create or find opportunities that are pretty much limitless. Work is too big a part of your life to just muddle through to pay the bills. Make a conscious effort to find a job that will give you great personal and professional satisfaction."