

Certified Specialty Pharmacist® (CSP®) Job Analysis Executive Summary

April 2013

The Specialty Pharmacy Certification Board (SPCB) contracted with Comira Testing, to develop the examination component of the Certified Specialty Pharmacist (CSP) credentialing program. As the first component of examination development, Comira and SPCB conducted a job analysis to identify the critical job tasks required to perform the duties of CSPs. To ensure that the CSP examination will reflect the actual tasks performed by specialty pharmacists, Comira team members employed a content validation strategy to establish the link between the tasks performed by specialty pharmacists and the content being assessed on the CSP examination. To that end, subject matter experts (SMEs) in specialty pharmacy were consulted with to identify the essential tasks performed by specialty pharmacists.

This summary report describes the procedures used to conduct the job analysis and the development of test specifications for the Certified Specialty Pharmacist examination. The purpose of the job task analysis was to define current practice in terms of the critical tasks performed and skills needed by specialty pharmacists. This information was then used to establish the foundation of the test specifications for the CSP examination. The test specifications include the test blueprint and the content specification outline. The test blueprint is the list of content domains to be covered by the examination and the coverage weight of each content domain. The content specification outline is the list of essential job tasks falling within each content domain.

The CSP job analysis study was conducted over the period of October 2012 through March 2013, in four phases.

Methodology

The job analysis began with background research and a series of interviews with specialty pharmacy subject matter experts (SMEs). During the interviews, SMEs were asked to discuss the important tasks performed in their role of a specialty pharmacist. They also described the goals and aims of a specialty pharmacist and, more specifically, how the specialty pharmacist achieves those goals through the application of the knowledge, skills, and abilities required to perform relevant tasks. They were asked to consider their own abilities and experience, as well as the role of specialty pharmacist in general within the wider spectrum of different working characteristics such as ability level, amount of experience, and working environment.

The information collected during the interviews was aggregated and analyzed. The result was an initial draft of job task statements grouped into a set of content domains.

A panel of additional SMEs was convened to review and refine the initial list of task statements that was developed based on the SME interviews. This list was subsequently organized using a uniform structure and format. Validation of the initial list was performed by the SPCB Job Task Analysis (JTA) Panel, which reviewed the content domains and task statements for technical

and conceptual accuracy, made revisions/additions/deletions as needed, and verified that the task statements had sufficient depth and breadth to support reliable item development for the SPCB examination. The result was 49 job task statements grouped into four task domains.

Table 1: JTA Panel Members

Name	Title	Organization
Alan Bleznick, BSP Pharm	Pharmacist, Director of Operations	Parkway Pharmacy
Sara Deno, PharmD	Director of Clinical Services	ESI
Meredith Fish, PharmD	Clinical Pharmacist Specialist	PerformRx
Krista King, PharmD, MPH, BCOP	Director Specialty Pharmacy Strategy and Analytics	OptumInsight
Stacey Ness, PharmD, MSCS	Director of Clinical Services	MHA
Jacqueline Nguyen, PharmD	Clinical Operations Director	Factor Support
Deborah Pechacek, RPh	Manager	Walmart Specialty Pharmacy
Scott Reid, PharmD	Consultant	Consultant and Advisory
Gary Rice, RPh, MS, MBA	VP Clinical Services	Diplomat Specialty Pharmacy
Cynthia Robbins, RPh, BSP Pharm	VP Corporate Contracting	BDI Pharma
Sejal Upadhyaya, PharmD, RPh	Specialty Pharmacists	Southside Pharmacy
Ken Wagg, RPh	Account Manager	Accredo Health Group
DZ Washington, PharmD	Director of Pharmacy	Physicians United Plan

The list of task statements formed the basis of an online survey questionnaire that was administered to a national sample of specialty pharmacy practitioners. 138 eligible pharmacists completed ratings on task importance and/or task frequency in addition to responding to a number of demographic items.

A second meeting of SME panelists was convened to review the results of the job analysis survey and to develop the recommended Certified Specialty Pharmacists (CSP) Examination Test Specifications. The methodology used for the job analysis study is consistent with the validation processes recommended in the *Standards for Educational and Psychological Testing* (1999), published jointly by the American Psychological Association, the American Educational Research Association, and the National Council on Measurement in Education and the National Commission for Certifying Agencies' *Standards for the Accreditation of Certification Programs* (2005). After reviewing the demographic characteristics of the survey respondents, the survey results, and the preliminary content weights, the JTA panel exercised their professional judgment to make adjustments based on their review and deliberations. The JTA panel worked together to achieve consensus and collaboratively finalize the CSP Examination Test Specifications.

Table 2: SME Panelists

Name	Title	Organization
Alan Bleznick, BSP Pharm	Pharmacist, Director of Operations	Parkway Pharmacy
Jeffrey Bourret, RPh, MS, FASHP	Medical Lead, Specialty Payer & Channel Customer Services, Medical Affairs	Pfizer, Inc.
Gary Cohen, BSP Pharm, RPh	Executive Director	Specialty Pharmacy Certification Board
Sara Deno, PharmD	Director of Clinical Services	ESI
Rosemary Kerwin, PharmD	Clinical Director	Community Specialty Pharmacy Network
Stacey Ness, PharmD, MSCS	Director of Clinical Services	MHA
Scott Reid, PharmD	Consultant	Consultant and Advisory
Gary Rice, Rph, MS, MBA	Vice President, Clinical Services	Diplomat Specialty Pharmacy
George Zula, RPh, MBA	VP, Operational Programs and Solutions	US Bioservices

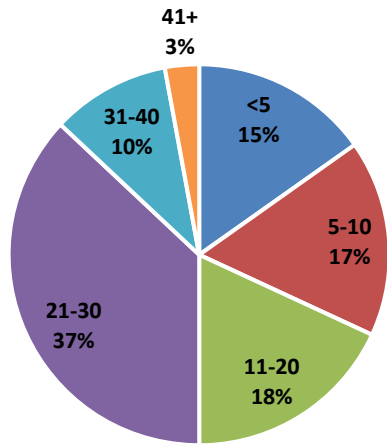
The entire validation process incorporates the *Standards for Educational and Psychological Testing* (1999). The results from the job analysis survey establish the content-related validity of the certification program by identifying the important tasks performed and the requisite knowledge and skills to perform the tasks safely and competently. The results of the job analysis survey are the foundation for all aspects of the examination development process including item writing, item review, and test assembly and publication.

Table 3: Content Domains

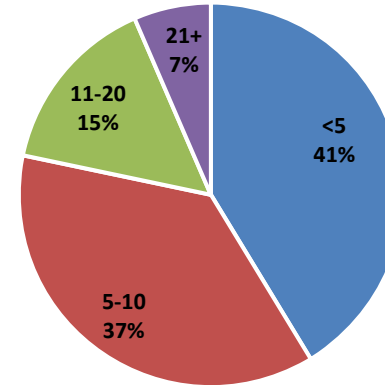
CSP Examination Content Domain	Weight
I. Intake	25%
II. Clinical Management	40%
III. Fulfillment	25%
IV. Outcomes	10%
Total	100%

Attachment 1: Selected Demographic Characteristics of Survey Respondents

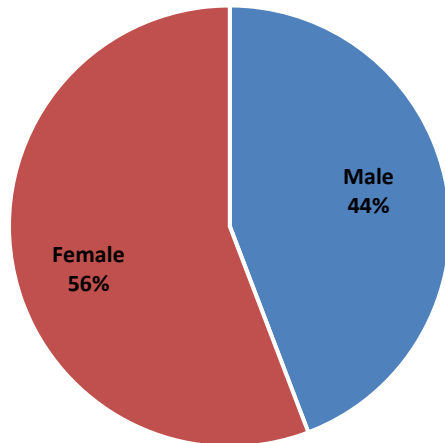
Years Worked as a Pharmacist



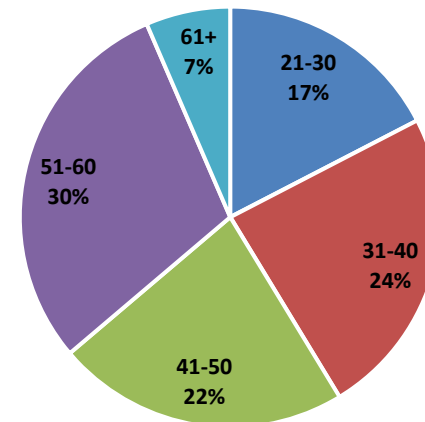
Years Worked as a Specialty Pharmacist



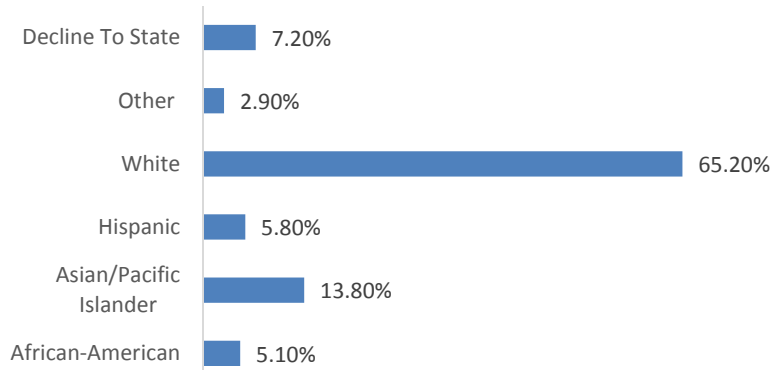
Gender



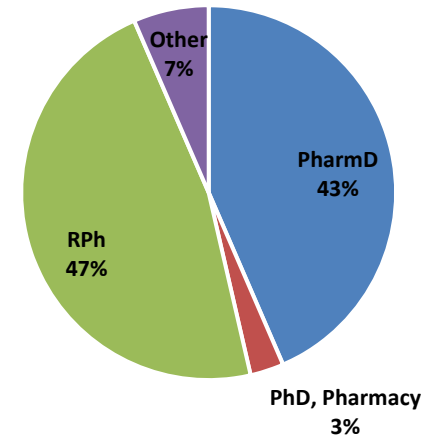
Age



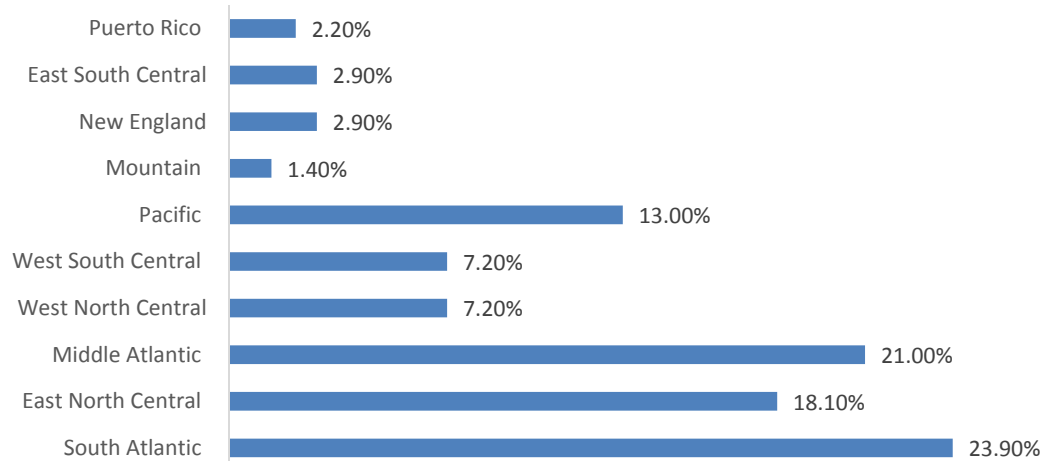
Ethnicity

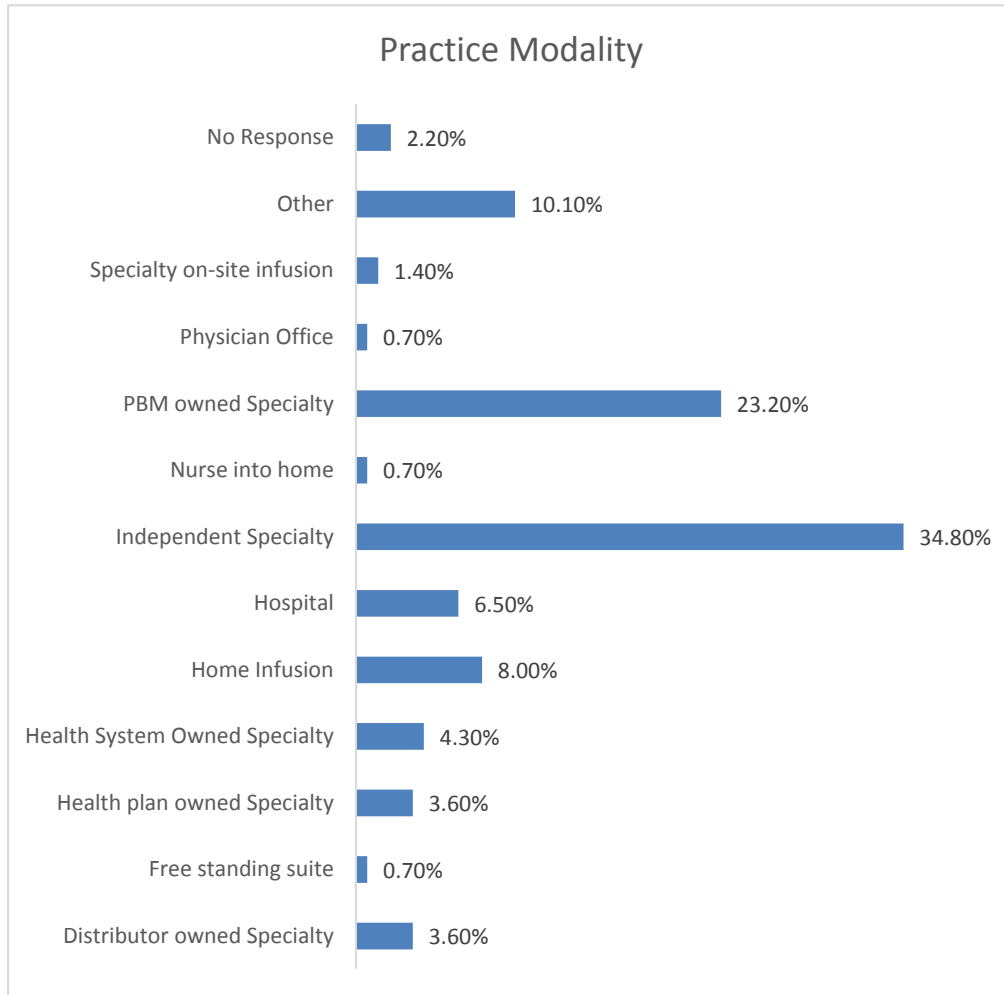


Highest Level of Education



State in Which You Currently Work





Attachment 2: Definition of the Specialty Pharmacist Role

Pharmacist whose practice model deals exclusively with medications and pharmaceuticals that are high in cost, require special handling, are subject to limited or restricted distribution, require ongoing assessment, treat rare diseases, or require active monitoring of side effects; with an increased emphasis on patient management, medication adherence, collaboration with other members of the health care team, an ability to use metrics to drive optimization of patient care, and an ability to assist the patient to access additional supportive resources.

Attachment 3: Final CSP Content Outline

<p>I. Intake (25%) <i>Conducting the patient intake process by receiving referrals, screening patient demographic information, conducting benefits investigation, determining payor coverage for specialty drugs, and exploring opportunities for patient financial assistance for qualified candidates.</i></p>
1. Screen patient demographic and clinical information for suitability for specialty pharmacy services
2. Verify completeness of clinical information required (e.g. diagnosis code) to ensure that prescription is appropriate
3. Obtain patient attestation as required by regulations (e.g. HIPAA, REMS)
4. Conduct benefits investigation and validation of insurance coverage for requested medication (submit test claims) and coordinate benefits with multiple payors (e.g. dual coverage)
5. Determine payor coverage and which benefit channel (pharmacy claims, medical claims) is required by medication, or optimal for patient when either channel is acceptable
6. Determine and communicate patient financial responsibility (copay)
7. Verify ability to obtain medication
8. Initiate and conduct prior authorization process
9. Determine profitability based on level of reimbursement for medication or fee-for-service programs
10. Determine eligibility for specific clinical management programs
11. Coordinate with patient care team and case management to provide non-pharmacy services to patients
12. Determine patient eligibility and need for financial assistance based on insurance, available programs (e.g. PANF, Chronic Disease Fund, CPI), and patient financial burden
13. Work with patient care coordinator to enroll qualified patients in financial assistance programs
14. Bill payor under pharmacy benefit structure or medical benefit structure
<p>II. Clinical Management (40%) <i>Managing patient care by coordinating with an integrated team of health care providers, assessing clinical data, and optimizing therapy to ensure appropriateness and safety of medication use through evidence-based medicine, and to promote and monitor adherence and persistency.</i></p>
15. Establish, document, and update patient clinical record
16. Assess clinical data for relevant characteristics that affect effectiveness of medication and associated risks (e.g. comorbidities, contraindications, duplicative therapy, allergies age, weight)
17. Verify and document clinical appropriateness of medication to be administered, site of care, route of administration, and medication strength, dose, and frequency
18. Collaborate with prescriber to determine suitable alternative medication when clinical appropriateness of originally-prescribed medication cannot be established
19. Address Risk Evaluation and Mitigation Strategies (REMS)
20. Develop individualized education plan for patients to achieve treatment goals
21. Educate patient on medication administration, treatment expectations, strategies for minimizing or mitigating potential side effects, and importance of medication adherence
22. Follow up with patients individually to assess treatment progress and quality of life
23. Monitor patient adherence and persistency to medication
24. Investigate and address identified and expected barriers to adherence (e.g. fear of needles, financial issues, side effects, forgetfulness) and implement appropriate adherence-promotion strategies (e.g. adherence aids, mitigation of side effects)
25. Enroll patient in specific clinical management programs

26. Collaborate with patient care team about patient progress toward treatment goals, medication adherence, experience with side effects
27. Make changes to treatment protocols and individual patient treatment goals based on results of clinical and patient-reported outcomes
28. Manage patient treatment holidays and other extenuating circumstances
29. Manage patient discontinuation of medication
III. Fulfillment (25%) <i>Coordinating the processing, distribution, and delivery of referrals while maintaining product integrity, managing inventory of specialty medications, following up with patients to ensure that they receive medications, and billing for services rendered.</i>
30. Verify that medication is available
31. Refer medication referral to another provider if unable to distribute medication
32. Dispense the medication prescription
33. Perform quality check for the accuracy of the medication dispensed (e.g. bar codes)
34. Prepare and pack medication for delivery (e.g. temperature-controlled packaging, handling of fragile components, inclusion of necessary ancillary supplies)
35. Determine delivery location and make arrangements for the delivery and receiving of medication package (verify shipping address, special instructions)
36. Ship the medication package using appropriate shipping method
37. Bill patient for services rendered
38. Contact patient prior to delivery of medication refill
39. Track medication shipments to ensure the integrity and receipt of the medication shipment
40. Resolve situations in which the integrity of medication shipment has been compromised or the shipment was not received (e.g. proper disposal and handling of unused medication or medication that is no longer suitable for use)
41. Conduct investigation in the case of discrepancy between patient and facility
42. Contact manufacturer for replacement of product in the case of patient misuse or product failure
IV. Outcomes (10%) <i>Defining, collecting, integrating, analyzing, and reporting data to promote and facilitate optimal treatment outcomes and evaluate the pharmacoeconomic impact of service offerings.</i>
43. Determine clinical, patient-reported, operational, and financial data to be collected based on the parameters of disease state and medication, and how data will be obtained from internal and external sources
44. Determine patient, internal stakeholder, and external stakeholder requirements for data reporting and structuring the format of reports to meet requirements
45. Obtain, collect, and extract clinical, patient-reported, operational, and financial data
46. Integrate and reconcile clinical, patient-reported, operational, and financial data from disparate sources (e.g. electronic health records) and use standard data elements (e.g. data dictionary)
47. Analyze and interpret clinical and patient-reported data to determine clinical and patient-reported outcomes to improve patient treatment and quality of life
48. Analyze and interpret operational and financial data to determine operational and financial outcomes to evaluate the pharmacoeconomic impact of service offerings
49. Report clinical, patient-reported, operational, and financial data and make recommendations to patients, internal stakeholder, and external stakeholder