Workflow of Pharmacist Clinical Documentation Process in Pharmacy Practice Settings

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Pharmacy Health Information Technology Collaborative

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1. PURPOSE

This paper aims to help system vendors understand the flow of clinical data by defining the clinical documentation workflow of pharmacists in pharmacy practice settings.

The intent of the document is to demonstrate the usefulness of the process flow and how health information technology (HIT) can affect the process of care. Pharmacists are encouraged to work with their system vendor to build functionality into their system to collect, document, and exchange clinical information using structured documents that follow electronic industry standards.

Appreciating fully the clinical utility of electronic health data, the pharmacy profession has positioned itself well ahead of the curve for standardized outcomes-related data collection and enhanced electronic data accessibility for delivering quality patient care services. The mission of the Pharmacy HIT Collaborative Work Group on Communication Standards is to further integrate pharmacists who provide patient care services into the national health information exchange framework.

2. OVERVIEW

Pharmacist workflow, as defined by system vendors, has traditionally focused on the dispensing process. As the pharmacist role changes to encompass patient care services, a clinical workflow model needs to be defined. This document will help system vendors understand how pharmacists collect, document, and exchange clinical information during the process of care.

The creators of this document analyzed the process of care used by a pharmacist during direct patient care services in an ambulatory practice setting. This particular process of care was illustrated graphically using a workflow diagram or flowchart. Pharmacists and system vendors can use this document as a starting point to find ways of increasing system usability for clinical pharmacists in collecting, documenting, and exchanging clinical information outside of the dispensing workflow.

The purpose of this document is to develop a useful guide for pharmacists to explain to system vendors the workflow of clinical information during the pharmacist's process of care.

3. DISCUSSION

3.1. PHARMACIST PROCESS OF CARE FOR CLINICAL DOCUMENTATION SYSTEM AND DATA FLOW

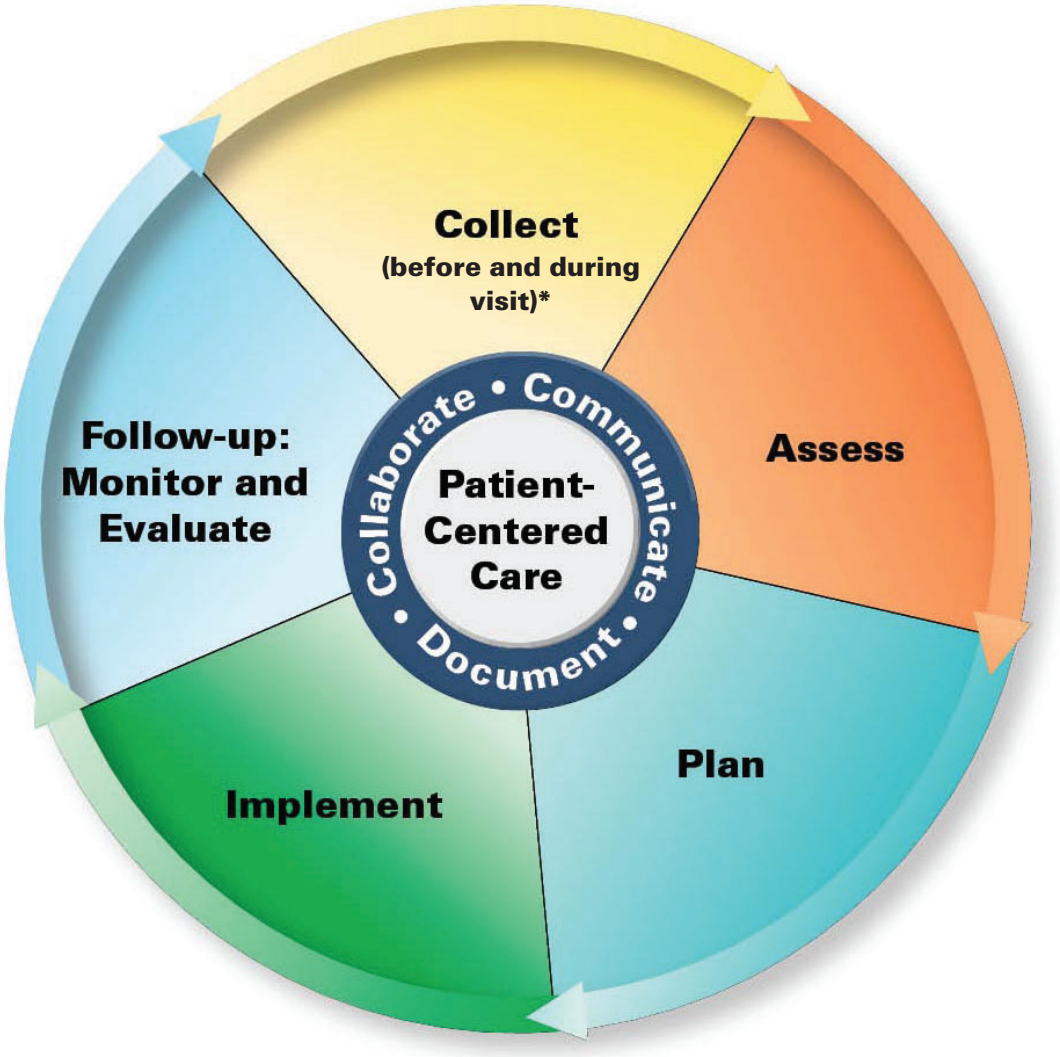
Under formal and informal collaborative practice agreements, pharmacists work in collaboration with physicians and primary care providers to help patients, particularly those institutionalized in hospitals, long term care facilities, as well as ambulatory care patients with chronic conditions, manage their medication regimens in the following ways:

- Performing patient assessments and developing therapeutic plans
- Using their authority to initiate, adjust, or discontinue medications
- Ordering, interpreting, and monitoring appropriate laboratory tests
- Providing care coordination and other health care services for wellness and prevention
- Developing partnerships with patients for ongoing and follow-up care

Diagram 1 depicts the process of care pharmacists follow during the clinical process. Diagram 2 outlines the flow of data during the process of care.

DIAGRAM 1:

Pharmacists' Process of Care for Clinical Documentation System



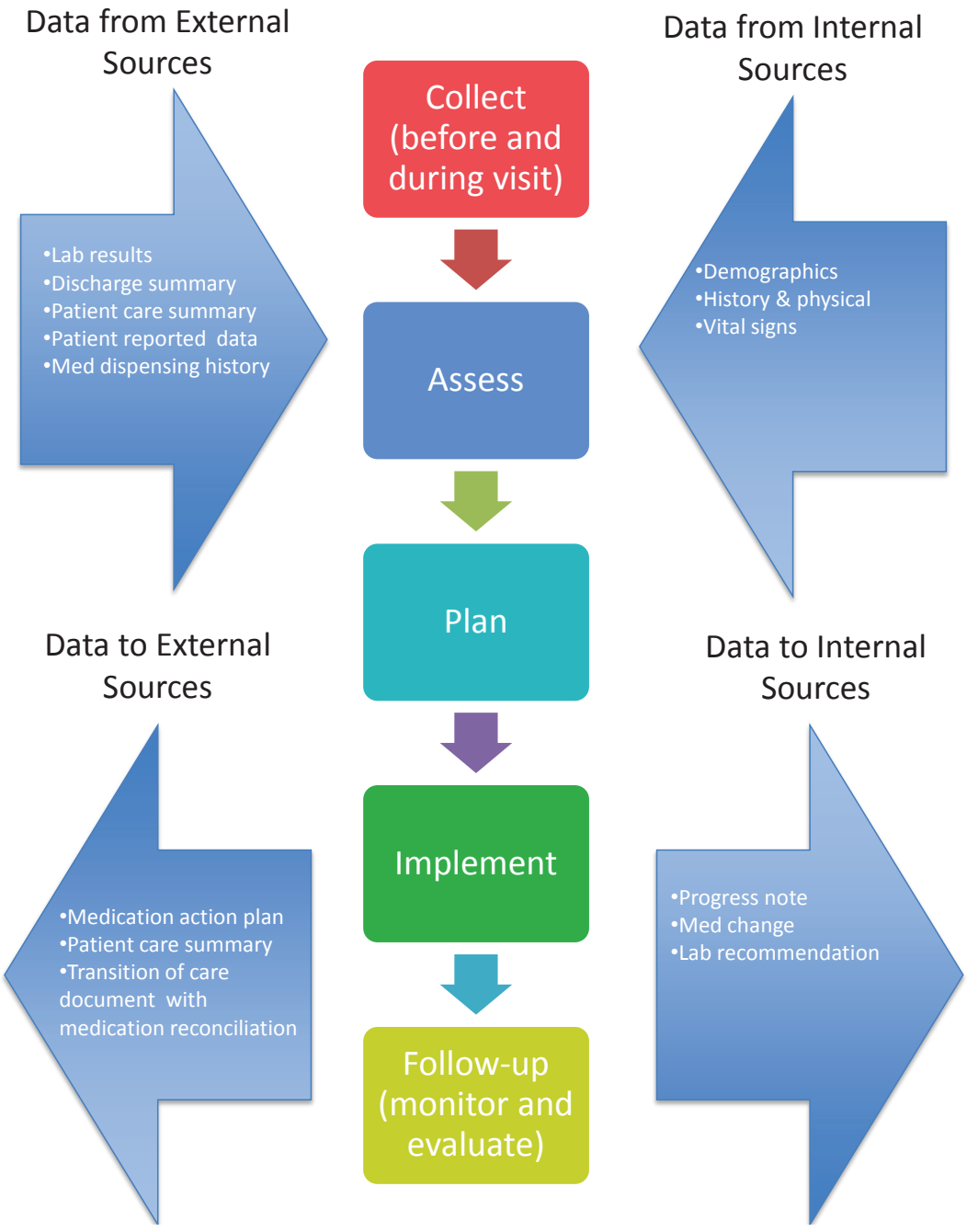
Adapted from Pharmacists' Patient Care Process, May 29, 2014.
http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf

*Visit is used in this document to describe a patient encounter or admission to a hospital, home care, or other health care organization

DIAGRAM 2:

Pharmacists' Clinical Documentation Data Flow

Ambulatory Clinic Setting



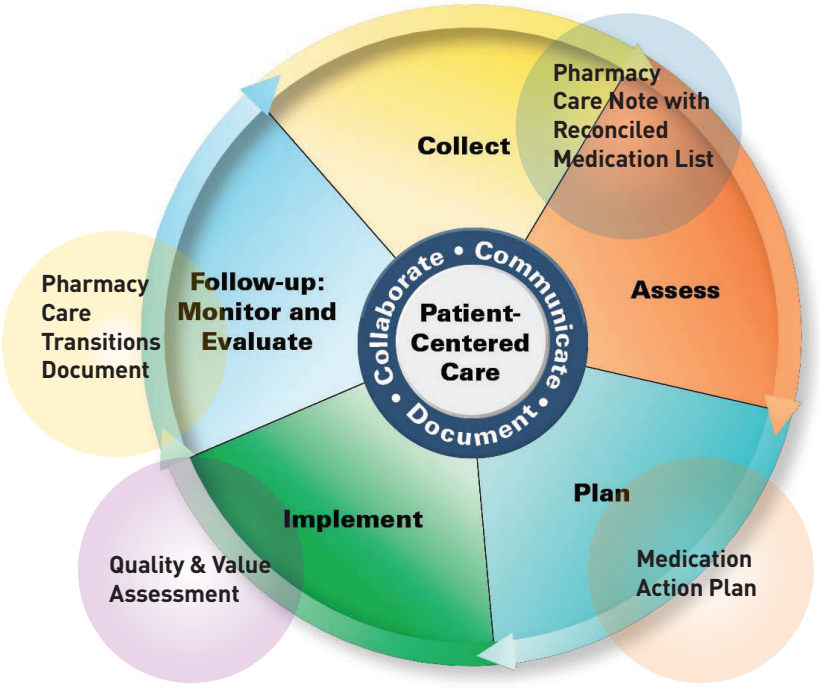
3.2. PROCESS-OF-CARE STRUCTURED DOCUMENTS

Diagram 3 outlines processes used by pharmacists for patient care. The superimposed circles show what a pharmacist may do from the standpoint of an electronic structured document. During the electronic process of collecting, documenting, and exchanging clinical information, the pharmacist uses the electronic system to create structured documents that are used at different points in the process of care.

- During the collection, assessment, phases, the pharmacist creates a pharmacy care note that incorporates the reconciled medication list. In turn, the pharmacy care note forms the basis of the medication action plan.
- The pharmacist uses the medication action plan as part of patient engagement during the implementation phase. During the evaluation phase, the pharmacist uses quality and value assessment documents.
- The pharmacist uses a pharmacy care transition document or other patient medical care documentation record (i.e EHR) during the monitor and transition phases.

DIAGRAM 3:

Pharmacists' Patient Care Process Structure Documents



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3.3. EXAMPLE OF PROCESS OF CARE IN PHARMACY PRACTICE SETTINGS

Diagram 4 below presents examples of the steps accomplished during the process of care in an ambulatory clinic setting. The authors believe that the process-of-care steps would work in all pharmacy practice settings. The intent of the diagram is to assist system vendors with a process flow for collecting, documenting, and exchanging clinical information and to provide a process flow that ensures that the assessment and outcomes of patient care are enhanced in all pharmacy practice settings.

DIAGRAM 4:

WORKFLOW OF PHARMACIST CLINICAL DOCUMENTATION PROCESS IN PHARMACY PRACTICE SETTINGS

Collect (before and during visit)

Pre-visit Collection: Content Module of the C83 (the C32, which is a subset of C83).Continuity of Care Document. For example, patient's name, demographics, past medical history, current prescription and OTC medications. Review of symptoms, etc. If the pharmacist has the privilege and approval to update this information, he or she should do so.

How do you look at what you collect? Collected on paper/electronic medical record, and example of a user interface— a "dashboard" of information collected for review prior to the assessment phase.

Instructions for clinicians if information is not available: Identify missing data and seek appropriate sources.

During-Visit Collection (face to face or telephonic): This is information that is not collected via technology: talking to patient and/or caregiver, verifying initial data, collecting new information, and validating old and pre-visit information (there is a continuous cycle of collection of data and assessment).

Assess

The first part of assess is a prioritized problem list. Medical problem (disease based), drug-related problem. Identify any gaps in care, patient health and safety; identify any additional issues such as omissions; coordinate any transition-of-care issues. **Establish or review the patient's goal(s).** Taken from national guidelines and individualized for the patient.

Examples:

Problem #1: Diabetes goal A1C <7%

Problem #2: Hypertension goal 140/90

Reconcile the patient's data against the goal for that problem. This is a repetitive process; the pharmacist reassesses plan for every addressed problem.

1. Disease Focused

stable/unstable, controlled/

uncontrolled, adherent/non-adherent

2. Medication Focused

safety, tolerability, effectiveness, price, simplicity

3. Medication Management

appropriateness, effectiveness, safety,

tolerability

Plan

The plan is broken up into several sections.

Every problem will have a plan associated with it.

Issue:

- Medication related
- Non-medication related
- Patient-behavior related
- Patient-knowledge related

Solution:

- Lifestyle or medication modification
- Patient education
- Monitoring
- Follow up (an extension of monitoring; includes referrals and pharmacist/provider visits)
- Outcome measures

Implement

Implementation is the documentation, coordination, communication, education, training, and support for the plan that is being developed. This links the **Develop Plan** phase to the **Evaluate phase.**

Collaborate with stakeholders (patient, caregiver, provider, etc.) to adopt the plan, and to position the plan for subsequent acceptance. Understanding the position of the stakeholders will increase likelihood of successful implementation.

Regulatory Compliance: Ensuring

compliance with laws and regulations for the maintenance of patient records.

Follow up (monitor and evaluate)

Evaluating the patient:

- Adherence to therapy
- Appropriateness of therapy (e.g., side

effects, drug interactions)

- Outcomes (e.g., A1C)

Monitor and/or transition is the process of functionally sending the reconciled record off to be consumed by other partners on the care team and other authorized entities. It would include but not be limited to uploading data to the health information exchange (HIE) or making the record available for query from the common repository. It is the final documentation step that will move into the next iteration of care and may occur at the same time of pre-collection of data in the next iteration

Self-evaluation for the pharmacist (i.e., opportunities for change in the way patients are treated, determining corrections and improvements that could be made), the pharmacist's communication methods, and encouraging HIE use, seeking new opportunities for connecting with the patient to enhance his or her care. This is the medication reconciliation piece. The hand-off to other providers must be smooth, with no duplication of effort; medications must be reconciled and information sent to HIEs.

Evaluating the entire process (higher level view). Includes time spent, process flow, best avenues forcommunication.

Coordinate the transition of patient

information to the health care team

4. CONCLUSION

In today's health care environment, pharmacists are in a unique position to provide clinical services that manage medications and coordinate patient care to improve quality outcomes.

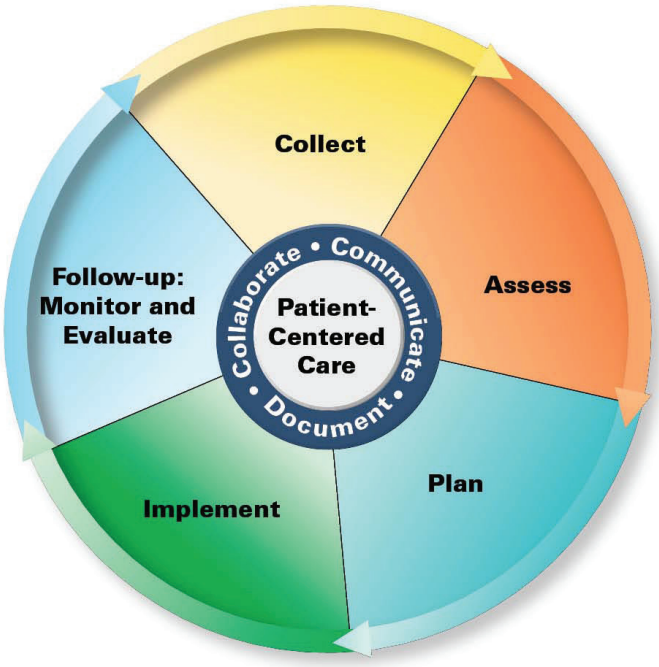
Pharmacists collect, document, and exchange clinical information with members of an inter-professional care team. The purpose of this document is to help system vendors understand the workflow of clinical information across the continuum. Outlining the clinical workflow by pharmacists will help ensure that medication-related information is shared with the entire patient care team in a way that maximizes patient outcomes.

5. APPENDIX: PATIENT-CENTERED COLLABORATIVE CARE PROCESS

Figure 1 depicts a proposed standardized pharmacist patient-centered collaborative care process for pharmacists providing medication therapy management (MTM) services. The pharmacists' patient care process described in this illustration was developed by examining a number of key source documents on pharmaceutical care and MTM. Patient care process components in each of these resources were catalogued and compared to create the following process that encompasses a contemporary and comprehensive approach to patient-centered care that is delivered in collaboration with other members of the health care team.

(Source: Pharmacists' Patient Care Process, May 29, 2014. *http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_ Patient_Care_Process.pdf*)

Pharmacists' Patient Care Process



Pharmacists' Patient Care Process

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

Collect
The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Assess
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Plan
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

Implement
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

Follow-up: Monitor and Evaluate
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

5. ACKNOWLEDGEMENTS

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