The Pharmacists’ Patient Care Process: A Framework for Change

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CPE Information

• Target Audience: Pharmacists & Technicians
• ACPE#: 0202-0000-15-199-L04-P/T
• Activity Type: Knowledge-based

Learning Objectives - Pharmacists

1. Describe how a pharmacist patient care process has been defined by national pharmacy organizations.
2. Explain the rationale for using a consistently delivered patient care process.
3. Describe the elements of the Pharmacists’ Patient Care Process.
4. Explain factors to consider, including health information technology, when implementing the Pharmacists’ Patient Care Process in various practice settings.
5. Describe how the Pharmacists’ Patient Care Process is being incorporated into activities and programs across the profession, including examples of how the process applies to various patient care services.

Learning Objectives - Technicians

1. State how a pharmacist patient care process has been defined by national pharmacy organizations.
2. Explain the rationale for using a consistently delivered patient care process.
3. Describe the elements of the Pharmacists’ Patient Care Process.
4. Explain factors to consider, including health information technology, when implementing the Pharmacists’ Patient Care Process in various practice settings.
5. Describe how the Pharmacists’ Patient Care Process is being incorporated into activities and programs across the profession, including examples of how technicians can contribute to the process.

Self-Assessment Question 1

The pharmacist’s patient care process:
   a. Is used solely for medication therapy management services
   b. Reflects contemporary practice
   c. Was developed by the Joint Commission of Pharmacy Practitioners
   d. B & C
   e. All of the above

CPE Information and Disclosures

Anne L. Burns, Jennifer Evans, and Ellen Gladd declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

The American Pharmacist Association is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.
Self-Assessment Question 2

The Pharmacists’ Patient Care Process identifies three key activities that transcend all steps. They are:

a. Communicate, measure, and report
b. Interview, assess, and coordinate
c. Collaborate, communicate and document
d. Medication reconciliation, counseling, and document

Self-Assessment Question 3

Choose the most correct answer related to the pharmacists’ patient care process:

a. Determining the outcomes and value of pharmacists’ services requires a consistent process of care
b. The pharmacists’ patient care process requires the use of collaborative practice agreements
c. The pharmacists’ patient care process is facilitated by the use of health information technology
d. A & C
e. All of the above

Pharmacists’ Patient Care Process

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Joint Commission of Pharmacy Practitioners (JCPP)

- JCPP Vision:
  - Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.

Pharmacists’ Patient Care Process Workgroup

- Activities: January 2012-May 2014
  - Workgroup meetings
  - Environmental scan
  - Testing among clinicians
  - Organizational feedback
Pharmacists’ Patient Care Process Development

- Review of key resources
  - Pharmaceutical care – Strand & Cipolle
  - Profession’s MTM definition and MTM Core Elements
  - PCPCC Medication Management Resource Guide
  - ACA language
  - Nurse Practitioner’s Practice Standards
- Should apply to the wide variety of patient care services provided by pharmacists AND the pharmacist’s medication expertise
  - Level of intensity varies depending on the service
  - One pharmacist might be responsible for all the steps in some settings where in others more than one pharmacist may be involved at different stages of the process.

Pharmacists’ Patient Care Process

- Foundational Components:
  - Establishment of patient-pharmacist relationship
  - Engagement and effective communication with patient, family, caregivers
  - Continually collaborate, document, and communicate with physicians and other health care providers
  - Process enhanced by interoperable information technology systems that facilitate effective and efficient communication

Pharmacists’ Patient Care Process

- Approved by JCPP organizations in May 2014
- Supported by 13 national pharmacy organizations


Goals

- Pharmacists’ Patient Care Process created to:
  - Promote consistency across the profession.
  - Provide a framework for delivering patient care in any practice setting.
  - Be a contemporary and comprehensive approach to patient-centered care delivered in collaboration with other members of the health care team.
  - Be applicable to a variety of patient care services delivered by pharmacists, including medication management

Collect

The pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources.

Collect:
- A current medication list and medication use history for prescription and non-prescription medications, herbal products, and other dietary supplements
- Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings
- Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that impact access to medications and other aspects of care
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.
Assess:
• Each medication for appropriateness, effectiveness, safety, and patient adherence
• Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care
• Immunization status and the need for preventive care and other health care services, where appropriate

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.
The plan:
• Addresses medication-related problems and optimizes medication therapy
• Sets goals of therapy for achieving clinical outcomes in the context of the patient’s overall health care goals and access to care
• Engages the patient through education, empowerment, and self-management
• Supports care continuity, including follow-up and transitions of care as appropriate

Implement

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.
The pharmacist:
• Addresses medication- and health-related problems, and engages in preventive care strategies, including vaccine administration
• Initiates, modifies, discontinues, or administers medication therapy as authorized
• Provides education and self-management training to the patient or caregiver
• Contributes to coordination of care, including the referral or transition of the patient to another health care professional
• Schedules follow-up care as needed to achieve goals of therapy

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.
Monitor and evaluate:
• Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results and patient feedback
• Clinical endpoints that contribute to the patient’s overall health
• Outcomes of care, including progress toward or the achievement of goals of therapy

Health Information Technology: Types of Potential Structured Electronic Documents

Health Information Technology: Types of Potential Structured Electronic Documents

Pharmacists' Clinical Documentation Data Flow Chart

http://pharmacyhit.org/pdfs/workshop-documents/WG3-Post-2014-03.pdf
Application Examples: Service/Setting

- Comprehensive medication review and follow-up
- IV to oral anticoagulant dosing
- Medication reconciliation during a care transition
- Diabetes management
- Immunization

Implementation

Current strategies underway:

- Outreach: Press release, presentations
- Communications plan, toolkit, practice-setting specific case examples, and other materials under development through JCPP
- ACPE has incorporated the process in PharmD Standards 2016.
- ASHP has incorporated into residency accreditation standards
- Pharmacy HIT Collaborative is using the process as a framework to develop structured patient care documents for the EHR
- The Pharmacy Quality Alliance (PQA) is considering the process in developing quality measures.
- Projects (example): Patient care process is being used in a national patient safety organization project to identify gaps in care.
- Training (examples): The Alliance for Integrated Medication Management Collaborative, several CMMI grantees, CE providers incorporating into education and training.

Establishing the Relationship

- Introduction to the Tobacco Cessation Program
- Explain objectives of the visit:
  - Obtain a medical history
  - Develop an individualized quit plan

Patient Case #1

Nicotine Dependence Consult to Clinical Pharmacy Services

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Demographics
- 40yo Caucasian Female

Vitals
- BP: 136/89; HR: 89
- Ht: 68in; Wt: 180lbs; BMI: 27.37
- Pain: 2/10 (left knee)
- Depression Screening: Negative
- CO Breath Test = 21ppm, equivalent of medium smoker

Social History
- Caffeine: 2-3 cups/day
- EtOH: 2-3 drinks 2-3x/week
- Illicit: Denies
- Children: 9yr, 10yr (w/father)
- Occupation: Active duty Army, Human Resources
- Firearms/Machinery: Denies

Family History
- Mother: Lung cancer

Collect

Tobacco Use
- Cigarettes: 1/2ppd x 20yrs

Tobacco History
- Initial cigarette: 3-5min after waking
- Triggers: Morning, driving, stress
- Environment: Only smoker in household, 1 other friend smoker
- Prior quit attempts: Varenicline (Chantix®)
- Readiness for quitting: 9 / 10

Benefits of Smoking

Costs of Not Changing

Challenges of Quitting

Benefits of Quitting

Collect
Collect

Medication Allergies: Penicillin (Rash)

Current Medications

RX:
• Tramadol 50mg Take 1-2 tablets every 8 hours PRN pain
• Ibuprofen 800mg Take 1 tablet TID with food PRN pain
• Zolpidem 5mg Take 1 tablet at bedtime PRN sleep

OTC:
• Multivitamin daily
• Weight loss supplement (unknown name / components)

Collect

Chief Complaint
• Quit smoking

Pertinent PMH
• Nicotine dependence
• Anxiety
• Depression
• Insomnia
• Back Pain

Assess

Uncontrolled Conditions
• Panic attacks, anxiety
  – Increased frequency and severity
  – Non-pharmacologic treatment only
  – Resistant to Behavioral Health Services
  – Resistant to alternate drug treatment options
• Nicotine dependence
  – Panic attacks, anxiety, depression
  – Strong motivation
• Insomnia
  – Poor sleep hygiene
  – Long-term PRN use of sleep aide

Collected

Patient’s Concerns
• Wanting to promote healthy living
• Confidence with varenicline (Chantix®) for quitting tobacco
• Not interested in Behavioral Health

Collected

Patient’s Concerns
• Wanting to promote healthy living
• Confidence with varenicline (Chantix®) for quitting tobacco
• Not interested in Behavioral Health

Plan

Immediate Consult

Patient-Centered Treatment Plan

Follow-up & Monitoring

• Defer patient preference for varenicline (Chantix®)
• Consult with IBHS, patient seen immediately via warm hand-off
• Consult with patient’s primary care provider while patient was seeing IBHS

Plan / Implement

Immediate Consult

Patient-Centered Treatment Plan

Follow-up & Monitoring

• Prepare for quit date
• Quit Date: 1 week, Thurs, 26Mar2015
• Social Support: Michael, Family, Friends, Co-workers
• Rewards: Massage (14days), Social gathering (30-days)
• Bupropion 100mg SR once daily x3days, then BID
• NRT Patch 14mg/24hr apply qAM, remove 1-2hrs prior to sleep
• RTC in 14days with clin pharm and IBHS - sooner prn

HPI
• Feels empowered to quit with ending recent relationship
• Set quit date
• Trouble sleeping
• Panic attacks
• Behavioral health history
• Pregnancy: denies
**Follow-Up: Monitor & Evaluate**

Upon return:
- Seen by IBHS @11am
- Seen by Clinical Pharmacist @1pm

**Follow-Up: Collect**

**Demographics**
- 40yo Caucasian Female

**Vitals**
- BP: 126/89; HR: 77
- Ht: 68in; Wt: 192lbs
- BMI: 29.2
- Pain: 0/10
- Depression Screening: Negative
- CO Breath Test = 2ppm, equivalent of non-smoker

**Medication Changes**
- Started bupropion SR 100mg
- On quit date, started NRT patch 14mg/24hr
- Using friend’s NRT gum 2mg PRN, 1-2x/day

**Follow-Up: Assess**

**Uncontrolled Conditions**
- Nicotine dependence
  - Met goal of tobacco cessation
  - Tolerating regimen
  - Benefit from NRT gum 2mg PRN
  - Use of electronic cigarettes
- Panic attacks, anxiety, depression
  - Stable/Improvement during interim
  - Consider long-term treatment of depression
- Insomnia
  - Responsive to sleep hygiene

**Plan/Implement**

**Patient-Centered Treatment Plan**

- Stay Quit! Taper off electronic cigarettes
- Continue bupropion SR 100mg twice daily
- Continue NRT patch 14mg/24hr qAM, removing 1-2hrs prior to sleep
- Start NRT gum 2mg PRN
- RTC in 14days with Clin Pharm and IBHS – sooner pm

**Documentation**

- Electronic health record
  - A/P accessible to other providers
  - Captures clinical pharmacist billing codes and interventions
- Direct entry of prescriptions, lab orders, and referrals
  - Improves continuity of care
- Document counseling and education provided
  - Include handouts
  - Reference internet, other community resources
- Consider “add note” for other communication (email, etc.)
Tobacco Cessation Program enrollment
- Track patient enrollment date, type of tobacco use, selected treatment, target quit date
- Management of 3-month and 6-month post quit date follow-up
- Program data trending for enrollment demographics, treatment selection, quit success

Patient Case #2
Polypharmacy Patient
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Establishing the Relationship

- Initial Appointment with Clinical Pharmacist
  - Introduce yourself
  - Explain purpose of visit
  - Describe role of Clinical Pharmacist
  - Brief summary of appointment goals and objectives

Collect

Demographics
- 54yo Caucasian Female

Vitals
- BP: 140/88; HR: 103
- Ht: 61in; Wt: 189lbs
- BMI: 35.71

Family History
- Hx of Substance Abuse: Denies

Social History
- Tobacco: ¾ ppd; no desire to quit
- EtOH: Denies
- Illicits: Denies
- Hx of Substance Abuse: Denies
- Occupation: Unemployed
- Firearms/Machinery: Denies

Pain Assessment
- Pain: 4/10 (lower back)
- Average Level: 4/10
- Worst Level: 6-7/10
- Duration: Chronic; fall in 2011
- Frequency: Daily
- Quality: Sharp/shooting, tingling
- What makes it Better?: H2O therapy, oxycodone/APAP, cyclobenzaprine
- What makes it Worse?: Walking, stairs, chores
**Collect**

**Medication Allergies**
- Aspirin, Silvadene cream, theophylline, Zetia®

**Current Medications**
- Acetaminophen 500mg 2 tabs every 6hrs PRN
- Aripiprazole 2mg daily
- Metformin ER 500mg daily
- Fenofibrate 48mg at bedtime
- Fexofenadine 180mg daily
- Lorazepam 1mg at bedtime
- Trazodone 150mg at bedtime
- Venlafaxine ER 75mg daily
- Rosuvastatin 20mg daily
- Clonazepam 1mg twice daily PRN

**Collect**

**Chief Complaint**
- Polypharmacy

**Pertinent PMH**
- Chronic Pain (lower back)
- Menopause, symptomatic
- Anxiety/Depression
- Hypertension
- Type 2 Diabetes
- Esophageal Reflux
- Insomnia
- Allergic Rhinitis
- Obesity
- Nicotine Dependence
- Asthma
- Hyperlipidemia

**Collect**

**Patient’s Concerns**
- Recently told she has “prediabetes”
- Excessive sweating at night (head, back of neck; pillow soaked in AM)
- Constipation (hard stools, no urge to go)
- Using albuterol MDI daily over past 3-4 weeks for cough, wheezing, SOB
- Trouble sleeping (only 5hrs/night)

**Assess**

**Uncontrolled Conditions**
- Menopause
  - Excessive sweating at night
- Insomnia
  - Poor sleep hygiene
  - Disrupted sleep schedule
- Prediabetes
  - Home FBGs 150-180s
  - Polyuria, polydipsia
  - Exercise limited by pain
- Constipation
  - Hard stools, no urge to go
- Chronic opioid use
- Asthma
  - Daily SABA use for symptoms
  - Waking 2-3 nights/week
  - Not using a controller
- Hypertension
  - BP 140/88
  - No BP meds; previously on furosemide 20mg

**Plan/Implement**

**Immediate**
- Restart fluticasone/salmeterol 250/50mcg inhaler
- Start polyethylene glycol 3350 for constipation
- Start polyethylene glycol 3350 for constipation
- Start polyethylene glycol 3350 for constipation

**Referrals**
- Clinical Pharmacy (prediabetes, HTN)
- PCM (menopause, asthma)

**Coordinate**
- Email PCM with update
- Contact civilian psychiatrist with recommendations

**Follow Up: Monitor & Evaluate**

- Follow up w/ Clinical Pharmacy
  - Appointment scheduled next week
  - Check home FBG daily
- Follow up w/ PCM
  - Appointment pending
  - Monitor asthma symptoms and SABA use
- Follow up w/ Civilian Psychiatrist
  - Appointment scheduled next month
  - Start sleep diary to track progress w/ sleep hygiene recommendations
Follow Up: Collect

**Chief Complaint**
Prediabetes, HTN

**HPI and Pertinent Labs**
- Per PCM note, diagnosed w/ Diabetes 2 months ago
- Started metformin XR 500mg daily 3 weeks ago
  - No N/V/D or abdominal pain
- A1C 7.2%; FBG 146
- Home FBGs 150-170s; 2-hour postprandial 150-200s
- Reports polydipsia and polyphagia
- Last eye exam > 1 year ago
- Limited understanding of carbs

**Demographics**
- 54yo Caucasian Female

**Social History**
- Exercise: none due to pain
- Breakfast: cereal or 2 fried eggs w/ toast, coffee (milk/sugar)
- Lunch: sandwich w/ chips, sweet tea, or leftovers
- Dinner: Mexican food, rice, beans, taco or nacho chips
- Dessert/Snacks: Greek yogurt
- Drinks: Juice (apple, grape, V8 fusion), sweet tea, H2O

**Vitals**
- BP: 134/88; HR: 110
- Ht: 61in; Wt: 189lbs
- BMI: 35.71

**Family History**
- Father – Type 2 Diabetes (died from complications)
- Aunts – Type 2 Diabetes

**Medication Allergies**
- Aspirin, Silvadene cream, theophylline, Zetia®

**Current Medications**
- Acetaminophen 500mg 2 tabs every 8hrs PRN
- Albuterol MDI 2 puffs every 4hrs PRN
- Aripiprazole 2mg daily
- Fenofibrate 48mg at bedtime
- Lorazepam 1mg at bedtime
- Polyethylene glycol 3350 working well
- Oxycodeone/APAP 5/325mg every 4hrs PRN
- Trazodone 150mg at bedtime
- Venlafaxine ER 75mg daily
- Venlafaxine working well
- Zetia® working well

**Uncontrolled Conditions**
- Type 2 Diabetes
  - A1C 7.2% (goal < 7%), home FBG 150-170s (goal 80-130)
  - Overweight; BMI 35.71 (goal weight loss of 7%; 13lbs)
  - Overdue for annual eye exam
  - Limited understanding of carbohydrates and blood glucose
  - Physical activity limited by pain
- Hypertension
  - BP 134/88, previously 140/88 (prefer goal <130/80)
  - Potential gap in therapy (ACE-I for renal protection in diabetes)
- Asthma
  - No change in symptoms; did not pick up fluticasone/salmeterol

**Plan/Implement**
- Pick up fluticasone/salmeterol 250/50mcg inhaler
- Increase to metformin ER 1000mg daily
- Start lisinopril 10mg daily
- Provide extensive education on Type 2 Diabetes
- Optometry (annual eye exam)
- Army Wellness Center (exercise, weight loss)
- Nutrition
- Email PCM with update
- Remind patient to schedule with PCM

**Documentation**
- Metrics tracked in Excel for each Polypharmacy encounter
  - Completed encounters
  - Clinical Outcomes
  - Educational Interventions
  - Therapeutic Interventions
- Reported to Pharmacy & Therapeutics (P&T) Committee
  - Monthly report
  - Goal of 97% contact for active duty Army
Key Points

• The pharmacists’ patient care process is designed to promote consistency, predictability, and measurability of pharmacists’ patient care services.
• The process is applicable across all practice sites and for all patient care services delivered by pharmacists.
• The process is patient-centered and has the foundational elements of collaboration, communication, and documentation.
• Widespread adoption of the process will help to facilitate consistent patient and healthcare professional expectations of pharmacists’ services and measurement of pharmacists’ value in the healthcare system.

Answer to Self-Assessment Question 1

The pharmacist’s patient care process:

a. Is used solely for medication therapy management services
b. Reflects contemporary practice
c. Was developed by the Joint Commission of Pharmacy Practitioners
d. B & C
e. All of the above

Answer to Self-Assessment Question 2

The Pharmacists’ Patient Care Process identifies three key activities that transcend all steps. They are:

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c. Collaborate, communicate, and document
d. Medication reconciliation, counseling, and document

Answer to Self-Assessment Question 3

Choose the most correct answer related to the pharmacists’ patient care process:

a. Determining the outcomes and value of pharmacists’ services requires a consistent process of care
b. The pharmacists’ patient care process requires the use of collaborative practice agreements
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Closing Remarks

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