COMPLETED GRANT SYNOPSIS

Determining Essential Elements and Capabilities for a Patient Record in Community Pharmacy

Hannah Fish, PharmD, CPHQ[1], Randy McDonough, PharmD, MS, BCGP, BCPS, FAPhA[2], William Doucette, PhD[3], Jessica Satterfield, PharmD, MBA[1], Lisa Schwartz, PharmD[1], Cody Clifton, PharmD[4], Kim Roberts[4]

1-NCPA Innovation Center/NCPA, 2-Flip the Pharmacy, 3-University of Iowa, 4-CPESN® USA

Objectives

1) Convene a panel of experts and use a Delphi method to develop a list of functional data elements and capabilities for a patient record in community pharmacy
   a. <u>Elements</u> – the types of content that should be included in a pharmacy documentation system
   b. <u>Capabilities/Functionalities</u> – the physical/technological methods for documenting in and fully utilizing a patient record
2) Collect and aggregate best practices for documenting patient care services, and
3) Develop a rubric to assess community pharmacy documentation systems

Methods	
Design	• **Objective 1:** A Delphi method was used to develop consensus about the key data elements and functionalities for a pharmacy record system. An expert panel of 26 individuals representing pharmacy practitioners, eCare plan vendors, payers, government employees and health information technology (HIT) was recruited to participate. The Delphi method included three online surveys of the expert panel. Three types of components of a pharmacy patient record system were addressed in the surveys: 1) essential elements of a pharmacy patient record, 2) elements in a single patient encounter and 3) functionalities of a pharmacy patient record system. For Round 1, items were evaluated using a 4-point scale to rate the importance of each element. Items reached consensus if no more than two respondents rated it Slightly important or Not important and were not included in later rounds. For Round 2, panelists rated the items again on the 4-point importance scale. For a subset of items with the least consensus in Round 1, panelists used the 4-point scale and provided an explanation for their rating in a textbox. For Round 3, a brief description of the use of the element or functionality by pharmacists was included for the remaining items and then rated using the 4-point importance scale. • **Objective 2:** Six pharmacists practicing in independent pharmacies across the country were interviewed to obtain qualitative data relating to best practices in clinical documentation in the independent pharmacy setting. Questions prompted discussion surrounding their pharmacies' histories with clinical documentation, software usage, pharmacy team support, provider collaboration, and boundaries to optimal clinical documentation. Interviews were conducted via telephone of virtually, recorded and transcribed. The transcriptions then were coded and a thematic content analysis was conducted to identify themes related to documenting patient care in these pharmacies. • **Objective 3:** Upon completion of the Delphi method used for Objective 1, a rubric was developed to assess pharmacy patient record systems. The items that reached consensus from the expert panel were included in the rubric. Each item in the rubric can be rated yes or no. An overall guide for applying the rubric has been developed to go along with the rubric.
Study endpoints	• Summary findings of best practices for documenting patient care services • Rubric to assess community pharmacy patient record systems

Results
• 46 items reached consensus during the three rounds (R1, R2, R3) of the Delphi process. The items are organized into three types: 1) essential elements for a pharmacy patient record (N=16 items), 2) essential elements for an

episode of care (N=7 items) and 3) functionalities for a pharmacy patient record system (N=23 items). A rubric was developed from these findings as a tool to evaluate clinical documentation platforms.

- The summary of findings from the pharmacist interviews are shown in **Table 1** of the supplemental materials. The pharmacies of the interviewees were using 4 different pharmacy management systems and 5 different clinical documentation systems, which provided desired variability in their experiences across the group. Use of medication synchronization was reported to support delivery and documentation of patient care services. The type of services targeted was related to either Flip the Pharmacy and/or payer contracts and included services focused on chronic conditions. All respondents stated that multiple staff members were involved with the patient care service delivery and documentation. Four of the interviewees reported using a mixed approach to documenting their patient care services (documented some care as they delivered it, while documenting other care at a later time), whereas two pharmacists reported documenting only at the time of service. Challenges identified included establishing new habits to support new activities, time management, staff buy-in, workflow issues and learning/using software.

Conclusion

The expert panel came to consensus on 46 items for a pharmacy patient record system. These items were converted into a rubric that can be used by pharmacists, vendors, and other stakeholders to evaluate a pharmacy patient record. As pharmacy practice continues to evolve/transform to a patient centered practice focused on medication optimization and achievement of therapeutic outcomes a robust, easy to use, and functional electronic pharmacy patient record becomes an essential component of community-based pharmacy practice. A rubric that is based on an expert panel consensus, is a tool that can provide useful information to its end-users during their evaluation of a vendor platform and drive improvement.

A group of pharmacists who were users of a number of different clinical documentation platforms provided their opinions/advice on how they have maximized the use of their platforms to document patient care activities. These "best practices" can provide useful tips and practice pearls on how to integrate documentation within pharmacy practice. Common findings between users indicate that most or all of the pharmacy staff need to be part of the pharmacy transformation efforts which include clinical documentation and e-care planning. Additionally, making clinical documentation part of their daily practice is important so that it becomes a "new habit". Challenges identified by this group indicate that time to document and performing documentation within workflow continue to be common issues with community- based practice.