



COMPLETED GRANT SYNOPSIS

Collecting Information about Health System Policies Related to Access to Health System EHR by Community Pharmacists

Study Investigator: David A. Mott, PhD, FAPhA Associate Dean for Advancement William S. Apple Professor Chair, Social and Administrative Sciences Division School of Pharmacy, University of Wisconsin

Research Assistance: Aaron M. Gilson, MS, MSSW, PhD Sonderegger Research Center
Madison, Wisconsin

Objectives

SPECIFIC AIMS AND OUTCOME MEASURES

Aim 1: Collect and evaluate information from HIM managers at health systems in Wisconsin about policies and procedures related to community pharmacists' access to and use of EHRs. Outcome measure: Completed interviews using a pilot-tested semi-structured interview guide for HIM managers.

Aim 2: Collect and evaluate information from community pharmacists who have access to and use EHRs in Wisconsin about their perspectives and experiences on how to access and use EHRs. Outcome measure: Completed interviews using a pilot-tested semi-structured interview guide for community pharmacists using EHRs.

Aim 3: Based on information collected from interviews, design and disseminate an EHR Access and Use Toolkit for community pharmacists, as a resource to guide improved access to and use of EHRs in Wisconsin. Outcome measure: Completed EHR Access and Use Toolkit ready for use by community pharmacists in Wisconsin.

Methods

Design

- **Study Design**
The study used a prospective qualitative research design. Study subjects were interviewed using interview guides developed and pilot-tested by the study PI. Health Information Management (HIM) managers at Wisconsin health systems and community pharmacists in Wisconsin with access to EHRs were interviewed.
- **Sample size**
(1) Health Information Management (HIM) Managers Data were collected from 6 HIM managers: Five of whom were employed by health systems with affiliated providers located in Wisconsin, and one in Minnesota. Our preliminary plan was to conduct interviews with 10 HIM managers from each of the largest state health systems, making sure to conduct interviews with HIM managers at the largest health systems within each of the six regions of Wisconsin. This approach was designed to facilitate collecting information about EHR access and use for community pharmacists across the entire state. Each HIM manager was interviewed only once, some follow-up contact was used to clarify recorded responses or to seek help in identifying other HIM managers to interview. A snowball sampling technique was used to identify HIM managers to interview at the health systems. Additionally, the PI contacted pharmacists that he knew that worked at health systems in Wisconsin. The PI asked the pharmacists to provide an e-introduction to the HIM manager. Once the e-introduction was made, the approved recruitment process was followed to recruit HIM managers to participate in the interview.

	<p>(2) Community Pharmacists Data were collected from three community pharmacists that currently have access to and are using an EHR from a health system with affiliated providers in Wisconsin. Our original plan was to collect data from up to 5 community pharmacists that currently have access to and are using an EHR from a health system with affiliated providers in Wisconsin. Each community pharmacist was interviewed once. No follow-up interviews were needed to clarify any data collected. Names of community pharmacists to contact were obtained in three ways. First, the interview guide for HIM managers contained questions that ask for names of community pharmacists and/or pharmacies that currently have access to the health system’s EHR. Information provided by HIM managers was used to contact community pharmacists. Second, we used the snowball sampling technique and asked community pharmacists we interviewed for the names of up to three community pharmacists that they know have access to and are using an EHR. Third, we contacted the leader of the Community Pharmacy Enhanced Services Network (CPESN) Wisconsin and asked for names of community pharmacists that had access to health system EHRs that we should contact for interviews. The approved recruitment process was used for all contacted community pharmacists.</p> <p>Recruitment of study subjects was significantly impacted by the COVID-19 pandemic.</p>
Study endpoints	<ul style="list-style-type: none"> • Interviews were completed with 6 HIM managers affiliated with health systems in Wisconsin. • Interviews were completed with 3 community pharmacists with current access to health system EHRs in Wisconsin.

Results

- Only one interviewed HIM manager said that community pharmacists had access to the health system’s HER (for 8 community pharmacists). One other HIM manager said that the health system was pilot testing HER access to one community pharmacist. However, it is likely that expansion of EHR access would require the health system to develop the infrastructure to achieve and maintain that expansion. Health system resources appear to be a significant issue for community pharmacist EHR access. Although the HIM manager from the single health system that provides EHR access to multiple community pharmacists recognized the advantages of granting such access to external pharmacists, it was admitted that the health system currently does not have the resources to enforce policies to ensure security and broader access to the EHR. An additional HIM manager would like to communicate to more providers about access to the EHR, but does not have internal resources to support expanded access.
- Interviewed HIM managers from health systems that do not allow access to community pharmacists did not understand why community pharmacists would need access to the health system’s EHR. Further, the HIM managers said that they have not received requests from community pharmacists for access to the HER. When the interviewer described the potential value of community pharmacist access to the EHR, there was support for the concept. HIM managers mentioned that there was little communication within the health system about the role of community pharmacists and how they could impact patient outcomes.
- To gain access, HIM managers said that community pharmacists need to show how access would improve patient care outcomes for patients of the health system. Additionally, showing how community pharmacist access to the EHR will help the health system achieve wider system goals and initiatives likely is important to facilitate EHR access. HIM managers mentioned that their health systems allow EHR access to other out-of-system facilities such as nursing homes.
- The HIM manager for the health system that does allow EHR access to community pharmacists said that the EHR was being used to improve patient medication use.
- Security of EHR information is a paramount consideration for HIM managers, as well as for community pharmacists. Pharmacists, as health care providers, are aware of security and confidentiality issues

surrounding patient health care data. Policies from health systems about these issues should be expected by community pharmacists.

- Community pharmacists have read-only access to the EHR. Efficiency of patient care is another important consideration for both interview samples. However, the lack of bi-directional communication limits the impact that community pharmacist access to the EHR can have on efficiency of care. For example, one HIM manager suggested that messaging within the EHR could have negative impacts on the efficiency of providing care, since providers may not be expecting such communication from pharmacists within the EHR. Thus, the message likely would be lost or not accessed because the expectation for such would be very low.
- The community pharmacists interviewed mentioned that a community pharmacist's decision whether to access the EHR to collect prescription data, once such access is authorized, may depend on whether that process is going to be faster, easier, and more efficient than calling or faxing a practitioner to clarify some piece of information. Technical features of EHR access that create barriers (e.g., a cumbersome password/log-in process) and the need to have multiple interfaces open on the computer screen can reduce EHR use in clinical practice.
- Community pharmacists with access may not have the workflow figured out in their pharmacies for its effective use, which may contribute to the sporadic use of the information in the EHR. Responses from pharmacists imply that, when they have the time to review the EHR, they do access the information. However, finding the time to step away from the normal workflow in the pharmacy appears to be a challenge for the pharmacists interviewed. It appears that use of EHR access is in the early stages of adoption. Sharing of information between community pharmacists, health system administrators, and providers about needed changes and best practices is needed to move access and use of the EHR by community pharmacists forward.
- According to the community pharmacists with EHR access, there are many benefits to having such access. However, better access, time to learn the EHR system, modifications to the pharmacy workflow, increasing staffing, and facilitating access to pharmacy staff are a few of the barriers that would need to be overcome to fully realize the benefits. One pharmacist made a point of saying that they are at the beginning of accessing and using the information contained in the EHR, and that continued use is a constant learning process. As a result, the pharmacy staff are taking an incremental approach to learning more and to becoming more proficient in the EHR process.
- One pharmacist reported using e-Care plans, but mainly to guide data access and not to document patient care activities. When the e-Care Plan is being used for documentation, much of the documentation is being done by hand by a technician, and then submitted. The use of the e-Care Plan is viewed as cumbersome due to it being yet another different system and a different window that is open on the computer screen. It appears that sharing more information with pharmacists about best practices to use the e-Care Plan is warranted.
- The appropriate content for an EHR Access and Use Toolkit needs to be determined. Given the early stages of adoption of access to and use of an EHR, more information is needed about messaging to health systems to gain access to the EHR, best practices for use of information in the EHR and communicating to providers, and how to integrate EHR access into community pharmacy workflow.

Conclusion

Community pharmacist access to EHRs in Wisconsin is in the very early stages of adoption. Few health systems are aware of the need for community pharmacists to access the EHR, few community pharmacists have access to an EHR, and community pharmacists' use of the EHR is very limited due to problems with logging-in and accessing the EHR, and pharmacy workflow. One conclusion is the need for pharmacy to communicate to providers and health system administrators how EHR access can improve patient care and help health systems

For further information and/or materials on this grant, please visit

www.CommunityPharmacyFoundation.org and submit your inquiry through [Contact Us](#).

xxxx|xxx

achieve system strategic goals. The process to best do this is unknown, but the communication needs to be targeted at external stakeholders. Second, pharmacists mentioned the difficulty of fitting EHR access into pharmacy workflow, how the process currently consists of taking baby steps to move forward, and the need to discuss access and use issues with a working group of pharmacists and health system administrators to share information, problem solve, and improve the process together. Creating such working groups seems like a viable future approach to begin a dialogue and move toward solving some of these issues EHR access can move beyond early adoption. Further information is necessary to gain a more comprehensive understanding of pharmacy access to and use of health system EHRs, which could be better accomplished once COVID is no longer the primary consideration for health systems and healthcare professionals.