POLICY

POLICY FOR THE ROLE OF THE CONSULTANT PHARMACIST IN RESIDENT ASSESSMENT AND CARE PLANNING

Preamble
Employers and health care payers are placing an increased emphasis on standardized performance measures, such as report cards, to judge quality, cost, and outcomes of the health care purchased. The Centers for Medicare and Medicaid (CMS) State Operations Manual (SOM) for United States nursing home participation in the Medicare Medicaid programs, states that each resident must receive and the facility must provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care.

Consultant pharmacists must be an integral part of the process by which the quality of care is measured. In nursing homes, this process is the CMS Quality Star Ratings, specifically in the area of Quality Measures. Data for such measurement is collected using the Minimum Data Set (MDS) and Medicare claims data.

The purpose of this statement is to assist consultant pharmacists in understanding the resident assessment and care planning process in nursing homes. Such understanding must precede the consultant pharmacist’s effective and collaborative involvement in individual resident assessment and care planning. ASCP is committed to taking the actions necessary to help its members integrate the resident assessment and care planning process into their practice in a cooperative, interdisciplinary environment.

Background
As a member of the interdisciplinary team, the consultant pharmacist collaborates with other professionals and members of other disciplines to ensure a person-centered comprehensive care plan with regard to medication use. Consultant pharmacists are well acquainted with the complex problems associated with medication therapy and possess knowledge concerning medications that is essential to other members of the health care team in providing patient care.

Consultant pharmacists’ knowledge of medications and medication therapy, practical
application of this knowledge, and presence in nursing homes, uniquely positions them as the appropriate health professionals to provide resident-specific medication information and recommendations for the resident assessment and care planning process. As health care providers, it is appropriate to compensate consultant pharmacist for providing these specialized services.

**Resident Assessment**

Resident assessment is the necessary first step in the care-planning process. It provides the basis for identifying problems and the foundation for developing the resident’s plan of care. Adequate resident assessment requires a comprehensive, accurate, standardized, and reproducible assessment of each resident’s physical, functional, and psychosocial capacity. In United States nursing homes, this process is enhanced through the use of a standardized resident assessment instrument (RAI).

The RAI is used to develop an outcome-oriented resident care plan to maximize the quality of care and the resident’s quality of life through the early recognition of problems and risk factors that can be avoided, managed, or reversed, including drug-related problems.

The use of a standardized RAI fosters interdisciplinary staff involvement in assessment and care planning activities in order to promote consistent implementation of the care plan by all members of the health care team and to help ensure that isolated issues and concerns do not remain discipline-specific.

The RAI should consist of a minimum data set (MDS) of core elements that document the resident’s status in a specified time frame before each assessment. The MDS elements are a series of factors that place a resident at risk for an adverse outcome. Changes in a resident’s status, as measured by the MDS, can be used to monitor specific outcomes of medication therapy over time.

Resident assessment is conducted upon admission, after any significant change in mental or physical condition, and at least quarterly. The quarterly assessment ensures monitoring of critical indicators for the gradual onset of significant changes in resident status and ensures that the care plan is correct and up to date.

If the resident has a significant decline or improvement in status, review and revision of the care plan by the interdisciplinary team is required. The consultant pharmacist is involved in this process by assessing whether the resident's current medication therapy is appropriate based on the change in status.

The consultant pharmacist evaluates the resident’s medication therapy as a potential cause of, or contributing factor to, any significant change in resident's status. This information is shared with the interdisciplinary team through progress notes and at care planning
Care Planning

Care planning is a dynamic process that uses information garnered from an assessment of the resident to form an individualized plan of care. Care plans should identify a resident’s specific needs and problems, including actual and potential drug-related problems, goals to for problem resolution, approaches to reach each goal along with primary individuals responsible for each approach, and time frames for reaching and re-evaluating goals.

The care plan is developed during a meeting of the interdisciplinary team with the resident and family or other representative. The care plan meeting is a time for encouraging residents and families to voice their needs, concerns, interests, and hopes; helping the interdisciplinary team to learn more about each resident; brainstorming about strategies to meet needs and goals; determining the root causes of problems identified; and asking questions about assessment. Medication management is an important component of the care planning discussion because of the potential for medications to be an underlying cause of a problem or a solution to help meet the resident’s goals.

On October 4, 2016, CMS published an update to the Requirements for Participation in the Federal Register. The final rule includes provision for “Comprehensive person-centered care planning” for baseline care plans and comprehensive care plans. In the October 14, 2015 letter to CMS, ASCP recommended that the consultant pharmacist be included in the care planning process.

Resident Assessment and the Pharmaceutical Care Plan

In addition to having a role in resident assessment and care planning, the consultant pharmacist also designs and implements pharmaceutical care plans that identify desired therapeutic and/or functional outcomes for each medication prescribed and the potential for drug-related problems. The consultant pharmacist monitors the pharmaceutical care plan to determine if the therapeutic goals are achieved or drug-related problems occur and recommends modifications in therapy for therapeutic failures or occurrence of drug-related problems. Resident assessment data is essential to this process.

When formulating a pharmaceutical care plan, the consultant pharmacist uses the resident assessment data in the following ways:

- Admission assessment provides baseline data.
- Significant change assessment provides new baseline data for residents with changes in clinical status or new diagnoses or conditions and acts as a trigger to re-evaluate the pharmaceutical care plan.
- Quarterly resident assessment allows the consultant pharmacist to monitor changes in resident status, functional ability, mood and behavior over time, when new medications are initiated, when changes in therapy are made, and when medications are discontinued.
**Pharmacist Electronic Care Plans (PeCP)**

Consultant pharmacists’ involvement in the resident assessment process necessitates bidirectional exchange of clinical information. This includes the pharmacist accessing information about the resident’s assessment generated by the facility and the facility receiving medication-related care plan recommendations generated by the pharmacist. With increasing utilization of electronic health records, this bidirectional exchange of pharmacist provided patient care information will occur electronically. In order for this communication exchange to happen efficiently and effectively, pharmacists’ electronic documentation systems and facilities’ electronic health records must be interoperable and use the same national standards for communicating clinical information and pharmacists’ activities.

**Summary Statement**

Consultant pharmacists are responsible for ensuring optimal clinical outcomes from all medication therapies. Fulfillment of this responsibility is enhanced through the consultant pharmacist’s involvement in the resident assessment and care planning process.

ASCP supports the consultant pharmacist role in the interdisciplinary care plan process to achieve positive health outcomes. ASCP believes that consultant pharmacists have a clear responsibility to actively participate in all aspects of medication management including resident assessment and care planning. This responsibility arises from the consultant pharmacist’s education and training, and particularly from their unique understanding of medication use and effects.

*Approved by the ASCP Board of Directors on December 13, 2017.*

**Resources, Related Documents, and Websites**


Community Pharmacy Enhanced Service Network (CPESN), Empowering Community Pharmacies to Improve Care Coordination and Health Outcomes with Use of Electronic Care Plans, accessed November 3, 2017.


Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities. Centers for Medicare and Medicaid Services. October 2016.
www.pharmacist.com/sites/default/files/files/PatientCareProcess/pdf
State Operations Manual, Appendix PP – Guidance to Surveyors for Long Term Care Facilities, F 309, 483.25, Quality of Care, Rev. 41, Issued 4-10-09.