



The Pharmacist Patient Care Process: Implications for Preceptors And Student-Interns

HOLLY DUHON, PHARM.D.
ASSISTANT DEAN FOR EXPERIENTIAL
EDUCATION, THE BEN AND MAYTIE
FISCH COLLEGE OF PHARMACY AT
THE UNIVERSITY OF TEXAS AT TYLER

KIMBERLY NGUYEN, PHARM.D.
CLINICAL ASSISTANT PROFESSOR
DIRECTOR, INSTITUTIONAL APPES
UNIVERSITY OF HOUSTON
COLLEGE OF PHARMACY

Objectives

- Define the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacist Patient Care Process (PPCP) and describe the history of its development.
- Reflect on and compare the PPCP of other health care professions.
- Describe the JCPP PPCP terminology, and implementation.
- Describe strategies to incorporate students into the JCPP PPCP.

Pharmacy Past



- Initially known as "apothecaries"
- Would prepare and dispense remedies while offering medical advice to their customers
- Federal legislation changed the pharmacy role in 1951... prepared and dispensed only prescription orders (product safety) and could only recommend over-the-counter therapies.
- Role expanded in the 80's urging pharmacists to ensure patients properly and safely use medications.
- Federal legislation changed in 2003 to mandate that counseling be received upon purchasing medications.

Where We Are and Where We Are Going...

CURRENT

- Prepare/dispense with counseling
- Compounding
- Practice advancement
 - Collaborative practice agreements
 - Medication therapy management services
- Obstacles remain for pharmacists to bill for services and receive reimbursements

FUTURE

- Pharmacist provider status
- Interprofessional teams
- Disease-state management services
- Opportunities to explore

Texas State Facts

- Number of licensed pharmacists (2012): 21,944
- Collaborate Practice Agreement Authority: Full
- Extent of Immunization/Medication Administration Authority:
 - Patient Age: Any (scope varies)
 - Allowed Route(s): Any
 - Allowable Vaccines/medications: Any vaccine
 - Administration Authorized by: Protocol or Prescription (depending on age and or vaccine)

<http://naapa.us/wp-content/uploads/2015/06/2013-State-Sheet-Texas.pdf> Accessed June 1, 2016

The Expanding Role of Pharmacists

- New Mexico
 - Pharmacist Prescriptive Authority Act 1993
 - Pharmacists are midlevel practitioners
 - Prescribe and dispense medications to primary care patients
- North Carolina
 - Clinical Pharmacist Practitioner Act 2000
 - Additional training, requires approval by both NC medical and pharmacy boards
 - Drug therapy management agreement – specific to prescriber, patient, disease, pharmacist

The Expanding Role of Pharmacists

- California
 - Advanced Practice Pharmacy 2013, provider status
 - Additional training required
 - Provides direct patient care, prescribes nicotine-replacement products, immunizes patient three years of age and older, initiate hormone contraception, orders and interprets tests related to medication monitoring, oral contraception



- State of Washington
 - Mandated providers

Joint Commission of Pharmacy Practitioners (JCPP)

- Created in 1977
- Serves as a forum for common interests of national organizations of pharmacy practitioners



www.jcpp.net

JCPP Vision – adopted in 2013

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

www.jcpp.net

JCPP Vision – adopted in 2013

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

Strategic plan

- Develop a consistent patient care process
 - To promote consistency, predictability, and measurability in the delivery of services by pharmacists

www.jcpp.net

JCPP



- Workgroup 2012 – 2014
- Reviewed key documents
 - Pharmaceutical care
 - Medication therapy management (MTM) and core elements of MTM
 - Patient centered primary care collaborative (PCPC) medication management resource guide
 - Affordable Care Act language
 - Nurse Practitioner's practice standards
- Create a framework for a patient care process that can be used in any practice area
- Reflects the unique medication-related aspects of pharmacy

Key documents

- Pharmaceutical Care
 - Improve outcomes of drug therapy
 - Effects of services on quality of life
- Medication therapy management in patient-centered medical home
 - Assessment, identification, development, follow-up
- Nurse Practitioners Standards of Practice
 - Assessment, diagnosis, development of treatment plans, plan implementation, plan evaluation
- Pharmaceutical Care Process
 - Assessment, care plan, evaluation

1. Hupler CD, Strand LM. Am J Hosp Pharm 1990 Mar;47(3):331-43.
 2. www.aacp.org/linksanddocuments/publications/standardspractice.pdf Accessed June 4, 2016.
 3. T. Melton, E. Webb, and I. Stroud. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. Patient-Centered Primary Care Collaborative, June 2012.
 4. Cipolle RJ, Strand LM, Mosley PC. Chapter 2. Pharmaceutical Care as the Professional Practice for Patient-Centered Medication Management Services. In: Cipolle RJ, Strand LM, Mosley PC, eds. Pharmaceutical Care Practice: The Patient-Centered Approach to Medication Management Services. St. New York, NY: McGraw-Hill; 2012. http://accesspharmacy.mhmedical.com/content.aspx?bookid=4914&Sectionid=39674902. Accessed June 4, 2016.

ACCP WHITE PAPER

Clinical Pharmacy Should Adopt a Consistent Process of Direct Patient Care

American College of Clinical Pharmacy
 De M. Harris,* Beth Phillips, Eric Boyer, Sara Grodzuch, Charlene Hope, Cynthia Sasaki, Denise Saks, and Kurt Wargo
 American College of Clinical Pharmacy, Lovena, Kansas

- Wide variation of patient care process and terminology used in different patient settings and within similar practices
- Terminology differences
- Other professions are unclear regarding pharmacy services
- Unable to measure research outcomes
- Supports a unified process that is patient-centered, team-based

Pharmotherapy 2014; 34: e133-e148

Key documents

- Pharmaceutical Care
 - Improve outcomes of drug therapy
 - Effects of services on quality of life
- Medication therapy management in patient-centered medical home
 - Assessment, identification, development, follow-up
- Nurse Practitioners Standards of Practice
 - Assessment, diagnosis, development of treatment plans, plan implementation, plan evaluation
- Pharmaceutical Care Process
 - Assessment, care plan, evaluation
- **ACCP Core Elements of Patient Care Process**
 - Assess, Develop, Implement, Evaluate

1. Hople CD, Strand LM. Am J Hosp Pharm 1990 Mar;47(3):533-43
2. www.aanp.org/images/documents/publications/standardsofpractice.pdf Accessed June 4, 2016
3. T. McInnis, E. Webb, and L. Strand. The Patient-Centered Medical Home: Integrating Comprehensive Medication Management to Optimize Patient Outcomes. Patient-Centered Primary Care Collaborative, June 2014
4. Cipolle RJ, Strand LM, Mosey PC. Pharmaceutical Care Practice: The Patient-centered Approach to Medication Management Services, Third Edition
5. Pharmotherapy 2014; 34: e133-e148

JCPP Vision – adopted in 2013

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

Strategic plan

- **Develop a consistent patient care process**

www.jcpp.net

Pharmacist Patient Care Process

- Approved in 2014
- Supported by 13 national pharmacy organizations

http://pharmacist.com/sites/default/files/PatientCareProcess.pdf

Pharmacist Patient Care Process

- Approved in 2014
- Supported by 13 national pharmacy organizations
- **Patient-centered approach**
- **Core process**
 - Communicate
 - Collaborate
 - Document

http://pharmacist.com/sites/default/files/PatientCareProcess.pdf

Pharmacist Patient Care Process

- Approved in 2014
- Supported by 13 national pharmacy organizations
- Patient-centered approach
- Core process
 - Communicate
 - Collaborate
 - Document
- **Five-step process**

http://pharmacist.com/sites/default/files/PatientCareProcess.pdf

Question #1

The Joint Commission of Pharmacy Practitioners adopted the Pharmacist Patient Care Process in

- A. 2010
- B. 2014
- C. 2015
- D. 2016

Question #2

The pharmacist patient care process was developed to provide a framework which can be used in different practice areas within the pharmacy profession.

- A. True
- B. False

Question #3

Key components to the Pharmacist Patient Care Process are _____, communicate, and document.

- A. collaborate
- B. collect
- C. providing
- D. distribute

Question #4

The five-step process of the pharmacist patient care process includes

- A. Calculate, Assess, Plan, Initiate, Follow-up
- B. Collect, Assess, Plan, Implement, Follow-up
- C. Collect, Ask, Plan, Initiate, Follow-up
- D. Call, Assess, Preview, Implement, Follow-up



The Pharmacist Patient Care Process Current Practice Processes

FLORA G. ESTES
ASST. DEAN, PRACTICE PROGRAMS
ASSOCIATE PROFESSOR, PHARMACY PRACTICE
TEXAS SOUTHERN UNIVERSITY COLLEGE OF PHARMACY AND HEALTH SCIENCES

Disclosures

I do not have any financial interest or affiliation with one or more organizations that could be perceived as an actual or potential conflict of interest in the context of the subject of this presentation

Objectives

By the end of this presentation, you will be able to:

1. Reflect on the patient care process of other health care professions
2. Discuss current trends in pharmacist patient care processes
3. Understand the need for consistency within the pharmacist patient care process
4. Understand the importance of adopting a pharmacist patient care process that can be utilized in all practice settings

25

Question #1

A **consistent** process of care serves as the foundational principle for most health care professions.

- A. True
B. False

26

Patient Care Practice Components

A discipline may define its own standards of practice but all patient care practices have three (3) common components;

- 1. A philosophy of practice
- 2. A process for patient care
- 3. A system to manage the practice

27

Patient Care Practice Components

•Our focus today is on the 2nd component;

—A Process for Patient Care

•The process may be applied differently by each health care discipline and in various practice setting but they should always involve **key components** that focus on **assessment, planning, and follow-up**.

28

WHAT ABOUT OTHER PROFESSIONS?

Nursing: The American Nurses Association

•Provides quality control in the provision of individualized nursing care, promotes professional growth, establishes a foundation for nursing's scope of practice, and reinforces professional autonomy.

•5-step Patient Care Process:

- 1. Assessment
- 2. Nursing diagnosis
- 3. Outcomes/planning
- 4. Implementation
- 5. Evaluation



29

WHAT ABOUT OTHER PROFESSIONS?

The Nursing Process

Assessment of health status

- Obtaining a relevant health and medical history
- Performing a physical examination based on age and history
- Performing or ordering preventative and diagnostic procedures based on the patient's age and history
- Identifying health and medical risk factors

Diagnosis

- Utilizing critical thinking in the diagnostic process
- Synthesizing and analyzing the collected data
- Formulating a differential diagnosis based on the history, physical examination and diagnostic test results
- Establishing priorities to meet the health and medical needs of the individual, family, or community



30

WHAT ABOUT OTHER PROFESSIONS?

The Nursing Process

Development of a treatment plan

- The nurse practitioner, together with the patient and family, establishes an evidence-based, mutually acceptable, cost-awareness plan of care that maximizes health potential. Formulation of the treatment plan includes:
 - Ordering and interpreting additional diagnostic tests
 - Prescribing or ordering appropriate pharmacologic and non-pharmacologic interventions
 - Developing a patient education plan
 - Recommending consultations or referrals as appropriate



31

WHAT ABOUT OTHER PROFESSIONS?

The Nursing Process

Implementation of the plan

- Interventions are based upon established priorities. Actions by the nurse practitioners are:
 - Individualized
 - Consistent with the appropriate plan for care
 - Based on scientific principles, theoretical knowledge and clinical expertise
 - Consistent with teaching and learning opportunities

Follow-up and evaluation of the patient status

- The nurse practitioner maintains a process for systematic follow-up by:
 - Determining the effectiveness of the treatment plan with documentation of patient care outcomes
 - Reassessing and modifying the plan with the patient and family as necessary to achieve health and medical goals



32

WHAT ABOUT OTHER PROFESSIONS?

Physical Therapy: The American Physical Therapy Association

PT Standards address

1. Patient client collaboration
2. Initial examination, evaluation, diagnosis, and prognosis
3. Plan of care
4. Intervention
5. Re-examination
6. Discontinuation of intervention (Conclusion of Episode of Care)
7. Communication/coordination/documentation



33

WHAT ABOUT OTHER PROFESSIONS?

Physical Therapy Process

Patient/Client (P/C) collaboration

- Establish and maintain an ongoing collaborative process of decision making
- Exists throughout the provision of services

Initial examination, evaluation, diagnosis, and prognosis

- Documented, dated, and authenticated by the PT
- Identify PT needs of the P/C
- Incorporate appropriate tests and measures to facilitate outcomes
- Produce data sufficient to allow evaluation, diagnosis, prognosis, and establishment of a care plan



34

WHAT ABOUT OTHER PROFESSIONS?

Physical Therapy Process

Plan of care

- Based on the exam, evaluation, diagnosis, and prognosis
- Identifies goals and outcomes
- Describes proposed intervention, including frequency and duration
- Documentation; dated and authenticated by the PT



35

WHAT ABOUT OTHER PROFESSIONS?

Physical Therapy Process

Intervention

- Based on the exam, eval, diagnosis, and prognosis
- Provided under the ongoing direction and supervision of the PT
- Commensurate with qualifications of the PT assistant
- Altered according to changes in response or status
- Provided at a level consistent with current PT practice
- Interdisciplinary when necessary to meet the needs of the P/C
- Documentation; dated and authenticated by the PT or Assistant



36

WHAT ABOUT OTHER PROFESSIONS?

Physical Therapy Process

Re-examination

- Documentation; dated and authenticated by the PT
- Includes modification to care plan

Discontinuation of intervention (Conclusion of Episode of Care)

- Status of P/C; goals and outcomes attained
- Documentation; dated and authenticated by the PT
- Includes when P/C discharged prior to attainment of goals and outcomes
- Status of P/C and rationale for discontinuation

Communication/coordination/documentation

- Documentation; dated and authenticated by the PT
- Records patient data using collective analysis method



37

Question #2

The **foundation** for the Pharmacist's patient care process is embedded within the pharmaceutical care model

- A. True
- B. False

38

Question #2

The **foundation** for the Pharmacist's patient care process is embedded within the pharmaceutical care model developed by Hepler and Strand (1990)

39

Question #3

How many of you would say you have a Pharmacist Patient Care Process within your facility?

40

WHAT ARE SOME OF THE CURRENT PHARMACY PATIENT CARE PROCESSES?

- Pharmaceutical Care
- Comprehensive Medication Management (CMM)
- Medication Therapy Management (MTM)
- Individualized Medication Assessment and Planning (iMAP)
- Society of Hospital Pharmacists of Australia (SHPA)

41

FOUR ESSENTIAL ELEMENTS

- Cornerstone of the Clinical Pharmacist Patient Care Process:

ASSESS – the patient and his/her medication therapy

DEVELOP - a plan of care

IMPLEMENT – the plan of care

EVALUATE – the outcomes of the plan

42

PHARMACY PATIENT CARE PROCESSES

PHARMACEUTICAL CARE	MEDICATION THERAPY MANAGEMENT	INDIVIDUALIZED MEDICATION ASSESSMENT & PLANNING	COMPREHENSIVE MEDICATION MANAGEMENT	SOCIETY OF HOSPITAL PHARMACY OF AUSTRALIA
Assessment Identifying MRP's 7-types of MRP 4-broad categories 1. Indication 2. Effectiveness 3. Safety 4. Adherence	Assessment Identifying MRP's 7-types of MRP 4-broad categories 1. Indication 2. Effectiveness 3. Safety 4. Compliance	Assessment 7-types of MRP 1. Drug therapy needed 2. Suboptimal dosing 3. Medication monitoring needed 4. Suboptimal drug ADE present 5. Suboptimal duration, administration or frequency 6. Nonadherence	Assessment Identifying MRP's 7-types of MRP 4-broad categories 1. Appropriateness 2. Effectiveness 3. Safety 4. Adherence	Assessment 8-types of MRP 1. Drug selection/indication 2. Over or Underdose 3. Compliance 4. Undertreated condition 5. Monitoring needed 6. Education or information 7. Non-classifiable 8. Toxicity, allergy or ADR
Care Plan 1. Establish goals of therapy 2. 9-types of intervention or resolutions 3. Develop follow-up schedule	Care Plan 1. Medication Therapy Review (MTR) 2. Include MAP (medication action plan)	Care Plan 1. 10-step model to develop plan 2. 20 categories of recommendation/resolutions of MRP's	Care Plan Individualized; collaborative (patient, health care team) 1. MMP focus on overall patient outcomes and specific clinical activities 2. 4-categories of resolutions of MRP's 3. Category of "No Recommendation Necessary"	Care Plan 1. MMP focus on overall patient outcomes and specific clinical activities 2. 4-categories of resolutions of MRP's 3. Category of "No Recommendation Necessary"

PHARMACY PATIENT CARE PROCESSES

PHARMACEUTICAL CARE	MEDICATION THERAPY MANAGEMENT	INDIVIDUALIZED MEDICATION ASSESSMENT & PLANNING	COMPREHENSIVE MEDICATION MANAGEMENT	SOCIETY OF HOSPITAL PHARMACY OF AUSTRALIA
Implement Plan 1. Include steps of communication and documentation (patient and prescriber) 2. Can be carried out directly by the pharmacist or involvement of prescriber (with or without a collaborative practice agreement)	Implement Plan 1. include documentation in the MAP 2. Development of a personal medication record (PMR) 3. Pharmacist intervention and/or referral 4. Follow-up 5. Submission of documentation to payers required for compensation	Implement Plan 1. Include steps of communication; to primary care provider 2. Step may be modified if working under a collaborative drug therapy management agreement or scope of practice privileging arrangement. Includes educating the patient	Implement Plan 1. Addressing and acting on specific items in the collaborative care plan 2. Specific guidelines outline components of documentation	Implement Plan 1. Include steps of communication and documentation. 2. Pharmacist should participate in interdisciplinary care planning and collaborate with prescriber.
Evaluate Outcomes 1. Include monitoring and follow-up 2. Achieved by subjective and objective monitoring 3. Asking patient and/or Review/check lab results and other data 5. Each health condition classified into one of eight outcome categories	Evaluate Outcome 1. Include monitoring and follow-up 2. Transition of care may require working with another pharmacist who is located in the patient's current setting	Evaluate Outcome 1. Include monitoring and follow-up 2. Achieved by subjective and objective monitoring 3. Asking patient and/or Review/check lab results and other data	Evaluate Outcome 1. Follow-up relied on to determine actual patient outcomes 2. Ongoing evaluation to determine whether appropriate outcomes are being achieve and/or maintained 3. Care is coordinated with the team	Evaluate Outcomes 1. Includes monitoring 2. Steps included to modify if outcomes not achieved focused and related to clinical problems identified 4. Medication use process/plan is ongoing 5. Care intended to be continuous

The rationale for adopting a consistent process:

Eliminate the wide variation in patient care process

- used across different practice settings or
- even in similar practice settings

Terminology understood by all health professions:

- Example: medication therapy management vs medication management differs from the consensus MTM module/process
- Example: Medication-related problems (MRP) used interchangeably drug therapy problem and drug-related problem
- Example: practice, patient care process, clinical service, practice model are often interchanged loosely or inappropriately

Eliminate the uncertainty of consistent patient care services by other health professionals, patient, and caregivers

WHY IS THIS IMPORTANT FOR PHARMACIST?

The process should be

- clear, straightforward, and intuitive
- explicit and reproducible
- applicable to all practice settings
- demonstrate to patients, caregivers, or health professionals the way pharmacist reliably contributes to improved medication-related outcomes

Studies assessing the effect of pharmacist impact on patient outcomes have shown positive results but the method used can be highly variable and not reproducible

WHAT IS THE NEWLY ADOPTED PHARMACIST PATIENT CARE PROCESS?

- A framework for delivering patient care in any practice setting.
- To promote consistency in patient care service delivery across the profession.

The Pharmacist Patient Care Process: Process, terminology and implementation

Santhi Masilamani, PharmD, CDE, MBA
 Director, Ambulatory APPE
 University of Houston College of Pharmacy

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Disclosures

I do not have any financial interest or affiliation with one or more organizations that could be perceived as an actual or potential conflict of interest in the context of the subject of this presentation

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Objectives

Define the pharmacist patient care process.

Discuss the terminology of the pharmacist patient care process.

Explain the implementation of the pharmacist patient care process.

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Definition

Contemporary and comprehensive approach to patient centered care delivered in collaboration with other members of the health care team

- High quality
- Cost effective
- Accessible



<http://www.pharmacist.com/sites/default/files/PatientCareProcess.pdf>

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Pharmacists' Patient Care Process Terminology



UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Terminology- Collect

Subjective

- Allergies, side effects
- Adherence
 - "I didn't take my insulin for the last week or so"
 - "I don't feel I need to stop eating steaks every Sunday, because I'm on Lipitor"

Objective

- Last A1C
- Admissions



UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Terminology- Assess

All-necessary monitoring parameters assessed for safety and efficacy?

- Labs, PE

Goals Met

- set by national guidelines?
 - A1C <7
- individualized goals?
- History of frequent hypoglycemia
- personal goals?
 - Just want this blurriness and dizziness every time I eat to stop



UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Terminology - Plan

Medication regimen changes

- Increase, decrease, initiate, discontinue

Put goals in motion

- Self-management
- Give specific action plan
 - Walk 10 min M, W, and F with grandkids after school



UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Poll #1

1. Which practice do you have?

- MTM
- Disease management
- Primary Care
- Health Screening

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Group activity (5 min)

What do you

- Collect

How do you

- Assess

What do you include in a

- Plan

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Share (15 min)

One example each of collection, assessment and plan

- Front of the room
 - Share practice and what you collect
- Middle of the room
 - Share practice and assessment
- Back of the room
 - Share practice and your typical plan



UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Implementation

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Share (5 min)

One group shares practice and implementation plan

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Post-Implementation

- Follow up
 - Return visits
 - Post-discharge
 - Referrals
- Monitor
 - Post-discharge
- Evaluate
 - Continuous Quality Improvement (CQI)

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Continuous Quality Improvement

- Measures and benchmarks
 - Joint Commission Clinical Compass
 - Dashboards



UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Share (5min)

How do you follow up and evaluate patient progress as well as program effectiveness?

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Question #1

Which of the following is NOT a component of the Patient Care Process

- Collect
- Assess
- Plan
- Refer

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Question #2

Follow up after a visit with a patient is vital to the patient centered care process

- True
- False

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Question #3

Implementing a plan requires collaboration with other health care providers

- True
- False

UNIVERSITY OF HOUSTON COLLEGE OF PHARMACY

Question #4

Which of the following is a part of assessment in a patient care process?

- a) Health and functional status
- b) Risk factors
- c) Immunization status
- d) All of the above