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1. PURPOSE
This paper aims to help system vendors understand the flow of clinical data by defining the clinical documentation workflow of pharmacists in pharmacy practice settings.

The intent of the document is to demonstrate the usefulness of the process flow and how health information technology (HIT) can affect the process of care. Pharmacists are encouraged to work with their system vendor to build functionality into their system to collect, document, and exchange clinical information using structured documents that follow electronic industry standards.

Appreciating fully the clinical utility of electronic health data, the pharmacy profession has positioned itself well ahead of the curve for standardized outcomes-related data collection and enhanced electronic data accessibility for delivering quality patient care services. The mission of the Pharmacy HIT Collaborative Work Group on Communication Standards is to further integrate pharmacists who provide patient care services into the national health information exchange framework.

2. OVERVIEW
Pharmacist workflow, as defined by system vendors, has traditionally focused on the dispensing process. As the pharmacist role changes to encompass patient care services, a clinical workflow model needs to be defined. This document will help system vendors understand how pharmacists collect, document, and exchange clinical information during the process of care.

The creators of this document analyzed the process of care used by a pharmacist during direct patient care services in an ambulatory practice setting. This particular process of care was illustrated graphically using a workflow diagram or flowchart. Pharmacists and system vendors can use this document as a starting point to find ways of increasing system usability for clinical pharmacists in collecting, documenting, and exchanging clinical information outside of the dispensing workflow.

The purpose of this document is to develop a useful guide for pharmacists to explain to system vendors the workflow of clinical information during the pharmacist’s process of care.

3. DISCUSSION
3.1. PHARMACIST PROCESS OF CARE FOR CLINICAL DOCUMENTATION SYSTEM AND DATA FLOW
Under formal and informal collaborative practice agreements, pharmacists work in collaboration with physicians and primary care providers to help patients, particularly those institutionalized in hospitals, long term care facilities, as well as ambulatory care patients with chronic conditions, manage their medication regimens in the following ways:

- Performing patient assessments and developing therapeutic plans
- Using their authority to initiate, adjust, or discontinue medications
- Ordering, interpreting, and monitoring appropriate laboratory tests
- Providing care coordination and other health care services for wellness and prevention
- Developing partnerships with patients for ongoing and follow-up care
Diagram 1 depicts the process of care pharmacists follow during the clinical process. Diagram 2 outlines the flow of data during the process of care.

**DIAGRAM 1:**

**Pharmacists’ Process of Care for Clinical Documentation System**

Adapted from Pharmacists’ Patient Care Process, May 29, 2014.  

*Visit is used in this document to describe a patient encounter or admission to a hospital, home care, or other health care organization.
Pharmacists’ Clinical Documentation Data Flow
Ambulatory Clinic Setting

Data from External Sources
- Lab results
- Discharge summary
- Patient care summary
- Patient reported data
- Med dispensing history

Collect (before and during visit)

Assess

Data from Internal Sources
- Demographics
- History & physical
- Vital signs

Plan

Data to External Sources
- Medication action plan
- Patient care summary
- Transition of care document with medication reconciliation

Implement

Data to Internal Sources
- Progress note
- Med change
- Lab recommendation

Follow-up (monitor and evaluate)
3.2. PROCESS-OF-CARE STRUCTURED DOCUMENTS

Diagram 3 outlines processes used by pharmacists for patient care. The superimposed circles show what a pharmacist may do from the standpoint of an electronic structured document. During the electronic process of collecting, documenting, and exchanging clinical information, the pharmacist uses the electronic system to create structured documents that are used at different points in the process of care.

- During the collection, assessment, phases, the pharmacist creates a pharmacy care note that incorporates the reconciled medication list. In turn, the pharmacy care note forms the basis of the medication action plan.
- The pharmacist uses the medication action plan as part of patient engagement during the implementation phase. During the evaluation phase, the pharmacist uses quality and value assessment documents.
- The pharmacist uses a pharmacy care transition document or other patient medical care documentation record (i.e. EHR) during the monitor and transition phases.

**DIAGRAM 3:**

Pharmacists’ Patient Care Process Structure Documents

Adapted from Pharmacists’ Patient Care Process, May 29, 2014.

3.3. EXAMPLE OF PROCESS OF CARE IN PHARMACY PRACTICE SETTINGS

Diagram 4 below presents examples of the steps accomplished during the process of care in an ambulatory clinic setting. The authors believe that the process-of-care steps would work in all pharmacy practice settings. The intent of the diagram is to assist system vendors with a process flow for collecting, documenting, and exchanging clinical information and to provide a process flow that ensures that the assessment and outcomes of patient care are enhanced in all pharmacy practice settings.
**Diagnosis Focused:**

- Stable/unstable, controlled/uncontrolled, adherent/non-adherent

**Medication Focused:**

- Safety, tolerability, effectiveness, price, simplicity

**Medication Management:**

- Appropriateness, effectiveness, safety, tolerability

The plan is broken up into several sections. Every problem will have a plan associated with it.

**Issue:**

- Medication related
- Non-medication related
- Patient-behavior related
- Patient-knowledge related

**Solution:**

- Lifestyle or medication modification
- Patient education
- Monitoring
- Follow up (an extension of monitoring; includes referrals and pharmacist/provider visits)
- Outcome measures

Implementation is the documentation, coordination, communication, education, training, and support for the plan that is being developed. This links the Develop Plan phase to the Evaluate phase.

**Regulatory Compliance:**

Ensuring compliance with laws and regulations for the maintenance of patient records.

**Evaluating the patient:**

- Adherence to therapy
- Appropriateness of therapy (e.g., side effects, drug interactions)
- Outcomes (e.g., A1C)

**Monitor and/or transition** is the process of functionally sending the reconciled record off to be consumed by other partners on the care team. This could happen through the pharmacist’s communication methods, and may occur at any time. It is the final documentation step that will move into the next iteration of care and may occur at the same time of pre-collection of data in the next iteration.

**Evaluating the entire process** (higher level view).

- Includes time spent, process flow, best avenues for communication.

**Coordinate the transition of patient information to the healthcare team**.
4. CONCLUSION

In today’s health care environment, pharmacists are in a unique position to provide clinical services that manage medications and coordinate patient care to improve quality outcomes. Pharmacists collect, document, and exchange clinical information with members of an inter-professional care team. The purpose of this document is to help system vendors understand the workflow of clinical information across the continuum. Outlining the clinical workflow by pharmacists will help ensure that medication-related information is shared with the entire patient care team in a way that maximizes patient outcomes.

5. APPENDIX: PATIENT-CENTERED COLLABORATIVE CARE PROCESS

Figure 1 depicts a proposed standardized pharmacist patient-centered collaborative care process for pharmacists providing medication therapy management (MTM) services. The pharmacists’ patient care process described in this illustration was developed by examining a number of key source documents on pharmaceutical care and MTM. Patient care process components in each of these resources were catalogued and compared to create the following process that encompasses a contemporary and comprehensive approach to patient-centered care that is delivered in collaboration with other members of the health care team.

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