

Establishing a Patient Care Ritual: Pharmacists' Patient Care Process

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Illinois Council of Health-System Pharmacists 2015 Annual Meeting

Disclosures

I declare no conflicts of interest, real or apparent, and no financial interests in any company, product, or service mentioned in this program, including grants, employment, gifts, stock holdings, and honoraria.

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Audience Polling: Are you familiar with the new Pharmacists' Patient Care Process (PPCP)?

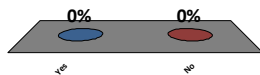
1. Yes
2. No



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Audience Polling: Have you utilized or taught the pharmacists' patient care process in your practice?

1. Yes
2. No



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Learning Objectives (Pharmacists and Technicians)

1. Describe how a standardized patient care process has been defined by national pharmacy organizations.
2. Explain the rationale for using a standardized patient care process.
3. Devise a care plan using the standardized patient care process.
4. Apply factors to consider, including health information technology, when implementing a standardized patient care process in various practice settings.
5. Identify how to obtain resources and tools for implementing a standardized patient care process.

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Self-Assessment Question #1

The pharmacists' patient care process was created to:

1. promote consistency across the profession.
2. document immunizations in the community.
3. make pharmacy practice more challenging.
4. serve only the didactic needs of Colleges of Pharmacy.

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Self-Assessment Question #2

The pharmacists' patient care process is:

1. pharmacist centric.
2. meant to be implemented independently by the pharmacist.
3. a five-step process: collect, assess, plan, implement, follow-up: monitor and evaluate.
4. a totally new process.

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Self-Assessment Question #3

The pharmacists' patient care process identifies three key roles that transcends all steps. They are:

1. communicate, measure, and report.
2. interview, assess, and coordinate.
3. medication reconciliation, counseling, and document.
4. collaborate, communicate, and document.

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Self-Assessment Question #4

In order to implement the PPCP in your practice:

1. an action plan should be developed to evaluate existing services.
2. education of colleagues and other health care providers will be necessary.
3. continuous quality improvement should be used.
4. All of the above.

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Self-Assessment Question #5

Key national organizations are developing strategies to implement the PPCP.

1. True
2. False

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Joint Commission of Pharmacy Practitioners (JCPP)

JCPP Vision:

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



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Pharmacists' Patient Care Process

JCPP Strategic Plan: **Consistent patient care process** identified as a key driver for achieving the JCPP vision

- Supports the profession's provider status activities
- Needed to meet demands of evolving health care system
 - Movement towards outcomes-based payment

Collaboration of national pharmacy organizations working to develop a standardized pharmacist patient care process

- Purpose: to stimulate consistency, predictability, and measurability in pharmacists' service delivery

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Need for Consistency, Predictability, and Measurability

- Outcomes based payment
- Objective comparisons between individual and groups of pharmacists
- Consistent expectations for diverse stakeholders
 - Patients, other healthcare providers, payers, regulatory bodies, government
- Comparative effectiveness research

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JCPP Pharmacists' Patient Care Process Workgroup

Activities: January 2012-May 2014

- Workgroup meetings
- Environmental scan
- Testing among clinicians
- Organizational feedback



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Pharmacists' Patient Care Process Development

Review of key resources

- Pharmaceutical care – Strand & Cipolle
- Profession's MTM definition and MTM Core Elements
- PCPCC Medication Management Resource Guide
- ACA language
- Nurse Practitioner's Practice Standards

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Pharmacists' Patient Care Process Development

Should apply to the wide variety of patient care services provided by pharmacists AND the pharmacist's medication expertise

- Level of intensity varies depending on the service
- One pharmacist (or technician) might be responsible for all the steps in some settings where in others more than one pharmacist may be involved at different stages of the process.

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Goals

*Pharmacists' patient care process created to:

- promote consistency across the profession.
- provide a framework for delivering patient care in any practice setting.
- be a contemporary and comprehensive approach to patient-centered care delivered in collaboration with other members of the health care team.
- apply to a variety of patient care services delivered by pharmacists, including medication management.

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Pharmacists' Patient Care Process

Foundational Components:

- Establishment of patient-pharmacist relationship
- Engagement and effective communication with patient, family, caregivers
- Continually collaborate, document, and communicate with physicians and other health care providers
- Process enhanced by interoperable information technology systems that facilitate effective and efficient communication

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Pharmacists' Patient Care Process

- Approved by JCPP organizations in May 2014
- Supported by 13 national pharmacy organizations



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

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Pharmacists' Patient Care Process



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COLLECT

Necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient.

Information may be gathered and verified from multiple sources.

Collect:

1. A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements
2. Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings
3. Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that impact access to medications and other aspects of care

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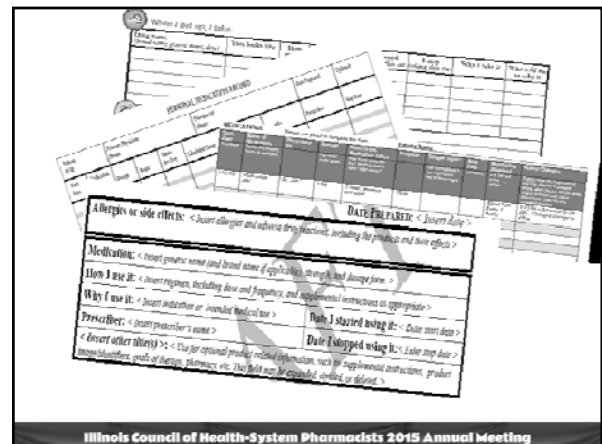
Collect: 1. Medication List

Fundamental role

“current” “complete” “active”

Medication reconciliation

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Medication List- Components to Consider	
Patient Information <ul style="list-style-type: none"> ▪ Patient name ▪ Patient contact information ▪ Patient date of birth 	<ul style="list-style-type: none"> ▪ Medical record number ▪ Emergency contact
List For Each Current or Active Medication (Rx, OTC, herbals, etc)	
<ul style="list-style-type: none"> ▪ Indication ▪ Generic and trade name ▪ Strength of ordered tablet, capsule, inhaler, etc. ▪ Current dose (# of tablets, capsules, etc., that equal that dose) ▪ Frequency of administration ▪ Route of administration 	<ul style="list-style-type: none"> ▪ Special instructions ▪ Optimal time to take medication ▪ Description of medication or picture ▪ Other as needed (i.e., side effects, goals, special instructions, etc.) ▪ Date medication was started ▪ Prescribing provider ▪ Refill date
Additional Content <ul style="list-style-type: none"> ▪ Allergies ▪ Source of current list, who created list) ▪ Date it was created 	<ul style="list-style-type: none"> ▪ Providers (including pharmacies) and their contact information ▪ Medication past history, reason medication was stopped, and date stopped

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Collect:

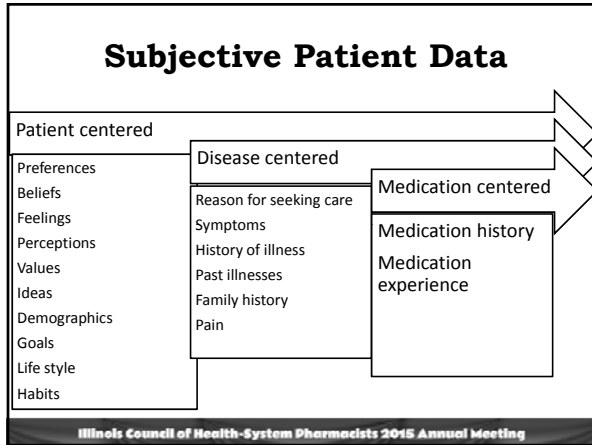
2. Relevant Health Data

Depth and breadth of services requested

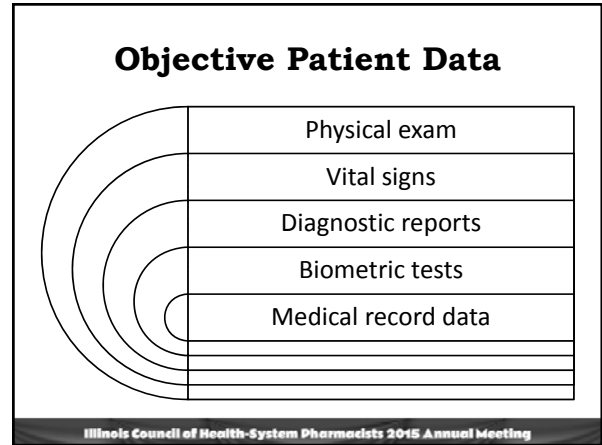
Location of services

Complexity of patient

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Challenges

Pharmacist factors

- Knowledge
- Communication skills

Patient factors

- Accuracy as a historian
- Cognitive abilities
- Communication skills

System factors

- Efficiency
- Access
- Time

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Patient Case: Mr. W.A.

68 year old Caucasian male referred to pharmacy services because of three hospital admissions for exacerbation of heart failure in the past year.

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What information do you want to collect?

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Patient Case: Mr. W.A. EMR data

CC: 68 yo presented with increasing shortness of breath and bilateral leg swelling

HPI: On vacation in Key West and noticed in airport on his way home he had to stop to catch his breath.

Legs have been swelling so took some extra furosemide and swelling improved but persistent SOB. Unable to put shoes on today.

States he was very active in Florida.

Since home has had low energy and stamina

No palpitations, fever, chills, cough

More lightheaded and dizzy than usual

ROS: 15 lb weight gain on trip with 7 lb weight loss since furosemide
Dyspnea on exertion

PMH: HTN, atrial fib with failed cardioversion x2, CAD, S/P CABG single vessel RCA; hyperlipidemia, GERD osteoarthritis, BPH, stage 3 CKD

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Patient Case: Mr. W.A. EMR data

FH: both parents with HTN

SH: non-smoker occ alcohol

Allergies: Zolpidem

Medications:

- Warfarin 3mg daily
- Pravastatin 40mg daily
- Metoprolol XL 25mg daily
- Amlodipine 5mg daily
- Lisinopril 10mg daily
- Furosemide 40mg daily
- KCl 20mEq daily
- Omeprazole 20mg daily (OTC)

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Patient Case: Mr. W.A. EMR data

PE/Vitals

HR 67, BP 119/70 RR 20 Ht 74 inches, 129.5 kg (285 lbs) BMI- 36.5

Cardio: Mild JVD irreg irreg rhythm

Lungs bilateral rales

Extremities: visit 2-3+ bilateral edema

Labs

H/H 14.8/44.8, WBC 6.2

Na 138, K 4.0 BUN/Cr 23/1.88

Troponin 0.02 CK 80 CK-MB 1.1 INR 2.5

Lipids: TC 240 LDL 115 HDL 35

Other tests

O2 sat 97%

EFR 40%

EKG - atrial fib

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You are ready to visit the patient. What additional information do you want to collect?

1. A current and complete medication list and medication use history

2. Relevant health data

- medical history
- health and wellness information
- biometric test results
- physical assessment findings

3. Lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that impact access to medications and other aspects of care

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Patient Case: Mr. W.A. interview

S: Since retired travels for pleasure 4-5 times a year with friends

Diet: Goes out to eat frequently, especially when on vacation, likes McDonalds hamburgers, does not add salt, cannot eat greens so pretty much meat and potatoes

Exercise: Plays golf at least 2-3 times per week with cart

Occasionally weighs himself. Does not understand why he is supposed to weigh himself daily. Tough to do when traveling

Medications: rarely misses medications, easy for him to take except furosemide which he there is something he is doing in the morning he does not take

zolpidem allergy - felt fuzzy in the head

Other: has had insomnia for years for which he takes diazepam

SH: Retired VP of a high tech firm

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Patient Case: Mr. W.A. interview

Additional Medications

- Diazepam 5 mg prn sleep – uses regularly
- Vitamin D 2000 units daily
- Vitamin C 500 units daily
- Centrum silver daily
- Celebrex 200 mg as needed for aches and pain especially after golfing
- Tadalafil 2.5 mg when needed
- Acetaminophen 325 mg as needed

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ASSESS



The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care.

Assess:

- Each medication for **appropriateness, effectiveness, safety, and patient adherence**
- Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care
- Immunization status and the need for preventive care and other health care services, where appropriate

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'Assess' Components

- **Medication assessment**
 - Appropriateness
 - Effectiveness
 - Safety
 - Adherence
- Patient history and risk assessment
- Preventive care assessment

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Knowledge and Problem Solving Skills



Patients medical and medication history

Clinical practice guidelines

Evidence based medicine

Disease state risk factors

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Medication Assessment

Medication Appropriateness



- Are there any disease states or indications for which the patient does not currently have a medication but a medication may be beneficial?
- Is the patient taking a medication for no medically valid indication?
- Does each prescribed medication have a current and valid indication? Do some medications have duplicate indications pertaining to the patient?

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Mr. W.A.

HTN, atrial fib, HF, CAD, S/P CABG single vessel

RCA

Warfarin 3mg daily
Metoprolol XL 25mg daily
Amlodipine 5mg daily
Lisinopril 10mg daily
Furosemide 40mg daily
KCl 20 mEq daily

Hyperlipidemia

Pravastatin 40mg daily

GERD

Omeprazole 20mg daily (OTC)

Osteoarthritis

Celebrex 200 mg as needed

Insomnia

Diazepam 5 mg prn sleep – uses regularly

ED

Tadalafil 2.5 mg when needed

BPH

Stage 3 CKD

Other

Vitamin D 2000 units daily
Vitamin C 500 units daily
Centrum silver daily
Acetaminophen 325 mg as needed

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Medication Assessment

Medication Effectiveness

- Is the medication working? Achieving desired therapeutic goals?
- Is the medication the optimal choice for the indication being treated?
- Is the patient on the correct (adequate) dose of medication?
- Are monitoring parameters in place to evaluate medication effectiveness and safety?
- Do results of medication monitoring indicate continued use of this medication?

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Mr. W.A.

HTN, atrial fib, HF, CAD, S/P CABG PE
single vessel RCA BP 120/69 HR 65 irreg-irreg, RR 12 (rest, 107 lbs, 160 lbs)
 Warfarin 3mg daily HF target doses
 Metoprolol XL 25r Spironolactone? bilaterally
 Amlodipine 5mg d edema bilat
 Lisinopril 10mg daily Est CrCl - 53 ml/min
 Furosemide 40mg daily ASCVD - 21.5%
 KCl 20mEq daily NSAIDs contraindicated
Hyperlipidemia INR 2.5 BUN/Cr 23/1.88
 Pravastatin 40mg daily LDL 115 HDL 35
GERD Diazepam high risk in the elderly
 Omeprazole 20mg daily (O
Osteoarthritis
 Celebrex 200 mg as needed
Insomnia
 Diazepam 5 mg prn sleep

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Medication Assessment

Medication Safety



- Is the dose of medication higher than the usual recommended dose for its indication?
- Is the patient experiencing signs or symptoms of adverse medication effects?
- Is the patient experiencing a side effect or issue that decreases patient safety that may be a result of a drug-drug, drug-food, or drug-laboratory test interaction?
- Do results of medication monitoring indicate a need for intervention?

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Medication Assessment

Medication Adherence



- Is the patient taking the medication too frequently or too much at one time?
- Is the patient not meeting clinical goals or measures based on not receiving or taking the medication as prescribed?
- Can the patient afford the medications? Is cost affecting medication adherence?
- Are there alternative therapies that could be used for an indication that would decrease patient cost burden?
- Are there therapies that may be unnecessary and would decrease cost if discontinued?
- Does the patient have a medical problem that is the result of not receiving a medication because of economic, psychological, sociological, or pharmaceutical reasons?

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Mr. W.A.

Safety

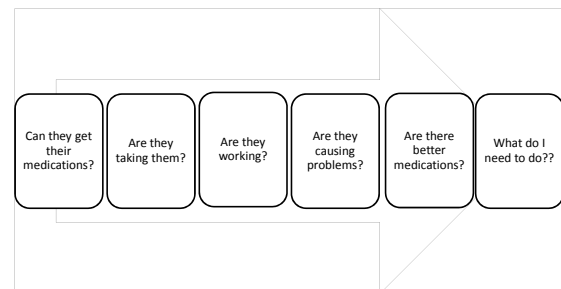
- Diazepam
- NSAID

Adherence

- Furosemide

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Patient History and Risk Assessment- Thought Process



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Preventative Care Assessment

- Immunizations
- Self-examinations
- Screenings

- Based on collected data- medical history, family history, lab values, current disease states, environmental factors

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Mr. W.A.

Risk assessment

- ASCVD
- 2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults. Available at <http://circ.ahajournals.org>
- Aspirin
- 2013 ACC/AHA Guideline on the assessment of Cardiovascular Risk. JACC 2014;63:2935-59
- AHA/ACCF Secondary Prevention and Risk Reduction Therapy for Patients with Coronary and Other Atherosclerotic Vascular Disease: 2011 Update. Available at <http://circ.ahajournals.org>

Preventative Care

- Immunizations- CDC

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PLAN

The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective.

The plan:

- Addresses medication-related problems and optimizes medication therapy
- Sets goals of therapy for achieving clinical outcomes in the context of the patient's overall health care goals and access to care
- Engages the patient through education, empowerment, and self-management
- Supports care continuity, including follow-up and transitions of care as appropriate

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Medication Related Problems and Optimizing Therapy

Rules to abide by

- Evidence Based
- Cost Effective
- Best achieve desired outcomes
- In collaboration with the patient
- In collaboration with the team
- Coordination of care

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Setting Goals of Therapy

S	• Specific
M	• Measurable
A	• Action-oriented
R	• Realistic
T	• Time-specific

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Setting Goals of Therapy

- Based on evidenced-based guidelines
- ie. Laboratory values (A1C, blood pressure), safety parameters (side effects, drug interactions), adherence (refills)

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What would you like to do for Mr. W.A.?

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Plan: Mr. W.A.

Heart failure: Goals decrease hospitalization, relieve symptoms, no side effects to medications

Medications:

- Increase Lisinopril to 20 mg daily (potentially 40 mg)
 - **monitor BP, K+, Cr**
- Consider adding spironolactone 12.5 mg daily
 - **monitor K+, Cr**
- Stop amlodipine if needed to maintain BP

Education:

- Heart failure medications and how they work
- Diet – restricted sodium intake and fluid management
- Daily weights
- Optimal use of furosemide
- Exercise and weight loss

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Plan: Mr. W.A.

Atrial fibrillation: Goal INR at goal range, no side effects or stroke

- Continue Warfarin 3 mg daily
 - **Monitor INR monthly, consider self management**
 - **Educate as needed**

Hyperlipidemia: Goal current recommendations, no side effects

- Switch to atorvastatin 80 mg daily
 - **Monitor if tolerated in 7-14 days**

GERD: Goal control of symptoms

- Continue present management

Osteoarthritis: adequate pain control, stable renal function

- Evaluate use and need for NSAID
- Educate on reasons NSAID not recommended

Insomnia: adequate sleep, appropriate therapy

- Recommend and refer sleep study and OSA evaluation
- Educate on diazepam concerns

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IMPLEMENT

Implement

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

The pharmacist:

- Addresses medication- and health-related problems, and engages in preventive care strategies, including vaccine administration
- Initiates, modifies, discontinues, or administers medication therapy as authorized
- Provides education and self-management training to the patient or caregiver
- Contributes to coordination of care, including the referral or transition of the patient to another health care professional
- Schedules follow-up care as needed to achieve goals of therapy

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Tips for implementing the plan

Prioritize medication related problems

Consider number and order of therapy changes

Personalize education to patient needs and abilities

Coordinate care with health team members

Determining reasonable follow up

Document

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Communication Tips

S

• Situation

S

• Subjective

B

• Background

O

• Objective

A

• Assessment

A

• Assessment

R

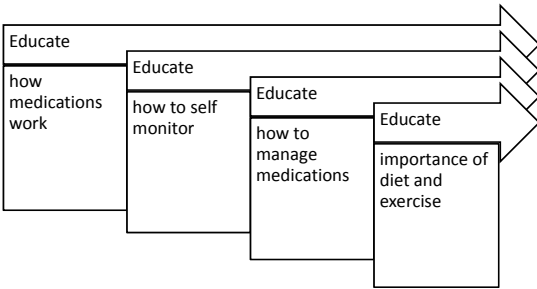
• Recommendation

P

• Plan

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Implementation with Mr. W.A.



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FOLLOW-UP: MONITOR AND EVALUATE

Follow-up: Monitor and Evaluate

The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed.

Monitor and evaluate:

- Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results and patient feedback
- Clinical endpoints that contribute to the patient's overall health
- Outcomes of care, including progress toward or the achievement of goals of therapy

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Measuring Outcomes

Mandated

- ACO
- Star measures
- HEDIS
- CAHPS scores

Measure sources

- Pharmacy Quality Alliance
- National Quality Measures Clearinghouse
- National Quality Forum (NQF)
- National Committee for Quality Assurance (NCQA)

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Measuring Outcomes- Examples

Clinical Measures	Humanistic Measures	Economic
<ul style="list-style-type: none"> • Blood pressure • A1c • Medication problem resolution • Adverse drug events • Adherence 	<ul style="list-style-type: none"> • Patient medication knowledge • Patient functioning • Self-management capability • Satisfaction 	<ul style="list-style-type: none"> • Hospitalizations • Emergency department visits • Medication Costs

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Restarting the Wheel

Is the patient making progress toward therapeutic goals?

Are previous problems resolved?

Have any new problems emerged?

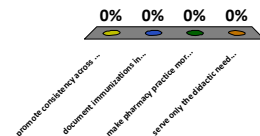
What are the results of treatment changes?

What are the results of any referrals?

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**Self-Assessment Question #2:
The pharmacists' patient care process is:**

1. pharmacist centric.
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3. a five-step process: collect, assess, plan, implement, follow-up: monitor and evaluate.
4. a totally new process.

0% 0% 0% 0%

pharmacist centric
meant to be implemented ...
a five-step process: collect...
a totally new process.

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**Self-Assessment Question #3:
The pharmacists' patient care process identifies three key roles that transcends all steps. They are:**

1. communicate, measure, and report.
2. interview, assess, and coordinate.
3. medication reconciliation, counseling, and document.
4. collaborate, communicate, and document.

0% 0% 0% 0%

communicate, measure, and...
interview, assess, and coord...
medication reconciliation, c...
collaborate, communicate, a...

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Applying and Implementing the PPCP

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National Implementation

Current strategies underway:

- Outreach: Press release, presentations
- Communications plan, toolkit, practice-setting specific case examples, and other materials under development through JCPP
- ACPE has incorporated the patient care process in PharmD standards 2016.
- Pharmacy HIT Collaborative is using the process as a framework to develop structured patient care documents to be used electronically via the electronic health record (EHR).
- The Pharmacy Quality Alliance (PQA) is considering the process in developing quality measures.
- Projects: Patient care process is being used in a national patient safety organization project to identify gaps in care.
- Training: The Alliance for Integrated Medication Management (AIMM) Collaborative, several Center for Medicare and Medicaid Innovation (CMMI) grantees, CE providers incorporating the process into education and training.

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Resources

How to Implement the Pharmacists' Patient Care Process

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

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Step 1: Practice. Apply the process to patient case studies

Collect	List the necessary subjective and objective information you need to collect.
Assess	Analyze the information in the context of the patient's overall goals, and identify and prioritize the problems.
Plan	Develop an individualized patient-centered care that is both evidence based and cost effective.
Implement	Execute the care plan in collaboration with other health care professionals and the patient or caregiver.
Follow-up: Monitor and Evaluate	List monitoring and evaluation parameters.

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Application Examples: Service/Setting

- Comprehensive medication review and follow-up
- Pharmacist consult in hospital
- IV to oral anticoagulant dosing
- Medication reconciliation during a care transition
- Diabetes management
- Immunization



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Step 2: Evaluate existing services, develop strategies, and implement the process

Create Action Plan

- What patient care service?
- How to apply the process?
- Staff development?
- Anticipated impact?

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Evaluate Existing Services

Patient Care Service	Collect	Assess	Plan	Implement	Follow up: Monitor & Evaluate
Comprehensive Medication Reviews	2	3	1	2	1

Rate the current delivery of each service-line for alignment with each step in the PPCP:

Alignment: Low = 1, Medium = 2, High = 3

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Evaluating Existing Services

Patient Care Process Step	Quality Improvement Strategy	Implementation Timeline
Collect	1. Develop a protocol to standardize collection process 2. Design and implement standard patient intake form in EHR	1. One month 2. Three months
Assess		
Plan		
Implement		
Follow-up: Monitor and Evaluate		

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Step 3: Advocate, Educate, and Promote

- Identify those associated with your practice
 - Colleagues
 - Other healthcare providers
 - Payers
 - Residents/Students
- Create a plan
 - Action item
 - Desired Outcome
 - Timeline

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Step 4: Use Continuous Quality Improvement

- Reassess services on a periodic basis for alignment with the PPCP.
- Develop strategies and implementation plans for areas with low alignment.
- (see Step 2)

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Key Points

- Consistency, predictability, and measurability
- Across all practice sites and disease states
- Patient-centered
- Team based care
- Patient Care Process
 - Collect
 - Assess
 - Plan
 - Implement
 - Follow up: Monitor and Evaluate

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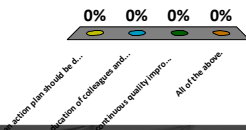
Pharmacists' Patient Care Process



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Self-Assessment Question #4: In order to implement the PPCP in your practice:

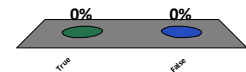
1. an action plan should be developed to evaluate existing services.
2. education of colleagues and other health care providers will be necessary.
3. continuous quality improvement should be used.
4. All of the above.



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Self-Assessment Question #5: Key national organizations are developing strategies to implement the PPCP.

1. True
2. False



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Self-Assessment Question #6:

ACPE has incorporated the pharmacists' patient care process into PharmD Standards for 2016.

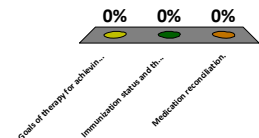
1. True
2. False



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Self-Assessment Question #7: Which of the following are considered during the 'Plan' step of the PPCP?

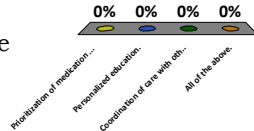
1. Goals of therapy for achieving clinical outcomes.
2. Immunization status and the need for preventative care.
3. Medication reconciliation.



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Self-Assessment Question #8:
The 'Implementation' step of the PPCP should include:

1. Prioritization of medication related problems.
2. Personalized education.
3. Coordination of care with other healthcare providers.
4. All of the above.

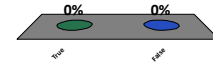


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Self-Assessment Question #9:

The need for consistency, predictability, and measurability in pharmacy practice is driven in part by the movement towards outcomes based payment.

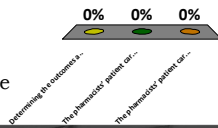
1. True
2. False



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Self-Assessment Question #10:
Choose the most correct answer related to the pharmacists' patient care process:

1. Determining the outcomes and value of pharmacists' services requires a consistent process of care.
2. The pharmacists' patient care process is only applicable to the ambulatory/community pharmacy setting.
3. The pharmacists' patient care process requires the use of collaborative practice agreements.



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