

Pharmacotherapy Handbook, 11e >

## The Patient Care Process

### INTRODUCTION

Health professionals who provide direct patient care are often called *practitioners*. Health professionals *practice* when they use their unique knowledge and skills to serve patients. A healthcare practice is not a physical location or simply a list of activities. Rather, a professional practice requires three essential elements: (1) a philosophy of practice, (2) a process of care, and (3) a practice management system.

A *practice philosophy* is the moral purpose and commonly held set of values that guides the profession. It is the critical foundation on which the practices of pharmacy, medicine, nursing, and dentistry are built. Although the concept of pharmaceutical care is not formally included in the code of ethics for the pharmacy profession or the oath of a pharmacist, pharmacists understand that they have a unique responsibility for addressing the drug-related needs of patients and should be held accountable for preventing, identifying, and resolving drug therapy problems.

The *patient care process* is a fundamental series of actions that guide the activities of health professionals. In 2014, the Joint Commission for Pharmacy Practitioners (JCPP)—representing 11 national pharmacy organizations—endorsed a framework for providing clinically oriented patient care services called the Pharmacists' Patient Care Process. This process includes five essential steps: (1) collecting subjective and objective information about the patient; (2) assessing the collected data to identify problems, determine the adequacy of current treatments, and set priorities; (3) creating an individualized care plan that is evidence-based and cost-effective; (4) implementing the care plan; and (5) monitoring the patient over time during follow-up encounters to evaluate the effectiveness of the plan and modify it as needed (**Fig. 1**). In addition to the five fundamental steps, a patient-centered approach to decision making is essential.

#### FIGURE 1

**The pharmacists' patient care process.** *Joint Commission of Pharmacy Practitioners. Pharmacists' Patient Care Process. May 29, 2014.* Available at: <https://jcphp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf>. Reprinted with permission.

image

A *practice management system* is necessary to support the efficient and effective delivery of services, including physical, financial, and human resources with policies and procedures to carry out the work of patient care.

This chapter provides a brief summary of the patient care process applied to drug therapy management and the practice management issues influencing adoption and application of this process by pharmacists.

### IMPORTANCE OF A STANDARD CARE PROCESS

The stimulus for developing the patient care process for pharmacy was the wide variation observed as pharmacists provided direct patient care, often using the same terminology to describe diverse services or, conversely, using different terminology to describe the same service. Without a consistent patient care process, it has been challenging for the pharmacy profession to communicate the pharmacist's role to external groups and establish the distinct value pharmacists bring to an interprofessional care team. Moreover, the patient must know and understand what is to be delivered to determine how best to receive the care provided. Likewise, other members of the healthcare team must determine how best to integrate the pharmacist's work into their efforts caring for the patient. A process of care must be built on a set of fundamental steps that can address the wide range of complexity that exists among patients. The process needs to be adaptable to varied settings, diverse populations, and different acuity levels.

### THE PATIENT CARE PROCESS TO OPTIMIZE PHARMACOTHERAPY

The application or focus of a profession-specific process of care depends upon the profession's knowledge and expertise. For pharmacy, the patient

care process is focused on patient medication-related needs and experience with medication therapy. Each health profession then addresses patient needs by assessing patient-specific information in a unique manner. For pharmacists providing comprehensive medication management (CMM), the assessment step involves a systematic examination of the *indication*, *effectiveness*, *safety*, and *adherence* for each of the patient's medications. This is a unique way of approaching a patient's health needs; no other discipline applies a systematic assessment process to medications and the medication experience in this manner.

The pharmacists' patient care process is standardized and is not specific to a care setting—it can be applied wherever CMM is performed. However, the type of information collected, its sources, and the duration of time to complete the process may vary depending on the practice setting and acuity of care. The subsequent sections in this chapter briefly describe the steps in the patient care process for pharmacists.

## Collect Patient-Specific Information

Collect relevant subjective and objective information about the patient and analyze the data to understand the medical/medication history and clinical status of the patient. Information from the health record may include patient demographics, active medical problem list, admission and discharge notes, office visit notes, laboratory values, diagnostic tests, and medication lists. Conduct a comprehensive medication review with the patient that also includes [alcohol](#), tobacco and [caffeine](#) use; immunization status; allergies; and adverse drug effects. Ask whether the patient has questions or concerns for the visit. Document a complete medication list that includes all prescription and nonprescription medications as well as dietary supplements the patient is taking (ie, name, indication, strength and formulation, dose, frequency, duration, and response to medication). Gather past medication history, if pertinent. Collect information about the patient's medication experience (eg, beliefs, expectations, and cultural considerations related to medications) and personal goals of therapy. Ask about the patient's ability to access medications, manage medications at home, adhere to the therapy, and use medications appropriately. Gather additional important information (eg, physical assessment findings, review of systems, home-monitored blood glucose, blood pressure readings).

## Assess Information and Formulate a Medication Therapy Problem List

Analyze the information collected to formulate a problem list consisting of the patient's active medical problems and medication therapy problems in order to prioritize medication therapy recommendations that achieve the patient's health goals. Assess the *indication* of each medication the patient is taking, including the presence of an appropriate indication; consider also whether the patient has an untreated medical condition that requires therapy. Assess the *effectiveness* of each medication, including progress toward achieving therapeutic goals; optimal selection of drug product, dose, and duration of therapy; and need for additional laboratory data to monitor medication response. Assess the *safety* of each medication by identifying adverse events; excessive doses; availability of safer alternatives; pertinent drug-disease, drug-drug, or drug-food interactions; and need for additional laboratory data to monitor medication safety. Assess *adherence* and the patient's ability to take each medication (eg, administration, access, affordability). Ensure that medication administration times are appropriate and convenient for the patient. From all of this information, formulate and prioritize a medication therapy problem list, classifying the patient's medication therapy problems based on indication, effectiveness, safety, and adherence ([Table 1](#)).

TABLE 1

**Medication Therapy Problem Categories Framework**

Medication-Related Needs	Medication Therapy Problem Category
Indication	Unnecessary medication therapy
	Needs additional medication therapy
Effectiveness	Ineffective medication
	Dosage too low
	Needs additional monitoring
Safety	Adverse medication event
	Dosage too high
	Needs additional monitoring
Adherence	Adherence
	Cost

Pharmacy Quality Alliance. PQA Medication Therapy Problem Categories Framework. August 2017. Available at:

<https://www.pqaalliance.org/assets/Measures/PQA%20MTP%20Categories%20Framework.pdf>.

## Develop the Care Plan

Working in collaboration with other healthcare professionals and the patient or caregiver, develop an individualized, patient-centered care plan that is evidence based and affordable for the patient. Design the plan to manage the patient's active medical conditions and resolve the identified medication therapy problems. Coordinate care with the primary care provider and other healthcare team members to reach consensus on the proposed care plan, when needed. Identify the monitoring parameters necessary to assess effectiveness, safety, and adherence, including frequency of follow-up monitoring. Design personalized education and interventions for the patient, and reconcile all medication lists (eg, from the medical record, patient, pharmacy) to arrive at an accurate and updated medication list. Determine who will implement components of the care plan (ie, patient, clinical pharmacist, other providers). Decide on the appropriate time frame and mode for patient follow-up (eg, phone, face-to-face).

## Implement the Care Plan

Implement the care plan in collaboration with other healthcare professionals and the patient or caregiver. Discuss the care plan with the patient, educate the patient about the medications and goals of therapy, make sure the patient understands and agrees with the plan, and implement recommendations that are within your scope of practice. For recommendations that cannot be independently implemented, communicate the care plan to the rest of the team, indicating where input is required by other team members. Document the encounter in the health record (eg, assessment, medication therapy care plan, rationale, monitoring, and follow-up). Arrange patient follow-up based on the determined time frame and communicate follow-up instructions with the patient.

## Follow-Up with the Patient

Provide targeted follow-up and monitoring (whether in person, electronically, or via phone) to assess the effectiveness and safety of the care plan.

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Modify the plan when needed in collaboration with other team members and the patient or caregiver to achieve patient and clinical goals of therapy. Plan for a CMM follow-up visit at least once within a year of the initial visit, and repeat all steps of the patient care process at that time to ensure continuity of care and ongoing medication optimization. Refer the patient back to the provider (and document accordingly) if all medication therapy problems have been resolved, no new problems are identified, and it is determined that the patient no longer needs CMM services.

## PRACTICE MANAGEMENT ISSUES

A practice management system is essential to the care process and includes the metrics to ensure patient health outcomes are being achieved; efficient workflow; communication and documentation using the power of information technology (IT); and data that accurately reflect the attribution and value the practitioner brings to patient care.

### Quality Metrics

The patient care process sets a standard of achievable performance by defining the parameters of the process that can be measured. With the movement toward outcome-based healthcare models and value-based payment systems, it is critical to objectively measure the impact a patient care service has on a patient's health and well-being. For the process to be measurable, each element must be clearly defined and performed in a similar manner during each patient encounter. The lack of clarity and consistency has hindered collection of robust evidence to support the value of pharmacists' patient care services. The standard patient care process gives pharmacists an opportunity to show value on a large scale because the services are comparable and clearly understood across practice settings.

### Workflow, Documentation, and Information Systems

Healthcare systems are rapidly embracing the power of technology to analyze information and gain important insights about the health outcomes being achieved. The uniform patient care process sets a standard for the practice workflow that allows IT systems to capture and extract data for analysis and sharing. The ability to capture clinical data is currently available through a number of coding systems, such as the International Classification of Diseases 10th edition (ICD-10) and the Systematized Nomenclature of Medicine—Clinical Terms (SNOMED-CT). Practitioners need to understand how coding systems operate behind the scenes when performing and documenting their clinical activities. This will enable practitioners to assist information technologists to effectively design systems to accurately document the elements of the process that can produce the data on medication-related outcomes.

### Documentation, Attribution, and Payment

Payment to healthcare providers for patient care services in the United States has traditionally been based on the documentation and reporting of standard processes of care. Rules and guidance from Medicare and the Centers for Medicare and Medicaid Services (CMS) are considered the billing and payment standard for healthcare providers both for governmental and commercial payers. Reporting the complexity of care provided is built on top of the documentation requirements; complexity is determined by the number of required elements in each documentation domain. A billing code is then assigned to the patient encounter that equates to a payment commensurate with the level of care provided. This process is the basis for the current fee-for-service payment structure, and it is likely that this general format will remain in any future payment model. The traditional SOAP (Subjective, Objective, Assessment, Plan) note format is often used by pharmacists when documenting patient care and is particularly appropriate when providing services incident to an eligible Medicare Part B provider. However, some elements of the SOAP note that are required when using certain billing codes are not routinely performed by pharmacists (eg, comprehensive physical examination). The pharmacists' patient care process establishes a standard framework that reflects the pharmacist's work. Using a standard care process accompanied with a standard documentation framework will result in efficiencies of practice, enable appropriate and accurate billing, and facilitate the attribution of care to desired patient outcomes needed in value-based payment models.

*See Chapter 1, The Patient Care Process, authored by Stuart T. Haines, Mary Ann Kliethermes, and Todd D. Sorensen for a more detailed discussion of this topic.*