# COMMUNITY PHARMACY FORUM

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# ANTI-TRUST STATEMENT

# AGENDA

▶ Welcome/Introductions/Networking

▶ Presentation - Community Pharmacist Access to Health-System EHRs – Dave Mott

▶ Break

▶ Provider Status Update

▶ Networking/Toolkit Update Roundtables

# COMMUNITY PHARMACIST ACCESS TO HEALTH-SYSTEM EHRS

DAVID MOTT, PHD
UW-MADISON SCHOOL OF PHARMACY

# LEARNING OBJECTIVES

▶ Describe barriers and facilitators to community pharmacist access to health system EHRs from the perspective of health system health information managers (HIM).

▶ Describe barriers and facilitators to community pharmacist use of EHRs in community pharmacies.

▶ Describe best practices, from a health system and community pharmacist perspective, related to community pharmacist access to and use of health system EHRs.

▶ Describe strategies that could be developed and implemented to facilitate future access to health system EHRs by community pharmacists..

# ACKNOWLEDGEMENTS

# QUESTIONS TO THINK ABOUT

▶ Based on your experience, why have community pharmacists NOT been granted access to EHRs?

▶ Based on your experience, what are barriers and facilitators to read/write access to EHRs for community pharmacists?

▶ What could be the content of messaging provided to health systems and providers to facilitate community pharmacist access to EHRs?

▶ Based on your experience, what initiatives within health systems have or could facilitate community pharmacists' access to EHRs?

▶ Based on your experience, what are the major barriers to using health systems EHRs for patient care?

# MOTIVATION FOR THE PROJECT

▶ CDC grant proposal feedback

▶ Personal observations about health care

  ▶ PT referral process and notes in EHR

  ▶ Lack of pharmacist medication evaluation

▶ PSW resources

  ▶ https://www.pswi.org/Resources/Resources-for-Your-Practice/Community

# PROJECT BACKGROUND

▶ Adoption and meaningful use incentives

  ▶ Current status

  ▶ No incentives for pharmacist involvement

  ▶ "The failure to recognize pharmacists as eligible providers severely impedes incentives for hospitals and office-based physicians to exchange EHR information with community pharmacists."

▶ Case studies of impact – ACOs, pilot projects

  ▶ However, the existing gap in knowledge about current mechanisms and best practices related to community pharmacist access to and use of EHRs continues to hinder community pharmacists' access and ability to use EHRs.

# PROJECT BACKGROUND

▶ The Pharmacy Health Information
Technology Collaborative (PHITC)

➢ Adoption – Health system policies,
Pharmacy best practices

➢ Meaningful Use – achieving health
systems' goals

➢ PSW I&T Advisory Group
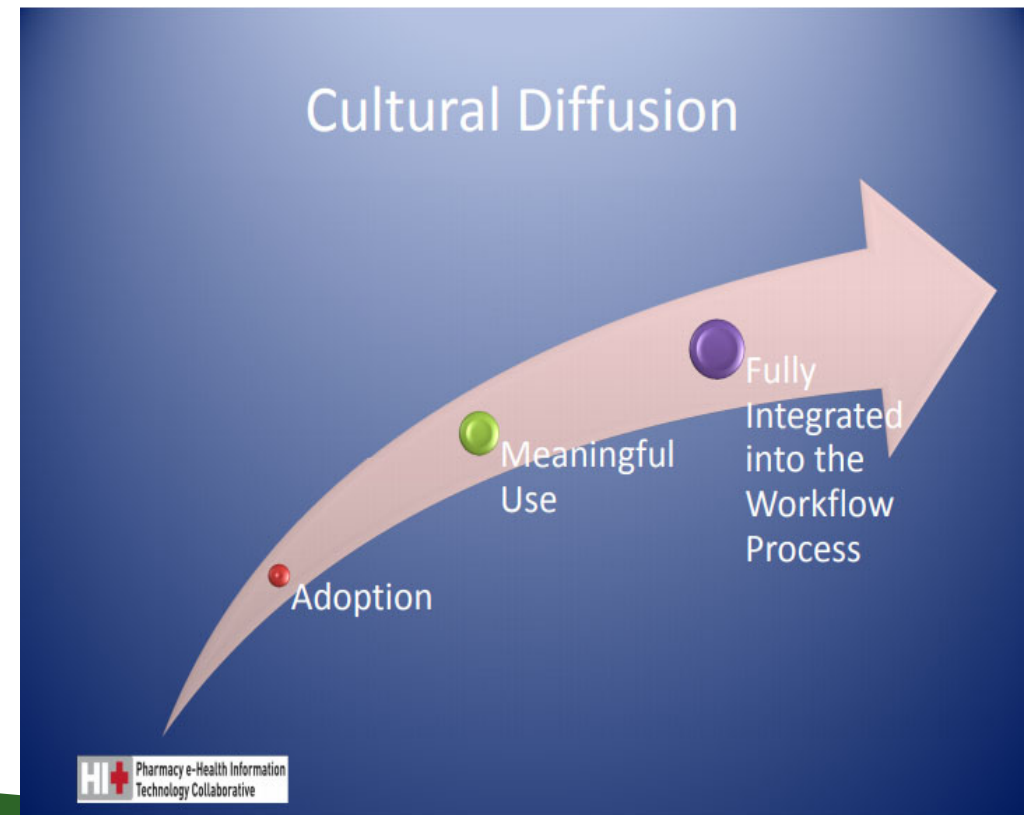
# PROJECT GOALS

▶ **Health system Perspective:** Collect and evaluate information from Health Information Managers (HIM) at health systems in Wisconsin about policies and procedures related to community pharmacists' access to and use of EHRs.

▶ **Community Pharmacist Perspective:** Collect and evaluate information from community pharmacists who have access to and use EHRs in Wisconsin about their perspectives and experiences on how to access and use EHRs.

▶ Disseminate results

# PROJECT METHODS SUMMARY

▶ Qualitative Interviews

▶ HIM Interview guide development

  ▶ PHITC Report

  ▶ PSW I&T Advisory Group, Pharmacist review, HIM manager pilot interview

  ▶ 3 sections, 19 questions

    ▶ EHR overview

    ▶ Access process, policies & procedures

    ▶ Outcomes from EHR access

# PROJECT METHODS SUMMARY

▶ Community Pharmacist Interview guide development

  ▶ PHITC Report, Published reports about community pharmacist access

  ▶ PSW I&T Advisory Group, community pharmacist pilot interview

  ▶ 8 questions

    ▶ EHR overview

    ▶ Access process, how using, how communicate, barriers and facilitators to access

    ▶ Meaningful use

# PROJECT METHODS SUMMARY

- Subject recruitment
  - HIM Managers – snowball sampling (Planned N = 10)
  - Community Pharmacists (Planned N = 5)
    - Snowball sampling
    - CPESN

# PROJECT RESULTS – HIM MANAGERS

- ▶ Completed 6 interviews

- ▶ 60 minutes, telephone, digitally recorded

- ▶ Timeframe: April – August 2020

- ▶ Reluctance to participate
  - ▶ COVID-19
  - ▶ Lack of awareness about community pharmacist access

# PROJECT RESULTS – HIM MANAGERS

▶ 1 health-system with HQ outside of Wisconsin

▶ One interviewee was a Clinical Informatics Pharmacist

▶ Epic (N = 5) & Cerner (N = 1)

▶ Pharmacist Access, generally

  ▶ Direct (N=3) or linked platform (N=3)

  ▶ Bi-directional (N=4) or Read-only (N=2)

▶ Community Pharmacist Access, specifically

  ▶ Password protected link and read-only

# PROJECT RESULTS – HIM MANAGERS

▶ 2 systems allowed access to community pharmacists

▶ In 1 system...

  ▶ Select group of 8 community pharmacists

  ▶ EpicCare link, read-only access

  ▶ Compelling impact, most important reasons for access include verifying orders, medication management, quicker access to prescription information.

  ▶ Evaluating benefits for 6-7 years, willing to sell idea of access to other community pharmacists, limited resources hinder efforts

  ▶ No plans for bi-directional access, focus on integration may facilitate bi-directional, limited demand from community pharmacists

# PROJECT RESULTS – HIM MANAGERS

▶ In another system…

  ▶ Piloting access to 1 community pharmacist who requested access

  ▶ Read-only access

  ▶ Certain patients and certain information

    ▶ Medications, immunizations, vitals, insurance, demographics

  ▶ Access streamlines connection with providers

  ▶ Expansion depends on intent of access, improving patient outcomes, and confidentiality. Barriers to expanded access include

    ▶ System infrastructure (i.e. resources)

    ▶ Provider expectations

# PROJECT RESULTS – HIM MANAGERS

▶ 4 systems only allow access to in-system pharmacists

  ▶ Improved workload, documentation, improved provider relationships, improved chronic disease management

  ▶ Improved patient feedback and outcomes

  ▶ Trying to nurture team-based care, no formal activities in this space

# PROJECT RESULTS – HIM MANAGERS

▶ 1 system has a goal to allow community pharmacist access

▶ Another 4 systems open to allowing access if requested

# PROJECT RESULTS – HIM MANAGERS

▶ Lack of demand/need for access

- ▶ Within health systems
    - ▶ Why do Community pharmacists need access?
    - ▶ What can community pharmacists provide?
    - ▶ This issue is not important internally
    - ▶ Providers are unaware, little communication within systems
- ▶ From community pharmacists
    - ▶ Lack of awareness, lack of time, lack of opportunity

# PROJECT RESULTS – HIM MANAGERS

*"I just don't think that [community pharmacists] ever saw the need.  I would imagine that if they would have approached someone with that need, I don't think that we would have created any barriers with them…We have EpicLink that we use with our nursing homes, so we grant access and there's a process of granting access.  So, if we were ever approached with a need, we would do an assessment…so I don't see us as creating a barrier for that community pharmacy.  We would definitely work with them to get them the information that they need."*

# PROJECT RESULTS – HIM MANAGERS

▶ Training offered to in-system users by most health systems

  ▶ Policies and procedures

    ▶ Access, privacy

  ▶ Information available

  ▶ Question forum/board

▶ In 1 system, provide access to training to all users (i.e. in-system and out of system)

  ▶ Reliance on train-the trainer

# PROJECT RESULTS – HIM MANAGERS

▶ Common uses of HER information by Community Pharmacists

  ▶ verifying medication orders

  ▶ medication management

  ▶ quicker access to prescription information for ensuring medication safety

  ▶ playing a role on the patient care team.

# IMPLICATIONS FOR ACCESS

- Messaging the need for access
  - Show value for goals of the health system
    - Population Health Management
      - Chronic disease management – medication reviews
    - Awareness of quality metrics
  - Show that access can result in increased value
    - Few studies showing impact/value of community pharmacist access
  - Aware of and value of information to which access is requested
  - Communicate to system administrators, providers, and HIM personnel
    - Beyond single providers

# IMPLICATIONS FOR ACCESS

- Role of in-system pharmacists
  - Known difference between role of in-patient vs. outpatient in-system pharmacists
  - Show value to health system on major initiatives
  - Communicate within system (i.e. providers, administrators, HIM managers) process of care and value
  - Share protocols/processes of care with community pharmacists
  - Multiple site evaluation showing impact of access
  - Leadership to establish health system policy
    - Expanded access, HIM resources to support expanded access

# IMPLICATIONS FOR ACCESS

- ▶ Role of bi-directional EHR access
  - ▶ Lack of bi-directional access limits efficieny of care
  - ▶ Provider awareness is important
    - ▶ Messages being ignored
    - ▶ Must figure out how to add community pharmacist to clinic workflow
    - ▶ Standardized documentation and communication are key
      - ▶ Role of e-Care Plan
- • One HIM manager said "Bi-directional communication makes pharmacists within the health system more involved in the patient care team."

# PROJECT RESULTS - PHARMACISTS

- ▶ 3 interviews completed
- ▶ October 2020
  - ▶ Role of COVID
- ▶ 60 minutes, telephone interviews, digitally recorded
- ▶ Represented access to the EHR for 4 different health systems
- ▶ Password protected link
- ▶ Read-only access

# PROJECT RESULTS - PHARMACISTS

- Uses
    - Understanding medication discontinuation
    - Seeking to understand why a drug was added
    - Preparing for MTM (which is the principal use for 1 pharmacist)
    - Clarifying why a medication that was prescribed
    - Collecting lab values to monitor medication use (which is the principal use for 1 pharmacist)
- Use very burdensome, not integrated into workflow yet

# PROJECT RESULTS - PHARMACISTS

"We're pretty aware of kidney function dosing for medications. So we try to keep serum creatinine and creatinine clearances on file for all of our patients over 65. And if we don't have that information that's recent, we'll try to access the EHR to get it, rather than having to place a call or bother the physician."

"[I] access the EHR information and then record on paper, then use Care Plan in Pioneer to document any interventions or assessments that we did, or, if labs, then we would print them out and scan them into the patient record...frequently it does not [fit into the pharmacy workflow]. The EHR does not get done as frequently as we would like it to get done...[it] only gets done when we have the time and brain space to think of it in advance. [We] use it to target particular pieces of data."

# PROJECT RESULTS - PHARMACISTS

"Can only search by medical record numbers until they are assigned to you. In order to get them assigned to you, you have to call a phone number [which is] not an efficient process. Cannot use off-hours if that patient's medical record number is not already assigned to you. [There is] no integration with our pharmacy system [a separate software system]. The sign-up process takes a long time, takes a long time to complete the paperwork, and there is no notification that access [has been] granted."

# PROJECT RESULTS - PHARMACISTS

"Changing password at each log-in was an issue.  Staffing was also an issue – pharmacists can't be off-line looking at EHR and not contributing their part of the workflow.  The biggest barrier to getting involved in another health system's EHR is time and not knowing where to start.  Informational resources, and a simplified process, from health systems to guide that process would be valuable."

"Password access.  Since we don't have EHR access for 2 of the 3 major health systems we work with, and it's only me specifically, we're always trying to remember if a particular patient fits the narrow guideline of use.  And sometimes I forget that I'm on site and I can access that for another pharmacist who is working on something."

"Think about how you want to use it to determine who you want to access it, so that you can utilize it to its fullest. If we want to be recognized as part of the healthcare team, we need to be engaged in some of these other activities, including getting this whole picture of patients and finding a way to either get that into our pharmacy workflow or setting aside time outside of the workflow to be doing some of these activities."

"A big missing piece is bi-directional communication, which would save time not only for me but for them. Privacy and managing patient data [are] important, but barriers in place are essentially making it non-functional. If I could look up patients more easily and more efficiently, that in and of itself would be the biggest thing that could be changed that would allow us to use it more frequently and efficiently. A way to allow employee to request access themselves would be helpful, if I could just approve it or something, that would be very useful compared to having to manually prepare paperwork for such access. If it's just that I don't know how to use it, I'm not willing to put the time in to learn it because it's so non-functional."

# IMPLICATIONS FOR USE

- ▶ Early adoption
  - ▶ What works and what does not, what is missing
  - ▶ Workflow issues, staffing issues, access issues are key
  - ▶ Best practices development and sharing as use continues
- ▶ Role of Schools of Pharmacy
  - ▶ How is EHR knowledge, access, and use integrated into curriculum?
  - ▶ Interdisciplinary team exposure/awareness during training

# IMPLICATIONS FOR USE

- ▶ Role of the eCare Plan
  - ▶ Health system awareness and adoption
  - ▶ Provider awareness and adoption
  - ▶ Pharmacy workflow
  - ▶ Community pharmacist and health system user groups

# RECENT TRENDS IMPACTING THE EHR

▶ Integration and interoperability

▶ Standardization and ease of use of information

▶ Streamlined data entry & patient data entry

▶ Accessibility - Working with large health systems to leverage investment in HER

▶ Patient centric engagement (patient access, sharing, wearable device data integration)

"To keep pursuing it because it is valuable.  It'll take baby steps to get us involved more across the board from health systems.  So if we continue to work together and collaborate, and they're getting unified messages from multiple community pharmacies, I think that's an important message to send."

# ASSESSMENT QUESTION #1

Community pharmacist access to health system EHRs is best characterized as bi-directional (i.e. read & write ability).

A. TRUE

B. FALSE

# ASSESSMENT QUESTION #2

Which of the following is TRUE about current use of health system EHRs by community pharmacists?

       A. Use is wide-spread

       B. Use is burdensome

       C. Best practices for use have been developed

       D. A, B, and C

# ASSESSMENT QUESTION #3

▶ Which of the following groups of people can facilitate community pharmacist access to health system EHRs

  ▶ A. Community Pharmacists

  ▶ B. Pharmacists working in health systems

  ▶ C. HIM Managers

  ▶ D. Health System Administrators

  ▶ E. All of the Above

# BREAK

# PROVIDER STATUS UPDATE

# KEY MESSAGE

*Provider status ensures that pharmacists, with their extensive medication expertise, are recognized as part of the integrated healthcare team thereby improving patient access and health outcomes. Provider Status will increase access to pharmacist-provided services by ensuring that pharmacists are equitably reimbursed for the patient care services they provide.*

# LEGISLATIVE UPDATE

**Federal Legislation**

- ▶ Requires Medicare Part B to include pharmacists as providers in medically underserved areas

- ▶ Covers all services within a pharmacist's scope of practice

**State Legislation**

- ▶ Requires Medicaid to include pharmacists as providers

- ▶ Covers all services within a pharmacist's scope of practice or delegated to a pharmacist by a physician

# GETTING PREPARED

▶ Billing information

▶ Credentialing/privileging

▶ Pharmacy leadership

▶ Non-pharmacy leadership/colleagues

▶ Determining services, staffing, etc.

https://www.pswi.org/Advocacy/Wisconsin-Provider-Status

RESOURCES

https://www.pswi.org/Advocacy/Wisconsin-Provider-Status

# PRACTICE GUIDELINE UPDATE ROUND TABLES AND NETWORKING

# QUESTIONS

▶ **Consider including contact information**