Pharmacist eCare Plan Development and Workflow Analysis Report November 2019

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Background

The Pharmacist Care Plan was initially drafted out of NCPDP and HL7 workgroups in 2013 with the intent of provide an electronic method to exchange documentation of medication-related health concerns, interventions, education, and goals that may have been established during a pharmacist-patient encounter. Medication management activities occur in all settings of care in the pharmacy profession, but there has never been a universal way to coordinate care for a patient's medication management needs outside of an electronic health record. Community Care of North Carolina (CCNC) opted to work with software vendors and pharmacies as part of the Centers for Medicare and Medicaid Services (CMS) Innovations pilot starting in 2016 as a method of collecting medication management activities from community-based pharmacies in North Carolina. Today, more than 2,000 pharmacies in 44 states are using the Pharmacist Care Plan as their primary electronic method for exchanging clinical data for the purposes of quality assurance, care coordination, and payer engagement.

Community pharmacy is at a pivotal juncture, with a major challenge of trying to continue surviving by solely dispensing medications. Care planning is essential to establish the community pharmacists' role as part of the overall care team for patients, and documenting those efforts are just as important. Incorporating clinical documentation into a busy workflow is challenging but essential for sustainability as new payment models are developed. Pharmacists have been providing patient-centered services for years, from identifying medication-related problems and communicating with providers to optimize medication regimens to providing medication and health condition education to monitoring and collecting vital signs and/or laboratory values. Now pharmacists are able to document these patient encounters using their chosen clinical documentation systems and share that information in a standardized manner. Care planning is a clinical care delivery activity that, when shared electronically in a standardized format, improves care coordination and provider expression of value.

Care planning has been a central part of care management of patients for years. Care managers and physicians can incorporate the information gathered during a pharmacist's encounter to help facilitate care coordination and enhance their patient's overall health status. Physicians are evaluated for their patients' medication adherence, and pharmacies across the country are working hand-in-hand with physicians to improve patient medication adherence. The Pharmacist Care Plan represents an opportunity for community pharmacists to participate as integrated members of the care team in their important role as medication specialists. As rapidly-rising costs continue to put pressure on the healthcare system as a whole, the need is ever greater for a system in which community pharmacists

can help to contain costs by improving patient care, document their efforts and share in the savings that they generate.

Many Community Pharmacies have been Delivering Clinical Services for Years, yet without Native Clinical Documentation Systems

Many community-based pharmacies are performing enhanced services on a daily basis, but without much fanfare. Many pharmacies offer services such as comprehensive medication reviews, medication synchronization programs, immunization screenings, medication reconciliation, personal medication records, and face-to-face access to pharmacy staff. Many pharmacies are also offering additional services, such as Chronic Care Management and Transitional Care Management, that can be provided by partnering with primary care providers who are allowed to bill for services provided to Medicare patients. Community-based pharmacies are able to complete and bill for encounters (i.e., comprehensive medication reviews and personal medication records) pushed to them through structured medication therapy management platforms that require out-of-workflow activities and oftentimes double documentation. To date, there has not been developed a widely available clinical documentation system that pharmacies can utilize to document medication-related problems and problem observations that is native to their pharmacy (i.e. a system for all of their patients) and integrated with prescription filling workflow.

For a number of years, pharmacies have been developing and implementing workflows to offer these enhanced services, which may or may not be within the dispensing workflow. One of the most successful models in integrating enhanced or clinical services with prescription filling workflow is the appointment-based model (ABM). ABM is a patient care service designed to improve patients' adherence to medications and build efficiencies in pharmacy operations. This model shifts the pharmacy staff's focus from passively filling prescriptions after patients have requested refills to proactively filling and synchronizing chronic medications for a single pick-up or delivery date. Many pharmacies provide an ABM model to patients enrolled in a medication synchronization or adherence program, which allows them to be efficient with enhanced services and prepared to provide enhanced services within a facilitated payer program.

As the market for enhanced and clinical services grows, community-based pharmacies continue to have access to newly developed platforms, both within and integrated with their prescription filling processes. These require pharmacies to analyze how to implement the new opportunity within workflow and determine how to keep all the information for a patient in one place to maintain a complete picture of the patient across the pharmacy staff. The Pharmacist Care Plan standard provides flexibility in documenting enhanced services as pharmacies are able to choose a vendor who offers Pharmacist eCare Plan capabilities that work best with their current workflow. The open nature of the standard means that any vendor can implement it and begin exchanging interoperable data with few barriers to entry.

Addressing Barriers to Incorporating Clinical Documentation into Community Pharmacy Workflows

CPESN USA and its Chaptered CPESN Networks were tasked with a number of workflow assessments and improvements as a laboratory for shared learnings by the NCPA Innovation Center. Clinical documentation system super user groups were formed and began in November 2018 with Best Rx, Docs Ink, QS/1, PioneerRx, and STRANDRx. PrescribeWellness formed and began meetings in

February 2019. More than 2,000 pharmacies received specific guidance on weaving clinical documentation into workflow via "Workflow Wednesdays", a bi-weekly communication that started in November 2018. Workflow Wednesdays include sharing of best practices from pharmacies across the country and example patient cases, in which the pharmacies were provided the case and vendors demonstrated how to document the patient case. CPESN USA set up vendor-specific forums to manage posting best practice materials and feedback, in which CPESN USA reviewed care plan data and gave feedback to pharmacies and vendors. CPESN USA continues to provide education to various vendors who have technical questions regarding Pharmacist eCare plan implementation. A website, https://www.ecareplaninitiative.com/, was created and launched in January 2019 to provide a venue for pharmacies and vendors on information regarding the Pharmacist eCare Plan.

Each super user group consisted of community-based pharmacists and Pharmacist eCare Plan software vendors. The groups proved to be popular and successful, as getting started with clinical documentation within pharmacy workflows via the Pharmacist eCare Plan was a relatively new concept for most pharmacy staff. The monthly super user group sessions provided an opportunity for pharmacists and non-pharmacist staff to share and discuss best practices and helped to overcome some of the challenges of clinical documentation. Vendor representatives being present during the sessions allowed pharmacists to ask vendors questions to better understand the functionality, as well as offer suggestions for possible improvements. Feedback provided during the sessions included requests made for click reduction, improved usability of drop-down selection, the ability to add Pharmacist eCare Plans from multiple screens to make it easier to incorporate into workflow, the ability to find more specific SNOMED CT codes for a given problem or intervention, and the ability to tee up potential problems or interventions for any given patient.

Though many community-based pharmacies provide enhanced services that improve patient care by addressing medication-related problems and providing care coordination, community-based pharmacies still face barriers with incorporating clinical documentation of the enhanced services and care coordination provided to their patients. Upon surveying participating pharmacists within the super user groups for each participating vendor about barriers that prevent them from documenting care plans, three main barriers emerged from survey responses submitted in an open-ended format: 1) time to complete, 2) platform complexity and nascency and 3) integration into prescription filling workflow. Notably, the care planning process itself was not identified as one of the three main barriers to implementation and documentation of clinical and enhanced services.

Time to document within vendor platforms and time to look up SNOMED CT codes for identified drug therapy problems and problem observations within some of the platforms was the principal reason for failure to master workflow. Time to document prevented pharmacies from care planning for more patients. Pharmacies suggested to vendors that being able to search for clue words for drug therapy problems and problem observations would make this process easier. Additionally, one member of a super user group provided a list of condensed SNOMED CT codes that are common codes used in practice.

Another common barrier included platform complexity. More specifically, understanding how to document clinical scenarios and educating the entire pharmacy staff on the care planning process and documentation of those efforts. The project team developed and coordinated with clinical documentation vendors to provide patient-use cases, and recorded demonstrations. For vendors who did not offer a recorded demonstration, contact information was provided for pharmacies to reach out to obtain a live demonstration. From late December to the end of March (2019), eight patient-use cases were provided to pharmacies on a bi-weekly basis to help the facilitation of care plan documentation.

Additionally, during the super user groups, best practice documents and learnings from practicing pharmacists were shared to show how they overcame the barriers of platform complexity and educating staff on the importance of implementing the documentation.

Lack of workflow implementation and integration with prescription filling processes was also pronounced. Pharmacies noted that they needed assistance in knowing what to prioritize in documenting care plans in order to become comfortable and then document more as the staff becomes proficient. Another barrier within this category was changing workflow to accommodate clinical documentation, even though enhanced services have been provided for many years.

A number of aides and assistance were provided to ameliorate these barriers. In addition to highlighting common patient-use cases and how to document those in clinical documentation platforms, the project team provided a list of ideas to consider for identifying patients:

1. *Identify your 3-5 most complex, high-risk patients in your pharmacy*
    - *Patients with frequent ED visits or hospitalizations*
    - *Patients in your sync program whose medications are frequently changing month to month*
    - *Patients with many different prescribers involved in their care*
2. *Recruit those patients into your sync program, if not already in it*
3. *Each month with sync process, begin asking the patient questions about their disease state control in addition to regular sync questions*
    - *Have you been to the hospital, urgent care, or emergency department in the past month?*
    - *For patients with certain medical conditions:*
        1. *Diabetes – What was your highest blood sugar in the past week? What was your lowest blood sugar in the past week?*
        2. *Heart Failure – How often do you weigh yourself? What was your most recent weight?*
        3. *Asthma – How often are you using your rescue inhaler?*
4. *By asking these questions, you will inevitably find drug therapy problems and identify that one or more interventions are needed to resolve them*
5. *Update the care plan with each sync fill*
6. *Slowly take it to the next level*
    - *Notes from coordinating care with other health care providers*
    - *Patient's goals for his/her own health*
7. *Over time, add more patients*

In addition to CPESN USA's efforts to help pharmacies with workflow implementation, super user group members enjoyed hearing how colleagues implemented clinical documentation and how they overcame barriers. Below are a few ideas that were shared during the super user group sessions:

- *Medication synchronization and/or adherence programs help to streamline documentation efforts because pharmacies proactively contact patients versus being reactive to patients calling the pharmacy or walking into the pharmacy.*
- *Categorize patients based on health condition(s) and risk-stratify patients based on complexity.*
- *Utilize eCare plans as a record for what is said during patient counseling/education sessions*

- *Allow technicians to document uncomplicated eCare plans, while the pharmacist documents the more complicated eCare plans.*
- *Document blood pressure logs for patients enrolled into a blood pressure program.*
- *Document medication reconciliation activities after medication synchronization calls*
- *If there isn't enough staff, document on paper and later in the day (when not as busy), have a pharmacy staff member document.*
- *Focus on EQUIPP patients by flagging the patients and assigning to a health coach (i.e., pharmacy technician).*
- *Have trained pharmacy technicians use the Drug Adherence Work-up (DRAW) Tool to triage patients by documenting in the eCare plan platform and assign to pharmacists so the pharmacist can follow-up.*
- *Set goals for the number of eCare plans to be submitted in a day, week, month, etc.*

Due to the initial success of the super user groups, the project team expanded the groups by offering it to more than 2,000 pharmacies so that best practices around clinical documentation within workflows can be shared more broadly. In turn, this should helped increase submission eCare plans. By the end of the project, more than 600 registrants would attend workflow webinars over the course of a month.

Technology Solution Providers Continue to Adopt the eCare Plan Standard, and In Doing So, are Rapidly Building Out Previously Non-Existent Clinical User Interfaces

Adoption of the Pharmacist Care Plan standard by software vendors was robust during the project period. At the end of the project in March 2019, six vendors had implemented the standard and had active users currently documenting care plans for patients and transmitting successfully: BestRx, Strand, DocsInk, PioneerRx, Prescribe Wellness, QS1. Another four had completed implementations but were still in the process of rolling out a user interface to users, followed soon after: AssureCare, FDS, Liberty, Micro Merchant, Pharmetika. Additionally, there were eight vendors actively working on an implementation of the standard: Azova, Cost Effective Computers, Datascan, Digital Business Solutions, DocStation, Habitnu, Kloudscript, MobileMediclaim). Finally, a number of other pharmacy management systems opted not to develop their own implementation, but instead integrated their system with another vendor who does. This provides important time-saving features for users such as allowing direct import of patient demographic data and medication information and single sign-on.

The project team had extensive experience in providing support to vendors who chose to implement the Pharmacist Care Plan standard, first through a grant from the Office of the National Coordinator for Health Information Technology to test feasibility, and then through CMS Innovation to test quality assurance and use of the eCare Plan for payment. Since the beginning of the project, the team held 60 webinars or conference calls and reviewed 37 sample files submitted by vendors to help them comply with the Pharmacist eCare Plan standard. The team also fielded hundreds of individual questions about the structure of the document, different formats available and how to map individual data elements.

The standard has gained wider adoption and enjoyed a growing level of support from the broader pharmacy community. The Pharmacy Health Information Technology Collaborative (Pharmacy HIT) has taken on the role of maintaining the collection of value sets associated with the standard, ensuring that the SNOMED codes associated with the Pharmacist Care Plan capture the full range of clinical interventions performed by pharmacists. The Pharmacy HIT Collaborative has also shepherded

the standard through the ensuing rounds of the HL7 balloting process, helping it mature as a standard to achieve Standard for Trial Use (STU), equivalent to balloting of the Continued of Care Document (CCD) that is the cornerstone of meaningful use interoperability.

The System-Wide Benefits of Ubiquitous Pharmacist electronic Care Plan Adoption

As the Pharmacist Care Plan has matured, it has begun to see use as a tool for care coordination between care team members. In one pilot program with a large MCO, the Pharmacist Care Plans developed for patients within the program by pharmacists were then passed by the MCO's care management team so that additional follow up activities could be prioritized and performed. The notes provided by pharmacists helped to contextualize the drug therapy of each individual patient and were of great benefit to the health plan, which previously could see the claims for each prescription fill but not necessarily its clinical context.

While community pharmacies have typically offered many of their enhanced services for a number of years, most are still working to combine their services into a comprehensive care planning program that fits within their workflow and can be documented and shared with other care team members. CPESN USA evaluates the care plans submitted by member pharmacies and provides feedback about parts of the care planning process that need further work to ensure problems are being identified for each patient, interventions are being documented to address those problems, and patient-centered goals are being established to keep the patient engaged with their therapeutic plan. This feedback is currently provided on a quarterly basis and has helped pharmacies and network leadership continue to improve their care planning processes and provide improved patient care.

This triple-benefit of the eCare Plan – care coordination, means of payment adjudication, and quality assurance – are essential for the evolution of community-based pharmacy practice. To have a standard transaction for all three purposes and allow for pharmacy choice in clinical documentation system is an important component. As community-based pharmacies transition from product reimbursement-based business models to service-based business models, the eCare Plan (or equivalent) will need to become ubiquitous, allowing for providers, who utilize many health information technology platforms and approaches, to connect with all other care team members and payers. This "many-to-many" relationship requirement is impossible without a standards-based approach, such as the Telecom standard and the SCRIPT standard have done for product reimbursement (claims) and electronic prescribing alike.

Next Steps: Work Needed to Further the Utility and Adoption of the Pharmacist electronic Care Plan

SNOMED Mapping – SNOMED coding is an extensive and granular ontology of procedures and clinical terminology of different types. Mapping those codes to clinical and enhanced services provided by community-based pharmacies will require both technical implementation as well as consensus building to ensure more universal interpretation of particular codes and what they are meant to communicate. (e.g. Medication Reconciliation has many related SNOMED codes, which are utilized in which circumstances?)

SNOMED CT Library Maturation – The eCare Plan standard utilizes a subset of the hundreds of thousands of available terms from the National Library of Medicine. The project team received several comments that there are times the code selections available to them in their user interface do not seem

to be the best fit to describe their activities. The project team has counseled pharmacy staff that the use of SNOMED CT codes for the Pharmacist Care Plan is still relatively new (since 2016) and will need to be continuously be reviewed and updated through the Pharmacy HIT Collaborative. The Pharmacy HIT Collaborative established a process for pharmacists to submit requests for new codes by submitting a comment to their website. Additionally, the Pharmacy HIT Collaborative established a process where vendors could use temporary or local codes as interim process until the actual SNOMED CT code is established and posted. SNOMED CT libraries need further development to capture the full array of services that community-based pharmacies provide.

User Interface Maturation – Usability features are evolving. Vendors have been very responsive to their own internal super user groups as they receive feedback. Various user interfaces and approaches to the clinical and enhanced services workflow will continue to evolve as the standard is more widely adopted and users provide crucial feedback to vendors. Click reduction, easy access to entering data within workflow, and ability to tee up drug therapy problems and interventions in an intuitive manner is important for widespread adoption to occur.

Continued Expansion of Clinical Data Content - Content of the Pharmacist Care Plans will also continue to improve. Notes associated with identification of a problem and with associated interventions are important to capture the story of an encounter. This will be a critical element with care coordination in the near future and will help care managers and physicians have a clear picture of any given medication management encounter. The content will also continue to be more robust as lab values, vital signs, immunizations, social history and assessments are incorporated.

Community Pharmacy Practice Transformation – Finally, the recent advent of community-pharmacy based clinical documentation systems and the eCare Plan standard would not have utility without widespread implementation of clinical and enhanced services by the community pharmacies themselves. Advanced practice pharmacies that need clinical documentation systems, and the eCare Plan's quality assurance, care coordination and payment adjudication features, need to number in the tens of thousands, rather than the hundreds or thousands to have industry-wide adoption and affect.