Community Pharmacist Engagement in Medication Reconciliation Processes for Recently Discharged Patients: A Grounded Theory Study

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**Background**

Medication Reconciliation
- Medication lists discrepancies between patients’ medication lists across different health care sites are common for patients transitioning from hospital to community care
- Medication reconciliation has been recognized by The Joint Commission as a critical process to decrease medication discrepancies across health care sites
- Previous research has focused on reconciliation processes between hospitals and community physicians, but not with community pharmacies despite the fact that patients most commonly fill their medications at community pharmacies after discharge

Community Pharmacies & Coordination of Care
- In 2013, nearly 4 BILLION prescriptions were filled at community pharmacies; however, community pharmacies are not typically included in traditional transitional care programs

**Objective**

The objective of this study was to examine community pharmacists’ perspectives and factors influencing medication reconciliation processes in the community pharmacy for recently discharged patients.

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**Methods: Research Design, Settings, and Sample**

- **Grounded Theory** was used as the foundation for data collection and analyses
- **Settings:**
  - Community pharmacy was defined as any licensed outpatient pharmacy providing pharmaceutical services
  - Three main types of community pharmacies were included in the analyses: 1) Larger retail community pharmacies, 2) smaller independent community pharmacies, and 3) outpatient long-term care pharmacies
- **Sample:**
  - Licensed pharmacists throughout Wisconsin and employed >1 year in a community pharmacy

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**Results: Study Participants Characteristics (N=21 Pharmacists)**

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Years of practice experience, median (range)</td>
<td>10 years (3.5-31)</td>
</tr>
<tr>
<td>Daily prescription volume, mean (SD, range)</td>
<td>302 (±119, 150-600)</td>
</tr>
<tr>
<td>Pharmacist practice setting, n (%)</td>
<td></td>
</tr>
<tr>
<td>Larger Retail (&gt;20 stores same ownership)</td>
<td>8 (38%)</td>
</tr>
<tr>
<td>Smaller Independent (&lt;20 stores same ownership)</td>
<td>8 (38%)</td>
</tr>
<tr>
<td>Long-Term Care</td>
<td>5 (24%)</td>
</tr>
</tbody>
</table>

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**Results: Engagement in Medication Reconciliation Process**

Pharmacists (N=21) described either complete, some, or no engagement in medication reconciliation processes for recently discharged patients

- Of the 16 pharmacists citing ideal medication reconciliation:
  - 6 pharmacists had complete engagement and were able to practice in alignment with their perceived ideals
  - 10 pharmacists had some engagement but were not in alignment with their ideals, citing multiple major barriers to reconciling medications

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**Model of the Medication Reconciliation Process and Outcomes from Community Pharmacists’ Perspectives for Recently Discharged Patients**

- **Conditions (Barriers and Facilitators):**
  - Community
    - Size
    - Relationships
    - Community involvement
  - Hospital Factors
    - EMR
    - Providers
    - Culture, structure
  - Pharmacy Factors
    - Access to EMR
    - Volume
    - Culture
  - Healthcare professionals
    - Patient factors
      - Familiarity
      - Severity of illness
      - Caregiver involvement

- **Patient Discharged from Hospital**
  - Prescription to pharmacy
    - Faxed
    - Phone
    - Electronic prescription
    - Hard-copy (Patient/Caregiver)

- **Consequences**
  - Medication reconciliation complete
    - Negative (e.g., time consuming)
    - Positive (e.g., patient safety)
  - Medication reconciliation incomplete
    - Negative (e.g., ADE)
    - Positive (e.g., more time for other activities)

- **Strategies and actions to overcome barriers and facilitators**
  - Cognitive (e.g., clinical judgment)
  - Behavioral (e.g., checkbox on prescription)
  - Policy (e.g., quality measures)

- **Medical hierarchy was a recurrent barrier**
  - Access to EMR streamlined and empowered pharmacists
  - Despite valuing reconciling medications, pharmacists cited multiple barriers

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**Methods: Data Collection & Analyses**

- This study was conducted in three phases (Phase I, II, III) during which data sampling, collection, and analyses occurred in a cyclical process (Table 1)

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**Conclusions**

- Community pharmacists noted wide variation in medication reconciliation practices for recently discharged patients
- Findings illustrate significant gaps and opportunities for researchers, policymakers, and pharmacists to develop interventions and guidelines to streamline medication reconciliation processes in community pharmacies

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