

# Access to patients' health records for drug therapy problem determination by pharmacists

Jette A. van Lint, Lindsay A. Sorge, and Todd D. Sorensen

## Abstract

**Objectives:** To evaluate differences in the number and type of drug therapy problems (DTPs) identified by pharmacists with and without access to patients' primary care health records; determine the confidence level of pharmacists in their assessment of DTPs with and without access to health records; and determine the type of information pharmacists need to confirm their assessment.

**Methods:** The study design was an exploratory and comparative evaluation of comprehensive medication management assessments. Pharmacists initially completed patient assessments without access to the patient's primary care health record. Pharmacists documented the visit according to the standard of care and documented the assessment in a standardized study form. Pharmacists then reviewed the patient's primary care health record and documented a revised assessment in the standardized study form. The standardized form included sections about the number of DTPs, the classification of DTPs, the pharmacist's confidence level in identifying DTPs, and the information needed to increase the pharmacist's confidence level in identifying DTPs.

**Results:** Pharmacists evaluated 24 patients and identified 132 DTPs. After reviewing patients' primary care health records, 31 DTPs were deemed "false DTPs," 3 DTPs were recategorized, and 9 new DTPs were identified. Practitioner confidence levels in DTP determination improved after reviewing patients' primary care health records. The health information most frequently identified as desirable after the initial review was laboratory tests.

**Conclusion:** Pharmacists identified more DTPs with lower confidence levels without access to patients' primary care health records. Fewer DTPs were deemed "confirmed DTPs" and confidence in the practitioners' assessments improved after review of the primary care health records. Access to primary care health records can help community pharmacists build an efficient and comprehensive medication management practice.

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The delivery of medication management services has been growing and there is an increased awareness of less-than-optimal outcomes from medication use and opportunities for compensation such as the medication therapy management benefit of Medicare Part D.<sup>1</sup> Medication management services are being delivered by pharmacists practicing in outpatient clinics as well as community pharmacies. Patients, medical providers, and payers expect the scope and quality of a pharmacist's assessment to be consistent. However, one key difference between these settings is often the pharmacist's access to the patient's primary care health record.

Access to electronic health records in the community pharmacy is expected to improve individual outcomes and quality of care by contributing to better interoperability within care settings and more efficient medication management assessments.<sup>2</sup> Research suggests that the care process can become more efficient when pharmacists have access to patient health care records and don't need to unnecessarily call and fax medical providers with patient-related questions on conditions and laboratory results.<sup>3</sup> Pharmacists who have integrated electronic access of patient health records into their practice perceive that this information helps them to improve patient health and prevent drug-related problems.<sup>4</sup> Other research suggests that pharmacists also make better clinical decisions in reviewing appropriateness of medications within the dispensing process with enhanced access to patient information.<sup>5</sup> Since the early 1990s, researchers have suggested that pharmacists need patient-specific information to fulfill their responsibilities in providing pharmaceutical care.<sup>5,6</sup> Despite these studies and assertions, to our knowledge, no previous work has sought to quantify the degree to which access to a patient's primary care record influences a pharmacist's ability to establish an accurate and confident assessment of drug therapy needs.

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## Objectives

The objectives of this pilot study were to (1) evaluate the differences in the number and type of drug therapy problems (DTPs) identified by pharmacists with and without access to a primary care health record, (2) evaluate the differences in the confidence level of pharmacists in their assessment of patients' DTPs with and without access to a primary health care record, and (3) determine the type of information that would be desired to increase confidence in assessing a patient's DTP needs.

## Methods

Four PGY1 pharmacy practice residents in ambulatory care-focused programs and practicing in organizations located in Minnesota participated in this study. Pharmacy residents were selected for this evaluation to minimize differences in training and experience. All participating residents were enrolled in a residency experience that included service delivery in a community pharmacy and a partnering primary care clinic.

A convenience sample of 40 patients was desired, with each pharmacist seeking to identify 10 patients receiving health services at both the community pharmacy and the primary care clinic at which they practiced. Patient eligibility also required that they have at least two chronic conditions being actively treated with prescription medications. All residents completed comprehensive medication management services (e.g., assessment, identification of DTPs, development of care plan, and follow-up) consistent with the care process outlined by the Patient Centered Primary Care Collaborative (PCPCC).<sup>7</sup>

The initial assessment and care plan was completed in the resident's community pharmacy practice without access to the patient's primary care health record and documented with a standardized data collection tool developed for this study. DTPs were categorized per PCPCC nomenclature (Table 1).<sup>7</sup> For each DTP, pharmacists indicated their level of confidence in identifying the DTP with a 5-point Likert scale (1, not confident; 2, less than adequately confident; 3, adequately confident; 4, more than adequately confident; 5, completely confident).<sup>8</sup> When the pharmacists wanted additional information that was not available to them during their initial assessment, they used the study documentation tool to record the nature of the desired information (e.g., an A1C level determined in the previous month).

Following the documentation of the initial assessment and care plan, pharmacists accessed the same patient's primary care health record and documented their assessment and care plan in the same manner in which they documented the initial assessment. For the patients whose cases required additional information, the pharmacists determined whether this information was available in the primary care health record. If the pharmacist confirmed the original DTP upon review of the patient's primary care health record, this was considered a "con-

firmed DTP." If the pharmacist found that the original DTP was resolved or no longer valid after reviewing the patient's primary care health record, this was considered a "false DTP."

No patient-identifying information was documented in the study data collection form. Before initiation of the project, the Institutional Review Board (IRB) of the University of Minnesota determined that this study was exempt from review.

## Results

The four pharmacists completed medication assessments of 24 patients during the 3-month study period. Three evaluated seven patients (29%) each while the fourth evaluated three (12.5%) patients.

All four pharmacists had challenges identifying eligible patients and came to the conclusion that the desired sample size was unrealistic and that the original plan of identifying 10 patients per resident was not feasible within the study period. Patient demographics consisted of six men and 18 women with a mean age of 65 years. Patient participants had a mean of 10 medical conditions and were taking a mean of 16 active medications.

Pharmacists identified a total of 132 DTPs (mean, 5.5 DTPs per patient). The follow-up assessment made with information in the patient's primary care health record created a change in the pharmacist's initial assessment in all 24 patients. Changes occurred in the determination of the presence of a DTP, classification of one or more DTPs, confidence level of pharmacists in determining a DTP, or a combination of these factors (Table 1).

## Drug therapy problems

In the assessments made before reviewing the health records, 123 DTPs were identified (Table 1). After the primary care health records were reviewed, 89 (72%) of the initially identified DTPs were determined to be confirmed DTPs, 31 (25%) of the initially identified DTPs were determined to be false DTPs, and 9 new DTPs were identified. Three DTPs (2%) were recategorized after health record review.

## Confidence levels

Pharmacists declared a confidence level of "5" (complete confidence) in 40 of 89 confirmed DTPs (45%) before health record review (Table 1), and this confidence level remained unchanged after health record review. No change in confidence was noted for 9 additional confirmed DTPs for which the initial confidence level was less than 5. An increase in confidence was documented in 39 of the 40 (97.5%) DTPs that had changes in their designated confidence levels, with 29 DTPs (72.5%) achieving a confidence level of 5.

Review of the patient's primary care health record resulted in a change in the confidence level of the phar-

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