



Original Research

Knowing the patient: A qualitative study on care-taking and the clinical pharmacist-patient relationship

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Abstract

Background: Previous studies have found clinical pharmacists (CPs) and clinical pharmacy specialists (CPSs) in direct patient care have positive effects across various patient outcomes. However, there are also other kinds of care-taking occurring in pharmacy-run clinic appointments that produce value for patients. **Objective:** To identify and characterize how CPs/CPSs in direct care clinics develop and practice care-taking behaviors which advance the pharmacist-patient relationship.

Methods: Semi-structured CP/CPS interviews were conducted once per year for two years (46 year 1, 50 year 2) along with direct observations of clinical pharmacy work as part of an anticoagulation improvement intervention. Participants were from Veterans Health Administration (VHA) medical centers and VHA community-based outpatient clinics in the Northeastern U.S. Interviews were transcribed verbatim and thematically analyzed using NVIVO 10 software.

Results: It was found that CPs/CPSs practice “knowing the patient” in ways related to, but distinct from this practice in the nursing literature. For CPs/CPSs, knowing the patient occurred over time, and it produced familiarity and trust between CPs/CPs and patients. A reciprocal relationship developed in which patients came to rely on CP/CPSs for other types of assistance. Patterns of knowing the patient and being known by the patient manifested in three distinct ways: 1) identifying the patient’s unmet needs, 2) explaining other medications, and 3) helping the patient navigate the system.

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Conclusion: This research identifies an action, knowing the patient, whereby CPs use their knowledge of the patient to deliver individualized care. This study contributes to the developing literature on pharmacist-patient relationships and pharmacist-patient communication.

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Research on provider-identity formation among clinical pharmacists (CPs) and clinical pharmacy specialists (CPS) and the integration of CPs/CPSs into multidisciplinary teams has shown that CPSs' skills and abilities are still not particularly well understood by other providers in many health care organizations. This does not limit the contributions of CPSs to patient care, but it may limit how measurable and acknowledged those contributions are.^{1–3} Prior research in this area demonstrates that while CPSs are valued for their medication expertise, there is still little knowledge among other health care providers that they have two distinct roles; that of being an independent direct care provider in a pharmacy-run clinic, and being a member of a collaborative health care team.⁴ While there are tools in development to measure CPSs contribution to care, the results from these quantitative tools have yet to be fully analyzed and published.⁵

A growing body of literature has described the contributions of outpatient clinical pharmacy to patient care, including comprehensive medication management, patient counseling, and health professional education with the intent of improving patient processes of care and clinical outcomes.^{6–9} Indeed, literature in pharmacy notes that incorporating direct patient care by pharmacists would be an appropriate and effective enhancement for US health care.⁸ Due to the great variability and heterogeneity of research studies, it is difficult at this time to definitively measure and assess CPS contributions to patient outcomes.¹⁰ Nevertheless research supports the contention that outpatient pharmacists are valuable contributors in medication management, patient counseling and education, as well as provider education.⁹

For clinical pharmacy to have an even greater impact on patient care, more research is needed on how clinical pharmacists and clinical pharmacy specialists interact and communicate with patients. There is a modest but growing body of research on pharmacist-patient communication. A recent review of forty-one studies of patient-pharmacist

interactions suggested that communication was marked by more biomedical than patient-centered speech on the part of pharmacists.¹¹ However, it is important to note that these studies were primarily conducted in community pharmacies, the majority of which were located outside of the U.S. Therefore, it is unclear to what extent these results would apply to CP/CPSs in the U.S. Moreover, there may be other kinds of communication and care-taking that occur during appointments.

The U.S. Department of Veterans Affairs has been a leader in the development and expansion of direct patient care in pharmacy-run clinics for disease state management.^{12,13} Anticoagulation care clinics (ACCs) were one of the first pharmacy-run disease state management clinics in the US and in the Veterans Administration. This study of CP/CPS practice in Veterans Health Administration (VHA) anticoagulation clinics is a qualitative study focusing on everyday clinical practices of care-taking and pharmacist-patient interaction in pharmacy-run clinics. This study's objective is to identify and characterize how CP/CPSs in direct care clinics develop and practice care-taking behaviors that advance the pharmacist-patient relationship and further pharmacist-patient communication.

Scope of practice and VHA anticoagulation care

In the U.S., pharmacists operate through collaborative practice agreements that create formal relationships between pharmacists and physicians or other providers that allow pharmacists to provide care to patients and expanded services for the health care team.¹⁴ Within the VA context, CPs have a scope of practice that generally goes beyond a collaborative practice agreement. With a VA scope of practice, the CP functions autonomously performing the medication management activities included in their scope of practice but they also work collaboratively with the health care team for the overall care of the Veteran.¹⁵ The scope of practice ensures that each is appropriately credentialed

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