

Demonstrating value, documenting care: Lessons learned about writing comprehensive patient medication assessments in the IMPACT project

PART II: Practical suggestions for documentation that makes an impact

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This is the second article in a 2-part series describing the documentation approach used in and lessons learned from the comprehensive patient medication assessments written by pharmacists who integrated into family practice sites as part of the Ontario Integrating family Medicine and Pharmacy to Advance primary Care Therapeutics (IMPACT) project. The main objectives of these articles are as follows:

1. To discuss issues related to pharmacist documentation of comprehensive medication assessments.
2. To provide strategies, tools, and tips to support the development of pharmacist documentation skills for the primary care setting.

The first article¹ in this series described the importance of documenting patient care, legal considerations, examples of common formats used by pharmacists, and strategies employed by the IMPACT team that readers could use to begin enhancing their own documentation skills. Part II describes the usefulness of these strategies and provides practical suggestions, based on the IMPACT experience, for documenting medication assess-

ments that can be easily read and implemented by physicians and other health care providers.

Assessment of IMPACT strategies

The project team used a variety of strategies to help the IMPACT pharmacists improve their documentation of medication assessments,¹ and the usefulness of these strategies was assessed throughout the project via pharmacists' monthly narrative reports,³ individual and group discussions with mentors, and IMPACT pharmacist group meetings. The results of this review process are outlined in Table 1. Readers may be able to use these results to determine the best way for them to improve their documentation skills; educators charged with the responsibility of teaching documentation skills may also find this information useful.

As a result of these various strategies, the project team was able to identify documentation challenges and implement solutions throughout the project. The main focuses early in the integration process were as follows:

- Providing individualized feedback (through the

BOX 1 The IMPACT experience

The IMPACT project was a large-scale demonstration project funded by the Ontario Primary Health Care Transition Fund Project in which 7 nondispensing pharmacists were integrated into 7 different family physician group practices between June 2004 and July 2006. The IMPACT pharmacists worked approximately 2.5 days per week over the 2-year period conducting comprehensive medication assessments for patients, providing drug information and education for health care providers, and implementing approaches to optimize drug prescribing and use within the practice.²

Comprehensive medication assessments were carried out for patients referred by the family physicians and involved the following:

- A review of the medical chart
- A patient interview to gather information on current and past medication history, adherence, and patient-reported medication issues
- Identification of drug-related problems and therapeutic dilemmas
- Provision to the physician of solution-focused recommendations for optimizing drug therapy through discussion and written documentation
- Working with the physician and other team members to develop and implement medication changes, education, or monitoring related to medication use

mentors) on consult note format, content, detail, clarity, and diplomacy

- Setting reasonable time guidelines regarding completion of documentation-related tasks
- Suggesting to pharmacists that they provide consult notes in stages to address the most immediate concerns right away, followed by lesser concerns at a later date

Approximately 18 months into the project, documentation notes were reviewed by a group of pharmacist raters to assess the strength of over 2000 recommendations as part of the project evaluation. Through this process, the raters were able to identify a variety of challenges in interpreting the documentation notes. They devised a list of practical suggestions that might help to improve the clarity of pharmacist recommendations and ensure physicians could thoughtfully consider pharmacists' opinions to improve medication-related care. These suggestions were circulated to the IMPACT pharmacists for comment. The examples below are taken from early IMPACT pharmacist consult notes and the associated suggestions are meant to both increase the likelihood that recommendations are easily implemented and to instill confidence in the readers' assessment of the pharmacist's skill and knowledge.

Practical suggestions for writing consult notes

Use a summary box

We suggested that pharmacists highlight their recommendations first by using a summary box on the front page of the consult note and then provide their rationale for the drug-related problem and

solution later in the note. This is helpful for physicians who don't have time to read more than one page but might want to look up detailed rationale about a particular problem.

EXAMPLE

Summary of recommendations

1. Suggest decrease dose of XX [name of drug] to 150 mg once daily given low creatinine clearance of 40 mL/min.
2. Suggest tapering XX [name of drug] to X mg [dose] at bedtime for 1 week, then stopping altogether (have discussed with patient; she is willing to start today if you agree).
3. Mrs. Y has agreed to stop XX [name of drug] (which may have been contributing to recent high BP) and will monitor BP daily at home to make sure it decreases to <130/80 mm Hg

Focus on solutions, not problems

Pharmacists are accustomed to writing about drug-related problems, but physicians are more likely to respond to proposed solutions.

EXAMPLE

Instead of a problem-oriented approach

- Patient's dose of XX [name of drug] is too high given his renal function.

Try a solution-focused approach

- Recommend decreasing dose of XX [name of drug] to 150 mg once daily given low creatinine clearance of 40 mL/min.

TABLE 1 Usefulness of IMPACT strategies to help with documenting care assessment

Strategy	Usefulness
Clinical documentation guidelines, Resource Downloads section (www.impactteam.info)	<p>Pharmacists:</p> <ul style="list-style-type: none"> • Found the combination of theory and practical examples useful • Liked having a format to use, wording suggestions, and examples of what to include • Liked that the reader could understand the drug-related issue if a standard method of writing the issue was used (e.g., SOAP or DAP) • Liked having samples from different pharmacists that demonstrated how style of writing is not as important as content and format (increased comfort with using own writing style) • Would have liked more information on how to use the note to ensure things get done • Would have liked more clarification about the main purpose of documentation (to determine the amount of detail needed)
Transitional training program	<p>Pharmacists:</p> <ul style="list-style-type: none"> • Stated that there wasn't enough time to develop documentation skills during the family practice simulator workshop (or training session) • Subsequently stated that it would have been useful to know that different physicians and different practices might have different expectations in terms of documentation
Review of consult notes by pharmacist mentors	<p>Pharmacists stated that the assistance of a mentor in reviewing their consult notes and discussing therapeutics of patient cases was very valuable</p>
Meeting with physicians and asking for feedback about notes	<p>Pharmacists:</p> <ul style="list-style-type: none"> • Found this approach useful • Discovered that different physicians needed different amounts of detail • Found that physicians liked the summary of recommendations on the front page of a consult note • Discovered that physicians seemed to understand the pharmacist's role better after seeing the consult note
IMPACT pharmacist meetings (MSN, e-mail, in person)	<p>Pharmacists stated that peer support was very useful for their general confidence.</p>
Pharmacist mentor monthly teleconferences	<p>Mentors found the teleconferences useful and outlined common documentation-related issues:</p> <ul style="list-style-type: none"> • Mentors were helping pharmacists with the therapeutics of very complex patients (sometimes with unclear diagnoses), and completion of assessments and subsequent documentation was very challenging • Pharmacists would complete documentation but have difficulty getting recommendations implemented • It was useful to set time guidelines for completion of patient assessments (ideally not more than 4 hours, including the patient interview, work-up, and documentation) and related paperwork (completed within 1 week of seeing the patient) <p>The research team found the mentor teleconferences to be very useful for identifying common challenges related to documentation, strategizing solutions, and using the mentoring relationship to help implement those strategies.</p>

DAP = data, assessment, plan; SOAP = subjective, objective, assessment, plan

Prioritize potential solutions

Occasionally, it may be difficult to determine which of a number of drugs might be contributing to an abnormal sign or symptom. In such cases, it is important to include a plan for dealing with the most likely cause or the most easily implemented solution.

EXAMPLE

Instead of

Falls might be caused by benzodiazepine or a selective serotonin reuptake inhibitor.

Try

In order to minimize medication-associated fall risk, consider:

- a) Tapering XX [name of drug] to X mg [dose] at bedtime for 1 week, then stopping altogether (have discussed rationale and plan with patient and she is willing to start today if you agree).
- b) Re-evaluating the need for ongoing XX [name of drug] at the patient's next visit (she will make an appointment with you).

Make recommendations that are easy to implement

The more precise and complete the recommendation, the better. Vague statements can frustrate the reader, especially if he or she needs to look up information in order to implement a recommendation.

EXAMPLE

Instead of

- Suggest statin
- Recommend angiotensin receptor blocker
- Suggest topical rub
- Warrant a re-evaluation of therapy (without recommendations as to how this might be done)

Try

- Providing complete information in the note about the drug being suggested, including dose, formulation, and schedule
- Specifying whether recommendations need to be implemented by the physician or whether they can be initiated by the pharmacist or patient
- Stating “will discuss options with family doctor” if you are unsure of how to best solve a problem

If suggesting monitoring, be specific

Be sure to outline what should be monitored, how often and by whom, and indicate what you, as the pharmacist, will be monitoring and how; otherwise, it may seem to the physician that you are adding to his or her workload.

EXAMPLE

Instead of

Monitor liver and kidney function.

Try

Monitor serum creatinine, AST, and ALT every 2 months; I will check results and report any abnormalities that warrant a change in therapy.

Provide the context of the assessment

Consider including a brief paragraph at the beginning of the consult note that states the nature of the discussion, with whom it occurred, and the most important issue(s) identified. This will help the reader understand why the patient was seen by the pharmacist, the patient's attitude toward the assessment and medication use, any problems identified, and, if relevant, what conditions/symptoms were well controlled.

EXAMPLE

Met with Mrs. X (and her husband) today re: your referral for polypharmacy. Mrs. X appears relatively compliant and was amenable to reducing some medications that may no longer be needed. Suggestions for your consideration follow...

Carefully organize notes that address multiple drug-related issues

If more than 1 drug-related problem is identified during a medication assessment, list the problems in order of importance. Try summarizing each drug-related issue in its own section rather than providing all patient data and recommendations together. Remember to place a general outline or summary of the main recommendations on the first page so the physician can review it quickly and decide whether or not to read the detailed note. Lifestyle and other non-drug-related recommendations should generally come last. For examples, see the IMPACT clinical documentation guidelines (www.impactteam.info).

Be specific about data sources, history, and timing

Medication information may come from a variety of sources, including the patient or family member, the physician, a nurse, a medical chart, a community

pharmacy, etc.; be sure to indicate the sources of patient and medical data collected. For information obtained directly from the patient, write “Patient states.” Include the duration and history of the problem when it is relevant; for example, in correlating the time frame of a patient’s symptoms to a potential medication cause or identifying response to drug therapy. The following example uses a simple problem to illustrate how one might use a structured format as described in the first article in this series.

EXAMPLE

Instead of

Patient’s high blood pressure may be contributed to by XX (name of drug) that she is taking.

Try

- Client’s blood pressure (BP) in the office today was 165/90 mm Hg (3 weeks ago, office BP was 130/80 mm Hg).
- Patient states increased home BP readings over last 2 weeks (between 150/90 and 165/90 mm Hg).
- Two weeks ago, she started taking daily XX [name of drug] for sore shoulder; this may be responsible for increased BP.
- As pain has now improved, patient has agreed to stop XX [name of drug] and will monitor BP daily at home to make sure it decreases to <130/80 mm Hg; she will call me in 2 weeks to report progress.



Include the patient perspective

Recommendations may carry more weight when the patient’s perspective is included — how he or she felt about the condition, concerns or questions about taking medication, whether he or she seemed to understand instructions, or what he or she might agree to in terms of medication changes.

EXAMPLE

Mrs. X has agreed to our suggestion of tapering her XX [name of drug]. She states she is nervous about the possibility of not sleeping well for a few days following each taper, but I have assured her this withdrawal insomnia is usually temporary. She will proceed by taking half the dose of XX each night for the next week, at which point I will talk to her by phone to see if she is ready to decrease the dose to a quarter of the original or whether she needs 1 more week at the half-dose strength.



Include necessary information, but be concise

Information that the physician needs in order to make a decision about your recommendation must be included in the note; that is, the physician should not have to flip through the patient’s chart or look up information such as drug doses or laboratory values to decide how to proceed. Include drug therapy targets (e.g., blood pressure, glycosylated hemoglobin, low-density lipoprotein cholesterol) and cardiovascular risk scores when making recommendations for optimizing drug therapy, or creatinine clearances when making dosing recommendations based on renal function. Defining specific targets is a good way of ensuring that medication treatment is directed at achieving them. Leave out information that is extraneous to the drug-related issue, especially information that the physician already has (e.g., marital status, medical conditions, socioeconomic status, etc.).

EXAMPLE

Instead of

Cholesterol is high.

Try

LDL = [actual value] mmol/L
Target LDL = [target appropriate for risk level] mmol/L

TC/HDL = [actual value]
Target TC/HDL = [target appropriate for risk level]



Make reference to evidence-based resources

Consider referencing clinical evidence for the recommendation or problem, especially during the initial stages of building a relationship with the physician or health care team. Readers may feel more comfortable with a recommendation if evidence is provided. Providing evidence can also serve an educational purpose if you are working with a practice or team that includes health care provider trainees. A number of resources are available to help you find and use evidence effectively without necessarily reading entire studies in detail. For example, we suggested that IMPACT pharmacists start with www.healthknowledgecentral.org.

Be diplomatic

It pays to be diplomatic in the provision of the drug-therapy recommendations. Consider that unsolicited informal consultations and clinical impressions should generally be documented subtly, with indirect recommendations presented in a way that will allow

the health care provider to decline the suggestion without incurring liability.⁴ Words should also be chosen carefully. See the IMPACT clinical documentation guidelines (www.impacteam.info) for specific suggestions about avoiding certain words and for choosing the right words.

Points to ponder

More detail may be needed in the beginning

During the IMPACT project, pharmacists often raised questions about the amount of detail necessary for a patient consult note. In the beginning, consult notes may need to contain more information to help physicians and other health care providers understand the pharmacist's rationale and approach. This can lead to a better understanding of the pharmacist's role and improved collaboration as others begin to see the service the pharmacist can provide, as well as how he or she uses information for decision-making. Once the pharmacist's role in conducting comprehensive medication assessments is well developed and understood, consult notes may become more concise; for instance, it may not be necessary to continue to include research evidence for routinely made recommendations.

Notes may be used to summarize direct conversations

If the drug-related issue, rationale, and recommendation are discussed in a conversation with the physician, consult notes can be shorter and represent a brief summary of the problems and the agreed-upon actions.

Continue to get feedback

Remember to ask for physician feedback on the level of detail provided. Physicians are the main audience for consult notes and may be able to provide you with valuable tips. The IMPACT physicians were very helpful in providing feedback to the pharmacists as they honed their documentation skills.

Consider other approaches to ensuring recommendations are acted upon

During the project, pharmacist recommendations were more consistently implemented when there was a dialogue between the physician and other health care providers as to who should be responsible for implementing the plan. In many cases a great consult note was best supported by pharmacist involvement in enacting the final recommendation; for example, relaying a dosage change, drafting a prescription for the physician to sign, or calling the patient to arrange follow-up blood work. Sometimes, it helped to focus on 1 or 2 of the most important recommendations at first, and then schedule a follow-up visit to deal with the other problem(s).

Key points

- Documentation that provides clearly written and solution-focused recommendations can increase the possibility that such recommendations will be implemented by physicians and other health care providers.
- This article describes the usefulness of strategies used by IMPACT investigators to help IMPACT pharmacists hone their documentation approaches. Practical suggestions for improving documentation skills and approaches are provided.
- Pharmacists who are beginning to perform medication assessments and document their recommendations for physicians will find this of interest, as will pharmacy educators involved in designing curricula and teaching documentation skills.

Point clés

- Une documentation qui formule clairement des recommandations axées sur la recherche de solutions peut accroître la possibilité que ces recommandations soient mises en œuvre par les médecins et d'autres fournisseurs de soins de santé.
- Cet article décrit l'utilité des stratégies utilisées par les chercheurs du projet IMPACT pour aider leurs pharmaciens à perfectionner leurs techniques de documentation. Il propose des suggestions pratiques pour améliorer les techniques de documentation et les aptitudes dans ce domaine.
- Cet article saura intéresser les pharmaciens qui commencent à faire des évaluations de la pharmacothérapie et à documenter leurs recommandations destinées aux médecins ainsi que les enseignants en pharmacie qui participent à la conception des programmes d'études et à l'enseignement des aptitudes en matière de documentation.

Conclusion

Developing good documentation skills takes time. The format and approach you may use will depend on practice site preferences, personal communication style, and the minimum requirements for pharmacist standards of practice. Documentation that provides clearly written, concise, evidence-based, solution-focused recommendations can increase the likelihood that such recommendations will be implemented, and in this way, enhance their potential to have a positive impact on patient care. ■

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