

Monitoring in Community Pharmacies: Communication and Documentation

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Objective & Background

- Community pharmacists are positioned to monitor medications for chronic diseases
- Two key components of monitoring chronic medication therapy are pharmacist-patient communication and documented clinical indicators
- To describe community pharmacist **communication with patients** about their medication therapy and **documentation of clinical indicators** for chronic medication therapy

Methods

- These data are from the 2019 National Pharmacist Workforce Study (NPWS)
- Electronic survey of 96,110 licensed pharmacists
- This NPWS analysis examined targeted questions for community pharmacists
- Medication monitoring items prompted respondents to report engagement in medication monitoring communication and clinical indicator documentation related to chronic medication use
- **In-depth discussions** was assessed for 6 chronic conditions/therapies: : high cholesterol, hypertension, diabetes, warfarin/INR value, opioid use/deprescribing, antidepressant use. (Table 1)
- **Documenting clinical indicators** was assessed for 6 conditions: cholesterol levels/lipid panel, BP reading, HbA1c, INR level for warfarin, pain scale for opioid, depression scale (PHQ9). (Table 2)
- Both measures focused on the previous month
- Two 6-item measures summed the 'yes' responses for each of the two components of monitoring which were used to compare 6 community pharmacy settings (Tables 3 & 4)

Table 1: Frequencies of 6 Specific Monitoring Communications

For which of the following conditions have you had an in-depth discussion with a patient about their medication therapy during the last month that you worked? N=2,122

Monitoring Target	Frequency (%)
Diabetes	757 (35.7)
Hypertension	755 (35.6)
High cholesterol	608 (28.7)
Opioid use /deprescribing	559 (26.3)
Antidepressant use	441 (20.8)
Warfarin/INR value	211 (9.9)

Table 3: Sum of 6-Item Monitoring Communication with Patients by Community Pharmacy Type

Pharmacy Type	Sum of Monitoring Communication Mean (SD)	Reporting at Least 1 Activity Frequency (%)
Independent (n=394)	3.4 (1.5)	169 (42.9)
Small pharmacy chain (n= 62)	3.3 (1.3)	33 (53.2)
Large pharmacy chain (n= 921)	3.3 (1.6)	416 (45.2)
Mass merchandiser (n= 372)	3.5 (1.6)	202 (54.3)
Supermarket (n=317)	3.5 (1.6)	143 (45.1)
Health System retail (n=56)	3.0 (1.6)	31 (55.4)
Overall (n=2,122)	3.4 (1.6)	994 (46.8)

Table 2: Frequencies of 6 Specific Documented Clinical Indicators

Which of the following have you documented for a patient during the last month you worked? N=2,122.

Monitoring Target	Frequency (%)
Hemoglobin A1c reading	53 (2.5)
Blood pressure reading	215 (10.1)
Cholesterol level/ lipid panel	98 (4.6)
Pain scale of opioid	30 (1.4)
Depression scale (e.g PHQ9)	7 (0.3)
INR level for warfarin	28 (1.3)

Table 4: Sum of 6-Item Documenting Key Clinical Indicators by Community Pharmacy Type

Pharmacy Type	Sum of Documenting Key Indicator Mean (SD)	Reporting at Least 1 Activity Frequency (%)
Independent (n=394)	2.4 (1.5)	26 (6.6)
Small pharmacy chain (n= 62)	1.6 (0.9)	5 (8.0)
Large pharmacy chain (n= 921)	1.4 (0.9)	107 (11.6)
Mass merchandiser (n= 372)	1.8 (0.7)	60 (16.1)
Supermarket (n=317)	2.0 (0.9)	43 (13.6)
Health System retail (n=56)	1.7 (1.1)	7 (12.5)
Overall (n=2,122)	1.7 (1.0)	248 (11.7)

Results

- Analyzed 2,122 usable responses from pharmacists working in a community pharmacy setting
- Diabetes and hypertension were the most frequent target of in-depth communications occurring in the past month, (35.7% and 35.6% of pharmacists, respectively)
- Documentation was infrequent with blood pressure values being most common (10.1%)

Conclusions & Implications

- Community pharmacists across settings were most engaged with cardiovascular conditions
- No setting was associated with dramatically lower monitoring communication
- Few community pharmacists (11.7%), however, reported documenting a clinical indicator in the past month which represents a significant area for growth
- Policies that help connect community pharmacies to electronic health records can help address this limitation in monitoring
- More research is needed to understand community pharmacists' challenges to monitoring chronic medication therapy
- This yes/no measurement approach did not allow for pharmacies engaging in medication monitoring multiple times to be quantified
- Also, it is not known if these discussion and documentation efforts were ad-hoc or part of reimbursed clinical activities like medication therapy management.

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