



Development and Evaluation of a Qualitative Documentation Tool to Share High Impact Patient Interventions Through the Lens of Community Pharmacists in South Dakota

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BACKGROUND

- In the United States, more than 51.8% of adults have at least one chronic disease and 27.2% of adults have two or more. Effective management of these chronic conditions requires the utilization of a variety of healthcare professionals and services.¹
- There are several landmark studies documenting the benefits of clinical pharmacist interventions on economic, clinical, and humanistic outcomes.²
- Medication therapy management (MTM) services provided by pharmacists are often an underutilized intervention in disease-state management. Rural community pharmacists are in a unique position to promote the health of individuals in their communities with readily accessible health and wellness information.³
- This CDC-funded project works to provide expanded access to MTM and other clinical pharmacy services to patients with chronic diseases in South Dakota.
- Authors of this study partnered with a regional chain pharmacy comprised of 57 different locations. Many of these locations are in rural communities in the Midwest.
- There are currently systematic ways to collect quantitative data on intervention category, frequency, and outcome. However, these do not capture the unique nature of the patient's health journey and how pharmacists identify issues and improve situations. Few pharmacies have systems to routinely collect qualitative data from pharmacists to document impactful patient stories and successes.
- There is a need to collect qualitative data in addition to quantitative data to encompass the full patient's health story and the impact of pharmacists' services.

OBJECTIVES

- The objective of this project was to develop an online qualitative reporting tool to help pharmacists document and share high impact patient interventions and clinical outcomes from services provided in a community pharmacy setting with the goal to share best-practices for implementation into patient care.
- The results collected from the testing period will then be analyzed to assess the effectiveness of the tool.

METHODS

- Project staff developed an online Patient Stories Reporting Tool (PSRT) using Google Forms. The tool is designed to help pharmacists capture highlights of successful clinical impacts or interventions which greatly improve patient outcomes and quality of life that can be shared with pharmacy staff to implement into routine care.
- Pharmacists can complete the PSRT at their convenience after a successful intervention. Questions within the PSRT include the collection of qualitative and quantitative data. All questions within the tool are voluntary response to provide ease of documentation and help the pharmacist record only the most important information.
- HIPAA-related information is not intended to be collected through the PSRT. Research staff can reach out to individual pharmacists if they want more detail on a particular story.
- Submissions are organized into a spreadsheet and responses to each PSRT question are reviewed monthly to identify key themes, best practices, and lessons learned.
- During the testing period from September 2021 to January 2022, the PSRT was distributed to fewer than 10 pharmacists employed by a rural chain pharmacy working at different practice sites including ambulatory care and community pharmacies. Pilot data from this small group was collected to test the effectiveness of the tool. Data was then distributed to more locations for further data collection.

RESULTS

Overall, there were 17 stories reported with an average of 2 clinical impacts per story. Regarding the time spent on each reported patient intervention, 24% spent 0-10 minutes, 6% spent 10-30, 29% spent 30-60, and 41% spent 60 or more.

Total Stories Reported	N=17
Interventions Reported	30
Pharmacists Involved	7
Store Locations	7
Pharmacist's Perception of Patient / Prescriber Satisfaction (scale of 1-5)	4.95

Table 1. Results from 6 months of data acquired using PSRT

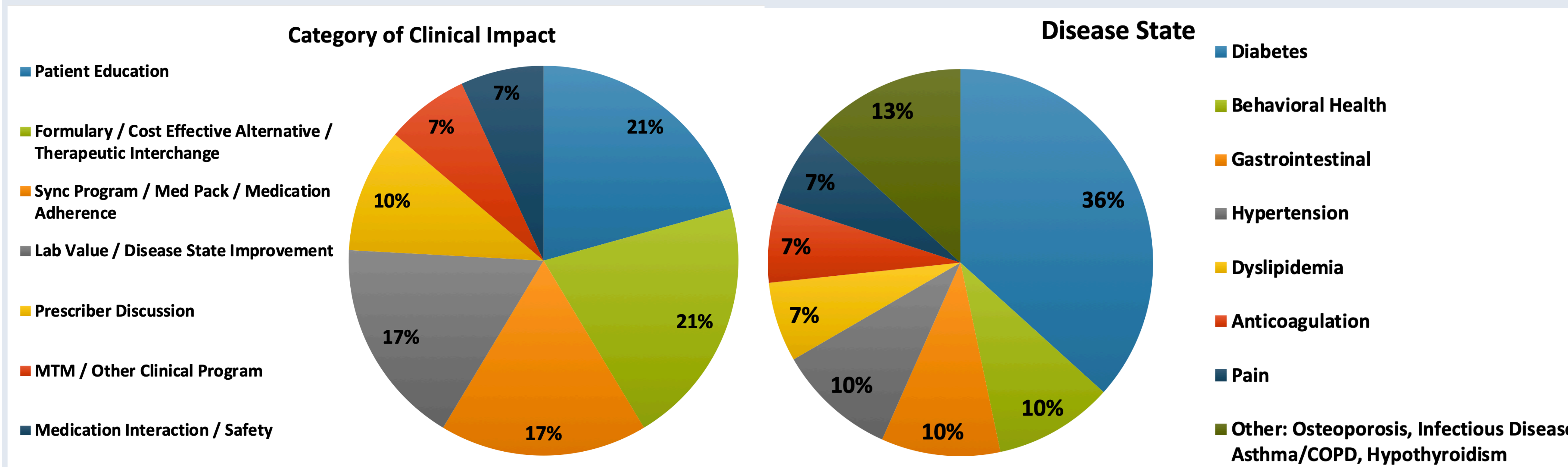


Figure 1. Percent of daily success stories by pharmacist intervention

Figure 2. Percent of daily success stories by disease state

PSRT REPORTS

The sample of results acquired from the PSRT during the testing period were assessed, yielded three key recommendations for patient care, and showed potential to yield further recommendations. These key recommendations were then disseminated to community pharmacists for implementation into daily workflow.

- Cost Reduction:** While maintaining efficacy of the treatment plan, pharmacists should communicate the ability to modify current treatment regimens to cheaper alternatives or utilize coupons/discounts to ensure patients can afford their medications.
- Medication Synchronization:** Pharmacists should recommend monthly synchronization or weekly medication regimen packaging to improve patient adherence, especially for patients with complex treatment plans.
- Continuous Glucose Monitoring (CGM):** Most insurance plans do not cover CGM. However, since positive outcomes are achieved through glucose monitoring, pharmacists should use samples or manufacture discounts to provide CGM to high-risk diabetic patients.

DISCUSSION

- Many pharmacists are providing high-quality services to patients with chronic conditions and improving patient outcomes, satisfaction, and quality of life. However, qualitative information is often not collected or utilized for quality improvement or policy advocacy. Community pharmacies and ambulatory care clinics could benefit by having a tool to collect and share information and incorporate the lessons already learned to improve rural pharmacy practice.
- Highlights from results acquired using the PSRT could be converted into an informative message in the form of a concise newsletter or patient testimonial video and disseminated to pharmacists, healthcare practitioners, third party payers, policy makers, and administrators at Integrated Delivery Networks and community pharmacies across the state.
- Results from the PSRT could also be used to improve pharmacist advocacy to payers, policymakers, and other healthcare professionals to justify reimbursement for commonly provided services that are documented to have positive impacts on patient lives.
- Results from the PSRT could additionally be used to increase patient awareness of pharmacist-provided services they may utilize to help them improve their own health.
- Comprehensive qualitative and quantitative data helps demonstrate the need to provide pharmacist-provided health and wellness services in more outpatient clinics and community pharmacies across the state of South Dakota.

REFERENCES

- Boersma P, Black LI, Ward BW. Prevalence of Multiple Chronic Conditions Among US Adults, 2018. *Prev Chronic Dis.* 2020;17:E106. doi:10.5888/pcd17.200130.
- Loo J, Greaves G, Lewis PJ. Exploring patients' pharmacy stories: an analysis of online feedback. *Int J Clin Pharm.* 2021;43(6):1584-1593. doi:10.1007/s11096-021-01287-2.
- Ashcraft AM, Ponte CD, Farjo S, Dotson S, Murray PJ. The [underutilized] power of independent pharmacies to promote public health in rural communities: A call to action. *J Am Pharm Assoc* (2003). 2022;62(1):38-41. doi:10.1016/j.japh.2021.09.002.

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