

WPQC UPDATE:

Implementation of a Compatible eCare Plan Platform

by Ryan Fan, PharmD, Michelle Farrell, PharmD, BCACP

Boscobel Pharmacy is a rural, independent pharmacy located in Boscobel, Wisconsin. The pharmacy is currently participating in the Flip the Pharmacy (FtP) program, which is a two year long initiative to integrate eCare plans as a method to document clinical care and exchange information across different healthcare providers.^{1,2} The completion of an eCare plan requires the pharmacist to utilize the pharmacy's eCare plan functionality within the QS1 software system in selecting appropriate dropdown menu options indicating practice setting, patient demographics, patient encounter type, interventions, patient education, and goals and outcomes. Boscobel Pharmacy is also deeply involved with Wisconsin's Community Pharmacy Enhanced Service Network (CPESN Wisconsin) and plays a large role in coaching other pharmacies on FtP program workflow innovations and in sharing best practices for eCare plan documentation amongst other CPESN Wisconsin pharmacies.

The FtP program regularly releases Change Packages that detail the monthly requirements for eCare plan submissions and other pharmacy workflow innovations. These Change Packages are categorized into six different domains, one domain for each month. The domains then loop back around to the first domain after every sixth month of the program, and shifts to a different focus for eCare plan submissions. The first six months and domains of the FtP program involved monthly Change Package releases that focused on requiring pharmacies to complete eCare plans on new medication synchronization starts and blood pressure measurements. Currently, the FtP program has entered the second set of domains and now involves monthly Change Package releases that are focusing on requiring pharmacies to complete

Abstract

Objective: To determine the success of implementing an eCare plan capable platform into daily workflow at Boscobel Pharmacy, an independent pharmacy located in Boscobel, Wisconsin.

Methods: Five pharmacists at Boscobel Pharmacy were trained to use the eCare plan functionality within the QS1 pharmacy software system and completed documentation of specific types of patient encounters as eCare plans. The Conceptual Model of Implementation Research was used to determine the success of eCare plan implementation and documentation into the pharmacy workflow at Boscobel Pharmacy. The implementation outcomes of adoption, acceptability, appropriateness, and feasibility were systematically evaluated. Surveys were administered to each of the 5 pharmacists and informal qualitative interviews were conducted as needed for clarification on the pharmacist survey. A qualitative thematic analysis was completed on the survey and interview results to determine implementation success.

Results: The adoption of eCare plans into Boscobel Pharmacy workflow was determined due to the inclusion of Boscobel Pharmacy in the Flip the Pharmacy (FtP) program and the Community Pharmacy Enhanced Services Network (CPESN) and the network's requirement for all CPESN community pharmacies in the FtP program to utilize eCare plans. The acceptability, appropriateness, and feasibility of eCare plans determined through the pharmacist surveys and interviews indicated that the majority of pharmacists were eager to perform eCare plan documentation and continue documentation through the next year, but also indicated dissatisfaction with the QS1 pharmacy software in fulfilling this role.

Conclusion: Boscobel Pharmacy was able to successfully implement the documentation of eCare plans into daily workflow through improvements in technology that drastically reduced the amount of time and effort in documenting eCare plans.

eCare plans on opioid medication care. Successful implementation of eCare plans will provide Boscobel Pharmacy with additional resources for documenting patient encounters and interventions. The objective of this project was to determine the success of implementing an eCare plan

capable platform into daily workflow at Boscobel Pharmacy.

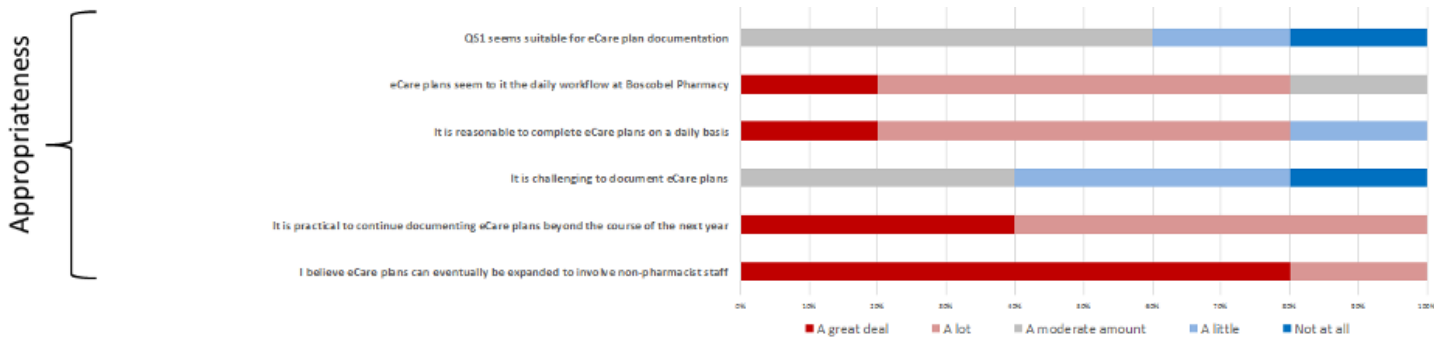
Methods

Five pharmacists at Boscobel Pharmacy were trained to use the eCare plan functionality in the pharmacy's

FIGURE 1. Pharmacist eCare Plan Survey Results (Acceptability)



FIGURE 2. Pharmacist eCare Plan Survey Results (Appropriateness)



preexisting QS1 pharmacy software. These pharmacists completed documentation of select patient encounters as eCare plans including new medication synchronization starts, blood pressure measurements, antibiotic callbacks, new to therapy calls, Comprehensive Medication Reviews and Assessments (CMRAs), and Prescription Drug Monitoring Program (PDMP) checks and morphine milligram equivalent (MME) calculations. Completed eCare plans were then logged into a spreadsheet recording the patient’s name, date of birth, type of eCare plan, date of completion, and author of the eCare plan.

The success of eCare plan documentation was measured using constructs from the Conceptual Framework for Implementation Outcomes.³ Adoption, or the decision to trial the new system, was measured by the decision to implement and consideration of the characteristics of the various eCare plan capable platforms to facilitate documentation. Acceptability, or the satisfaction with the eCare plan documentation process, was measured through a survey using a five-point Likert-type scale for pharmacists to respond with how much they agree with questions related to the ease of creating the eCare plans and

general satisfaction with the documentation process on a scale of “not at all” being the lowest level of agreement, to “a great deal” being the highest level of agreement (Figure 1). Appropriateness, or the fit of the documentation process into the workflow, was also evaluated via the pharmacist survey for pharmacists to respond with how much they agree with questions related to how suitable the QS1 software is in documenting eCare plans (Figure 2). Feasibility, or the everyday suitability of the eCare plan documentation, was assessed by the proportion of eCare plans documented out of the available opportunities for documentation, the potential reasons for missed eCare plan documentation, as well as general barriers and facilitators to the documentation process. Informal qualitative interviews were conducted as needed for clarification on the pharmacist survey. A qualitative thematic analysis was completed on the survey and interview results to determine implementation success.

Results

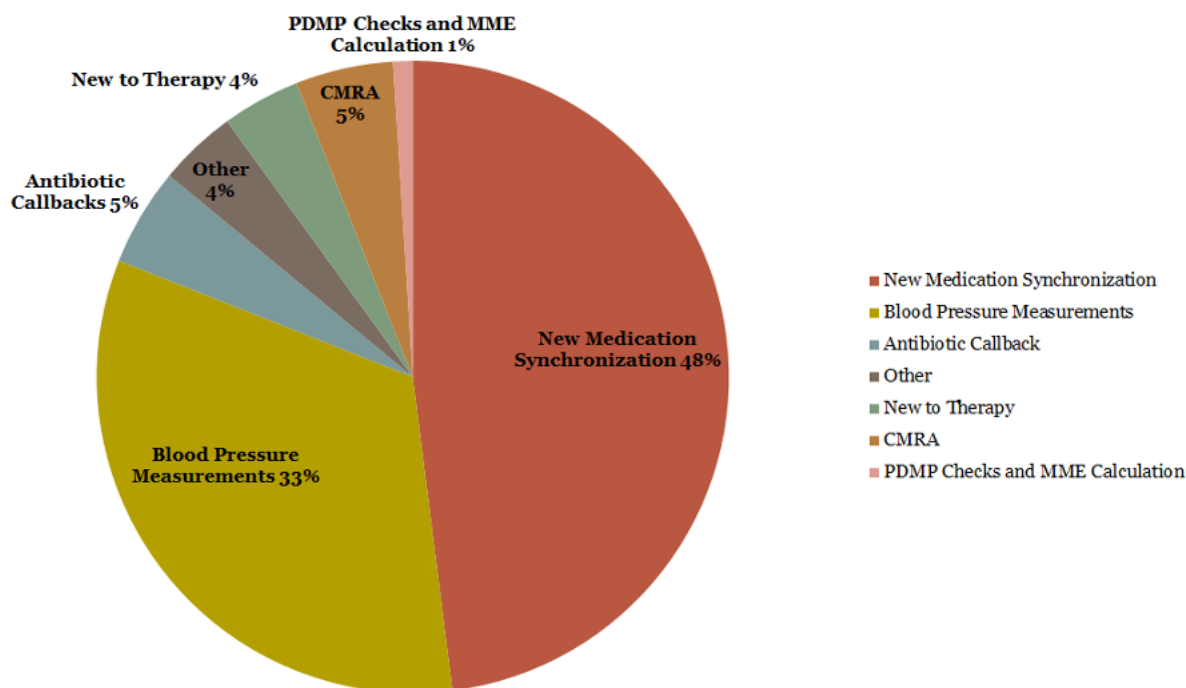
As of June 11, 2020, the pharmacists at Boscobel Pharmacy have submitted a total of 602 eCare plans through the

QS1 pharmacy software. The proportion of eCare plans was 48% new medication synchronization, 33% blood pressure measurement, 5% antibiotic callback, 5% CMRA, 4% new to therapy, 4% other, and 1% PDMP checks and MME calculations (Figure 3).

The adoption of eCare plans into Boscobel Pharmacy workflow was determined due to the inclusion of Boscobel Pharmacy in CPESN Wisconsin and the network’s requirement for all CPESN community pharmacies currently participating in the FtP program to utilize eCare plans. QS1 was chosen as the most appropriate platform to utilize for documenting eCare plans since the software is already being used for daily workflow, does not require any additional costs for eCare plan documentation, and is continuously being updated with additional features that improve the usability of the platform.

Regarding acceptability of the eCare plans, out of the 5 pharmacists, 20% provided the strongest level of agreement in which they agreed a great deal to liking the use of eCare plans to document patient care interventions, 80% responded a great deal in being willing to try new methods

FIGURE 3. Number and Types of Pharmacist eCare Plan Submissions (Feasibility)



to document patient care interventions, 80% responded a great deal in being willing to try new forms of patient care documentation that are different from current forms of documentation, 60% responded a great deal in welcoming the use of eCare plans, 60% responded a great deal in believing that eCare plans are clinically useful, and 60% responded a great deal in believing that eCare plans offer a greater level of patient care documentation compared to current forms of patient care documentation. Various levels of agreement to these questions were provided by the remaining pharmacists.

Regarding appropriateness, or fit, of the eCare plan into the workflow, the total amount of time required for completion of eCare plans has decreased dramatically from 10 to 15 minutes per eCare plan at the beginning of the program in September 2019, to less than 10 seconds with recent developments in using macros to complete eCare plans. There is no longer a need to manually log completed eCare plans into a spreadsheet due to recent developments in QS1's capabilities to run reports on completed eCare plans on a weekly or monthly basis. The appropriateness was also determined via a pharmacist survey as well. Out of the 5 pharmacists, none responded a great deal in believing

that QS1 is suitable for eCare plan documentation, 20% responded a great deal in believing that eCare plans fit into daily workflow at Boscobel Pharmacy, 20% responded a great deal in thinking that it is reasonable to complete eCare plans on a daily basis, none responded a great deal in thinking that eCare plans are challenging to complete, 40% responded a great deal in believing that eCare plan documentation is practical to continue through the next year, and 80% responded a great deal in expanding eCare plan documentation to non-pharmacist staff members.

The feasibility of eCare plans was determined using an open-ended survey assessing for barriers and facilitators on eCare plan documentation. There have been two major barriers towards eCare plan documentation throughout the year, 80% of pharmacists noted that they have a lack of time and 60% noted that the pharmacy software does not seem suitable for eCare plan documentation due to disorganized dropdown menu options and inconvenient flow of documentation. Regarding facilitators towards eCare plan documentation, 60% of pharmacists noted that eCare plan templates and flags as well as participation in the FtP program have encouraged eCare plan documentation and 20% noted that having students

and a pharmacy resident helped with the documentation process. All of the pharmacists noted that they are unable to document 100% of possible eCare plan opportunities due to lack of time within workflow, 80% would like to continue to use eCare plans to document patient care, and 20% would like to switch to a different software for documentation.

Discussion

The majority of the pharmacists at Boscobel Pharmacy have been eager to document their patient care, but only moderately enjoyed using eCare plans as a method of documentation. The majority of pharmacists feels that eCare plans are clinically useful, but expressed mixed feelings about whether they offer a greater level of patient care documentation compared to the current method of documentation within workflow. The pharmacists generally were dissatisfied with the QS1 pharmacy software's eCare plan functionality due to disorganized dropdown options that require time to sift through in order to find the most appropriate option as well as an inconvenient flow of documentation that requires the documenter to fill in necessary fields that are not pertinent to patient care in order to submit the eCare plan

successfully.

The majority of eCare plans documented at Boscobel Pharmacy have been new medication synchronization starts and blood pressure measurements. This is consistent with the focus of the first 6 months of the FtP program which was to have pharmacies increase the number of patients enrolled into a medication synchronization program and to increase the number of blood pressure measurements performed. The next 6 months of the FtP program will change focuses to opioid medications and should expect a similar increase in the number of PDMP check and MME calculation eCare plans.

The workflow process for documenting eCare plans is continuously being improved with new developments in the use of technology. The major barriers that the pharmacists have been facing that hinder eCare plan documentation have been resolved as computer macros have recently been developed using a program called MacroRecorder which records the user's mouse movements, clicks, and keyboard strokes. The user is able to record themselves completing an eCare plan to use as a template and is able to play it back at over ten times the recorded speed, considerably reducing the amount of time required for completing eCare plans. Different types of macros can be created for different types of eCare plan opportunities

such as medsync, blood pressure measurement, PDMP check and MME calculation, etc. These macros can then be saved to the pharmacy's computer drive to be used by any staff member, including pharmacy technicians, to quickly complete eCare plans. Various pharmacy software systems are improving their functionality in running reports on completed eCare plans to eliminate the need for manually logging completed eCare plans on spreadsheets. Macros and eCare plan report generation are currently being disseminated across the FtP program through webinar demonstrations, instruction documents uploaded onto the FtP website, and through email and virtual communications with FtP pharmacies.

Conclusion

Boscobel Pharmacy was able to successfully implement the documentation of eCare plans into daily workflow and the pharmacists are willing to continue the documentation of eCare plans through the next year, especially due to recent technology developments that reduce the amount of time and effort in documenting eCare plans. The majority of eCare plans have been completed for new medication synchronization starts and blood pressure measurements, and more eCare plans are expected to be completed through the next year for PDMP checks and MME calculations due to the new opioid focus

in the FtP program. New developments will continue to be disseminated to other CPESN pharmacies participating in the FtP program to improve eCare plan documentation at their sites.

At the time of this article, Ryan Fan was a Community Pharmacy Resident at Boscobel Pharmacy and now works as a Pharmacist at Boscobel Pharmacy in Boscobel, WI. Michelle Farrell is the Owner of Boscobel Pharmacy in Boscobel, WI.

PR This article has been peer-reviewed. The contribution in reviewing is greatly appreciated!

Acknowledgement: This project was presented at the Wisconsin Pharmacy Residency Conference (WPRC) as a virtual platform presentation on April 2, 2020.

Disclosure: The authors have had no actual or relevant financial relationships to create a potential conflict of interest in relation to this program.

References

1. It's time to: Flip the Pharmacy. <https://www.flipthepharmacy.com/>. Updated 2019. Accessed February 25, 2020.
2. Fan R, Farrell M, Trapskin K. Wisconsin community pharmacy...let's flip the pharmacy with team WPQC! *J Pharm Soc Wisc.* 2020;23(2):30-33.
3. Proctor E, Silmere H, Raghavan R, et al. Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Adm Policy Ment Health.* 2011;38(2):65-76.



2020 PSW Immunization Delivery For Pharmacists VIRTUAL PLATFORM

Registration opens August 1st and will close on October 1st.