FAQ: Pharmacist Workforce Development
Tips for Transitioning into the Ambulatory Care Setting
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Purpose: The purpose of this FAQ is to provide recommendations on trainings and foundational information for pharmacists transitioning into the ambulatory care setting. This document can assist pharmacists that are moving from the inpatient to outpatient setting or as a guide for establishing new pharmacy services in the ambulatory care space.

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Ambulatory Care Clinic Workflow

Questions:

1. *Where does an ambulatory care pharmacist fit into a physician-based clinic workflow model?*

This is dependent on the type of clinic and the clinic location. Some clinics may decide that pharmacists will see patients at separate visits or in one multi-practitioner visit. Practice sites differ in patient intake, assessment, and provider management, and scheduling depends on currently-in-place processes (i.e. point-of-care testing, lab testing, ancillary providers present, physical space allocation, etc). Upon establishing a pharmacist position in an ambulatory care clinic or beginning to work in an already-established role, this is an important aspect to discuss with the clinic providers and staff. Examples from three clinic types are provided in Figure 1, along with a clinical pharmacist-specific visit workflow in Figure 2. For a clinic workflow with learners involved (i.e. student pharmacists, medical students, pharmacy residents, medical residents, etc.), refer to Figure 3.

2. *How might providers respond to a possible change in clinic workflow with integration of an ambulatory care pharmacist?*

This, again, differs depending on the clinic. Many providers have commented that ambulatory care pharmacists are “invaluable” and “greatly appreciated” when taking on medication management and chronic care management roles. Pharmacists establishing an ambulatory care position or beginning to work in an already-established position should speak with clinic providers and staff to discuss the level of integration of the pharmacist into the workflow, to ensure any workflow change will be coupled with an improvement in patient care.

3. *In the clinic workflow, how best are healthcare practitioners, including pharmacists, to be notified when a patient is ready to see them?*

If a patient is seen by the pharmacist and other healthcare providers in one visit, there are multiple ways for this to occur. Some clinics already utilize exam room “flags”, in which case a new flag color or color combination might signal that the patient is ready to see the pharmacist or that the patient has no other provider in their exam room. If a clinic workflow is more electronic-based, a message might be sent to the pharmacist when the patient is ready or a phone call be placed to the pharmacist instead. In case of a more urgent or unexpected pharmacist need, the pharmacist can always be reached by being physically present in clinic. In the case of a separately-scheduled pharmacist visit, the patient would be checked-in and the pharmacist could be notified via electronic message or by phone when the patient arrives.

4. *How can patient information best be transferred between an ambulatory care pharmacist and other members of the healthcare team?*

Some clinics utilize a physical information hand-off method, while others utilize electronic transfer of information. In the physical hand-off method, the patient might receive forms from the intake staff and those forms be placed in a specific location for the nurse and/or providers

to utilize once they are completed. In the electronic transfer method, patient intake forms might be scanned into the patient's online chart in the electronic medical record so that all practitioners have access to the information. It is important for an ambulatory care pharmacist to take this into consideration upon deciding how to access and contribute to patient information during a visit.

5. *What is the role of technology in an ambulatory care clinic setting as it pertains to clinic workflow?*

Technology can have any level of involvement in a clinic's workflow. As previously mentioned, it may be the primary method of patient information transfer. It also may be the route chosen to notify practitioners, including pharmacists, that a patient is ready to see them. Some electronic medical records include an electronic messaging feature that allows for quick intra-clinic communication as well. A technology-integrated clinic may provide the easiest integration of an ambulatory care pharmacist as it relates to visit efficiency.

6. *What are some workflow areas to consider when starting a new ambulatory care service?*

Considerations include office space, clinic scheduling, visit length, services provided, etc:

- Office space: A separate area is ideal for a pharmacist's own office and/or exam space. Waiting rooms, counters, and check-in areas are not ideal for this type of patient care. In most clinics, space is at a premium so be willing to be flexible and consider converting unused space. If a new clinic is being created, ensure that pharmacy plays a role in blueprint development with the architect(s).
- Clinic scheduling: Scheduling should be done by clerical staff due to more efficient use of time and integration into current practices. It is important to let the clerical staff know what dates and times are available, how many new vs. established patients will be seen daily, visit lengths, and inclusion of learners (students, residents, etc.) in the clinic visit.
- Visit lengths/types: Lengths of visit are dependent upon services provided and new vs. established patients. For example, in a medication monitoring or chronic disease management clinic, new patients may be allocated 45-60 minutes while established patients may be allocated 15-20 minutes. It is important to balance care and efficiency to maximize patient outcomes as well as reimbursement.

7. *What is the referral process like, and which providers can refer? Can patients self-refer? What methods of referrals exist?*

This is another clinic-specific area of question, but certainly things to decide upon before beginning at a new practice site in ambulatory care. As far as how the referral will be made, it can be electronically entered by the provider, a written or faxed order in a progress note completed by support staff, or a written or faxed form completed by the provider. It is also important to consider who coordinates pharmacist-initiated referrals, and how urgent patient care issues are handled.

8. *What is an example of a pharmacist referral document that could be sent or provided to eligible patients?*

An example of a pharmacist referral document is pictured in Figure 4. This is a simple outline, and should be adjusted depending on a clinical pharmacist's service, patient population, practice site, and health system.

9. *When considering clinic workflow, who will check the patients in? Who obtains vital signs? How will documentation occur?*

Again, it is important to consider each of these items before beginning in an ambulatory care setting. For all of these, a standard of care should be developed early-on so that items are not misplaced and patients receive the best care.

- Check-in: Standard paperwork must be filled out such as demographics, a HIPAA consent form, a medication list, and an initial medication assessment. Clerical staff are fit to handle check-in and alert you or another provider when patients have arrived.
- Vital signs: The process of checking a patient's vital signs differs per each clinic. Sometimes, a patient will be called back to have vitals checked in a triage area or exam room and then sent back to the waiting room. Other times, a patient will have their vitals checked in a triage area or exam room and then be taken to (or remain in) their exam room to wait for their clinician. A medical assistant (MA) or nurse is fit to check vital signs and record them (ideally electronically).
- Documentation: Ideally, documentation occurs immediately after a patient visit (up to 24 hours afterwards). An important thing to consider with documentation is if written, electronic, or dictation documenting is preferred. Dictation can be very efficient, but notes must be checked for errors before submission. In some states, additional documentation is required. It is also necessary to consider acceptable storage and duration of storage for these documents. Hard-copy documentation in a binder might be useful for regulatory audits.

10. *What kind of credentialing is necessary for a pharmacist working in an ambulatory care setting?*

For a hospital-based outpatient clinic, credentialing may be required. For physician-based pharmacy services or community pharmacy services, credentials are usually verified and documented. It is possible to receive extra credentialing for services such as point-of-care device use or basic life support. It is also possible to receive additional training through the state board of pharmacy or a specific payer (i.e. Medicaid) in areas like diabetes, smoking cessation, immunization, anticoagulation, etc. When developing a workflow, consider each aspect of care that will be provided as additional credentialing or training may be required.

Figure 1. Examples of complete workflow in Multiple Sclerosis (MS), Cystic Fibrosis (CF), and Diabetes Mellitus (DM) clinics[3]

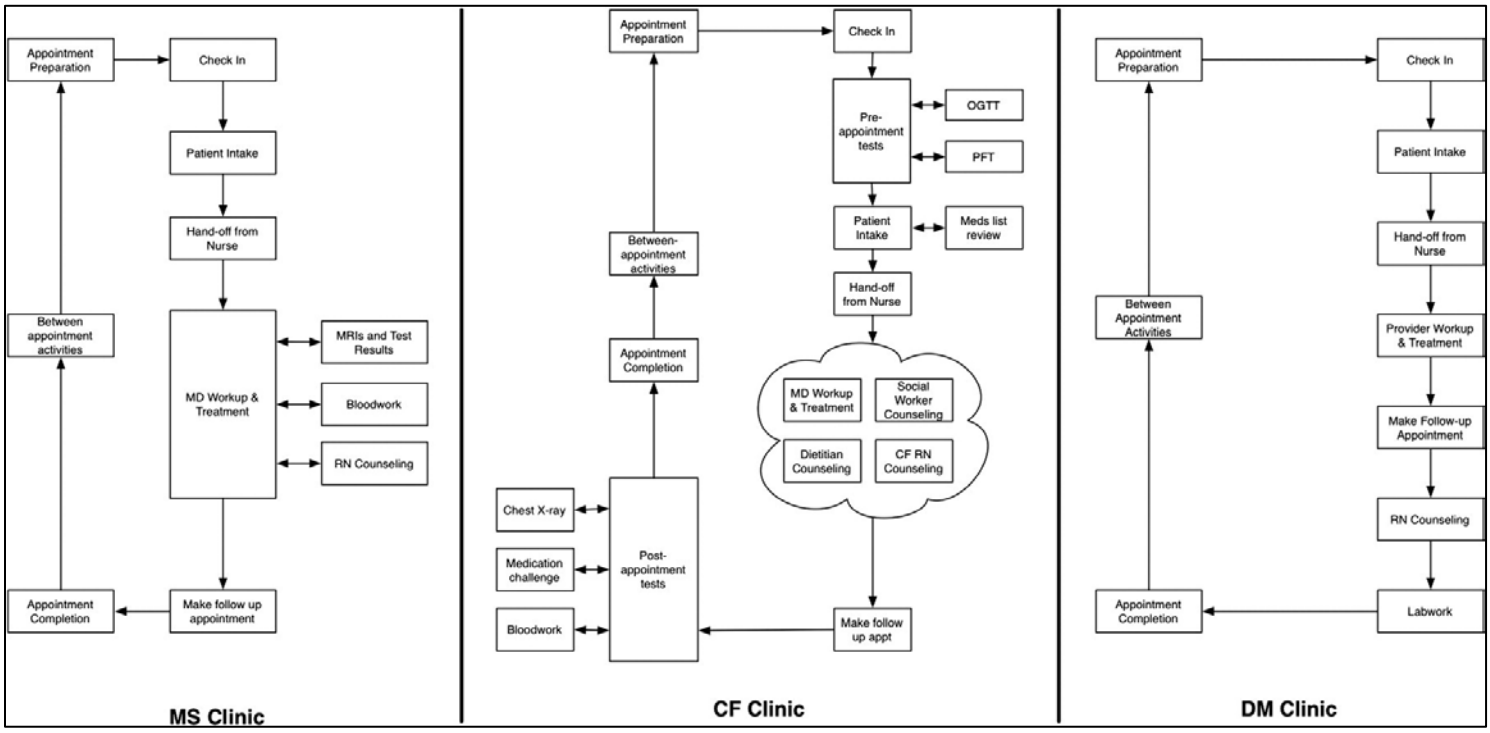

Figure 2. Example of clinical pharmacist appointment workflow[5]

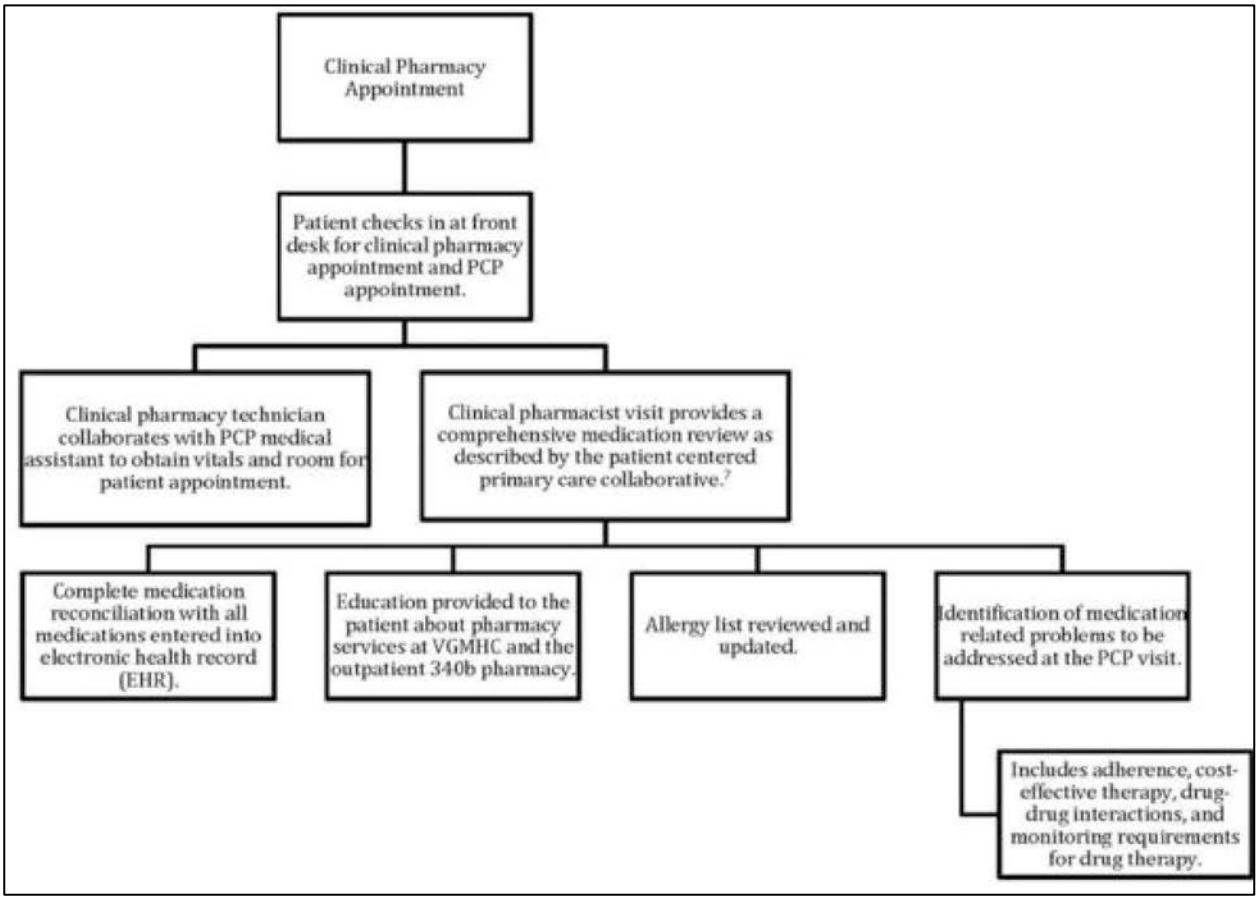

Figure 3. Example of learner roles in ambulatory care clinic workflow[6]

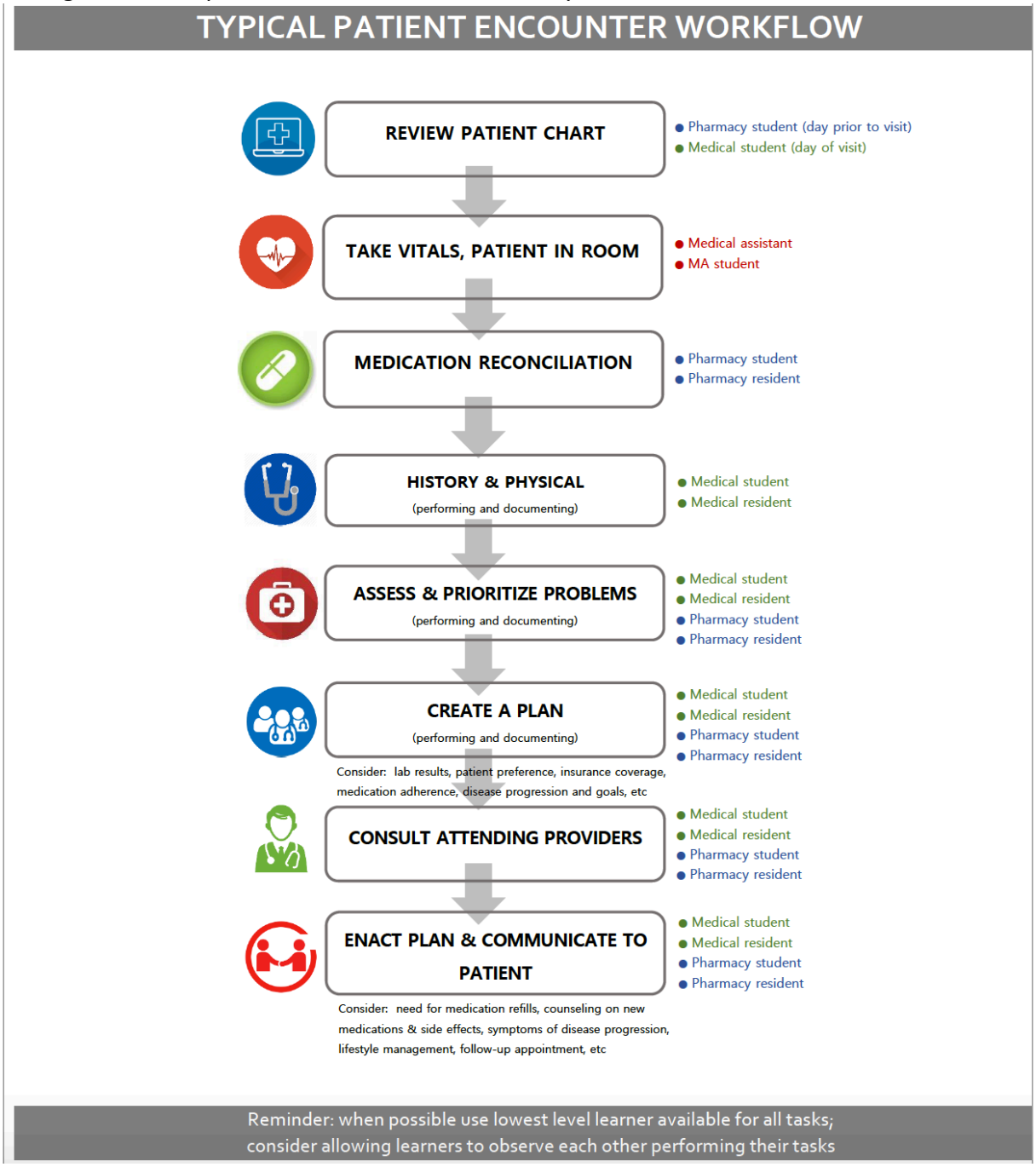

Figure 4. Example of patient referral letter to clinical pharmacist services[4]

Date: [*today's date*]

Dear [*patient's name*],

I hope you are doing well. I am writing to inform you that [*name of health system/clinic*] offers a Cardiovascular Risk Reduction service managed by a clinical pharmacist. The pharmacist can discuss all of your medications with you. He/she can help get your diabetes, blood pressure, and/or cholesterol under good control by adjusting your medications as needed and helping you achieve your goals. The clinical pharmacist can also help you quit smoking if you are interested. You will still need to have regular appointments with your regular doctor at least once per year.

Having high blood sugars, blood pressure, or cholesterol can cause problems with your eyes, kidneys, nerves, heart, and brain. Our goal is to prevent these problems from occurring by bringing your blood sugars, blood pressure, and/or cholesterol back to normal.

You will be contacted soon to be scheduled into the Cardiovascular Risk Reduction Clinic with the clinical pharmacist. Please make sure you bring your blood sugar log and your medicines to this appointment.

Sincerely,

[*Physician's name*], M.D.

Pertinent resources:

1. Scott, M. Contemporary Ambulatory Care Pharmacy Practice. Presentation: Christian Pharmacists Fellowship International Annual Meeting. 2015.
2. Cho HM, Standiford CJ, Brown MT. Embedding Pharmacists Into the Practice. Embedding Pharmacists Into the Practice | Patient Care | AMA STEPS Forward | AMA Ed Hub. https://edhub.ama-assn.org/steps-forward/module/2702554. 2017.
3. Unertl KM, Weinger MB, Johnson KB, Lorenzi NM. Describing and Modeling Workflow and Information Flow in Chronic Disease Care. *J Am Med Inform Assoc*. 2009;16(6):826-836. doi:10.1197/jamia.m3000.
4. Weber ZA. Developing a Collaborative Drug Therapy Management Pharmacy Service: Getting Started Clinic Operations Considerations. Indiana Pharmacists Alliance (IPA), October 2011.
5. Bradley B, Deines S. Targeting transitions of care-Role of the pharmacist in a federally qualified health center. *MHC*. 2014;4(6):283-286. doi:10.9740/mhc.n207349.
6. Skelley JW, Gonzalez E, Weber Z. Using a Layered Learning Approach with Multiple Disciplines in an Ambulatory Care Setting. Presentation: American Society of Health-System Pharmacists Annual Summer Meeting. June 2018.

Time Management

1. *What are some options to delegate duties to other staff members in the office? For example, obtaining vitals, scheduling visits, calling patients with results.*

Before delegating tasks, ensure that those to whom the tasks are delegated has the appropriate qualifications and competencies to complete the tasks. Even if you must train staff, the cost/benefit will likely lean towards improved productivity. If tasks are delegated, communication and trust should be a priority. Utilizing the appropriate staff for each delegation is critical (medical assistants for obtaining vitals, downloading blood glucose readings, etc.; front desk staff for scheduling patient appointments, providing appointment reminder phone calls, etc.).
Utilizing student pharmacists may also be beneficial for the practice, however, some considerations need to be addressed. First, tasks delegated to students must be appropriate for their learning level. Different students may require different levels of supervision. Also, students may always not be available (for example winter break). Therefore, a process needs to be in place for the completion of tasks usually delegated to students when the students are not available.

2. *Are there any time management tools that have been helpful to keep pharmacist productive while in clinic?*

Utilizing patient tracking tools to document interventions may take more time initially, however, in the long term these can save time. Some electronic health records are easier to pull data from than others, so it is best to be familiar with the system that is available. Utilizing Microsoft Excel is another option for tracking patients and interventions (see attachment).
A time log may help identify how much time is being dedicated to each task. This may help pharmacists identify most and least productive times of the day. Utilizing this technique for a short period of time can help determine inefficiencies.
Creating an action plan may help with time management while in clinic. The first step is deciding what the goal is, or what action needs to be taken. Next, how much time and resources are needed to complete the plan? Resources may include space, personnel, and items (computers, clinical equipment, etc.). Lastly, it is important to set a deadline. Knowing when the action plan should be completed holds those who are creating plan accountable.

3. *Are there any examples of a patient flow that could be implemented to help improve patient visit efficiency?*

Using a patient flow analysis can help identify inefficiencies in a patient's journey throughout their visit. To appropriately utilize this tool, pharmacists should evaluate how much time is spent in each part of the patient's journey, including check-in, intake (vitals), provider interaction, and check out. For example, including point of care devices (INR, glucose, A1c, etc.) in the office can decrease the amount of time a patient spends going to different locations.

4. *How do other ambulatory care pharmacist split their time (clinical, teaching, administration, etc.) and what items do they spend their time on?*

Pharmacists in the ambulatory care setting likely spend a large portion of their time interacting with patients. While working with patients, pharmacists also need to collaborate with other health care professionals, including nurses, physicians, nurse practitioners, physician assistants, etc. Administrative roles and documentation can take time away from direct patient care activities. However, utilizing tips indicated previously in this section may help decrease the amount of time spent on these items. Research and teaching may or may not be completed by ambulatory care pharmacists. Research activities depend on the practice setting, with some sites having more opportunities for research than others. Teaching can occur in many forms, including precepting students, provider education lectures, and lectures for students.

Resources

- Pharmacy Clinical Coordinator's Handbook: https://books.google.com/books?id=W3j0CwAAQBAJ&dq=pharmacy+clinical+coordinators+handbook&source=gbs_navlinks_s
- McGuire R. Time management for pharmacists. The Pharmaceutical Journal. 24 Feb 2001. Available from: https://www.pharmaceutical-journal.com/learning/learning-article/time-management-for-pharmacists/20004091.article?firstPass=false
- Potisek NM, Malone RM, Shilliday BB, et al. Use of patient flow analysis to improve patient visit efficiency by decreasing wait time in a primary care-based disease management programs for anticoagulation and chronic pain: a quality improvement study. BMC Health Serv Res. 2007;7:8. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1784086/
- APhA Career Pathway Evaluation Program for Pharmacy Professionals. Ambulatory Care Pharmacy. Available from: https://www.pharmacist.com/sites/default/files/files/Profile_04%20Ambulatory%20Care%20Final%20071213V.pdf
- APhA Career Pathway Evaluation Program for Pharmacy Professionals. Health-System Pharmacy. Available from: https://www.pharmacist.com/sites/default/files/files/Profile_15%20Hospital%20Outpatient%20PharmacyFinal%20071213.pdf

Community and Referral Resources

Note:
Determine if your organization/clinic provides access for patients to social work services or a referral coordinator. Social workers can be an invaluable resource to helping patients locate helpful resources in the community.

How can I help patients who cannot afford their prescription medications?

(a) Many pharmaceutical companies have developed programs to provide free or discounted medications for patients who are unable to afford their medications. Each program may have unique eligibility requirements or quantity limits. Forms should be completed and mailed directly to the pharmaceutical company to the address they provide. These forms can be confusing for patients to complete, so sometimes assistance in completing them correctly can be helpful.
    a. Websites to locate Patient Assistance Programs:
        i. https://www.needymeds.org
        ii. https://www.rxassist.org/providers

(b) Investigate whether the patient may be able to switch to a lower cost generic alternative that may be found on pharmacy discount lists.

How can I assist my patients with improving nutrition?

(a) Sometimes, elderly patients may have difficulty getting out of their homes to procure adequate nutrition. Services like "Meals on Wheels" can help provide for them as well as provide some interaction with volunteers to help with loneliness:
    a. https://www.mealsonwheelsamerica.org

(b) Investigate local grocery stores in your community, sometimes they may offer consultations with registered dieticians.

(c) Become familiar with any local food banks in your community

(d) Supplemental Nutrition Assistance Program (SNAP): https://www.fns.usda.gov/snap/eligibility

What resources are available to assist patients with mental health or substance abuse disorders?

(a) Tobacco Cessation Quitline (1-800-QUIT-NOW)

(b) Mental Health and Substance Abuse: The Substance Abuse and Mental Health Services Administration (SAMHSA) through DHS provides a National Helpline available 24/7/365 to connect patients with community resources for helping with mental health or substance abuse concerns:

   a. https://www.samhsa.gov/find-help/national-helpline

(c) National Suicide Prevention Lifeline:
   a. 1-800-273-8255 (TALK); [Veterans Crisis Line, press **1**]

(d) National Domestic Violence Hotline: 1-800-799-SAFE (7233)

My patient is a U.S. Veteran, how does s/he apply for VA Health Care benefits?

(a) https://www.va.gov/health-care/apply/application/introduction

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Employee Orientation Checklist

There are many areas that one would need to consider when orienting a new employee into an ambulatory care position from the inpatient setting. The following is a list of high-level area to consider.

1. **Operations**
   - ☐ EMR
   - ☐ Telephone
   - ☐ Scheduling
   - ☐ Opening and closing the clinic procedures
   - ☐ Meeting schedules
2. **Documentation**
   - ☐ SOAP (format and required fields that must be completed each visit)
   - ☐ Ordering Referrals
   - ☐ Knowing where to find items in the EMR (set up can vary greatly from inpatient format)
   - ☐ Different types of documentations (clinic note vs telephonic note)
   - ☐ Different types of interoffice communications
   - ☐ Required components of visit encounters
3. **Clinical competencies**
   - ☐ Packaging sizes for medications (different than inpatient unit dose)
   - ☐ Devices for medication administration and self-monitoring (how to use, what options are available, what supplies needed, how ordered/if covered)
   - ☐ Technology
   - ☐ Insurance coverage/formulary
   - ☐ Application of guideline therapy and therapy choices
   - ☐ Overview of ambulatory specific disease states (acute vs. chronic)
   - ☐ Preventative care guidelines
   - ☐ Patient self-care guidelines
4. **Performance Outcomes**
   - ☐ Quality Measures
   - ☐ Safety
   - ☐ Provider satisfaction
   - ☐ Patient satisfaction
   - ☐ Financial

5. **Communication**
   - ☐ Provider
     - Shared decision-making
     - Written and Oral
   - ☐ Patient
     - Motivational interviewing
     - Shared decision-making
     - Written and oral

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