Summary Update for JCPP: Pharmacist's Patient Care Process Revision

June 15, 2024

The Joint Commission of Pharmacy Practitioners (JCPP) Pharmacist's Patient Care Process (PPCP) Workgroup (WG) began the process of revising the 2014 PPCP in late June 2023. The WG is charged with updating the PPCP to reflect contemporary pharmacy practice and changes within the health care system in the last 10 years, and to incorporate feedback from the pharmacy community on experiences with adoption of the PPCP.

The PPCP WG is comprised of appointed representatives from 11 JCPP member organizations and 3 non-JCPP national pharmacy organizations (National Association of Chain Drug Stores, National Pharmaceutical Association, and Pharmacy Quality Alliance). WG representatives have been highly engaged, collaborative, and thorough throughout the revision process. In addition, the Executive Director of the Pharmacy HIT Collaborative is consulted, as needed, on matters involving health information technology.

The draft revised PPCP has been completed (Attachment A), including revisions to the PPCP introduction, 5 steps, and the background section. A chart comparing the 2014 PPCP to the revised version has also been created (Attachment B). **The revised PPCP is now ready for JCPP CEOs to consider for approval to disseminate for a 4 to 6-week public comment period.** The WG will then reconvene to consider feedback submitted, with a goal of presenting a final version to JCPP CEOs for approval sometime in the Fall 2024.

WG Revision Process Overview:

The WG met virtually via Zoom every 2-3 weeks for 90-minutes, and to date, 21 meetings have been conducted. For 17 of the 21 WG meetings, a pre-meeting survey was used to gather feedback from all WG members to inform WG discussions. WG decisions were made using a consensus-based approach.

- WG members considered feedback received from various individuals and organizations and identified 5 overarching considerations to be contemplated throughout the revision process:
    - Use of person-centered terminology
    - Highlighting health equity and health disparities where appropriate
    - How to address new care delivery modes
    - Learnings from the ACCP/UNC/AIMM implementation science project that led to the resource, *The Patient Care Process for Delivering Comprehensive Medication Management. (https://www.accp.com/docs/positions/misc/CMM_Care_Process.pdf)*
    - Emphasizing collaboration with patients and other health care providers through team-based care

- Retention of 5 core steps in the PPCP – WG reviewed and recommends that all 5 PPCP steps be maintained

- PPCP Introduction – reviewed and revised. The introduction includes foundational elements for successful delivery of the PPCP.

- PPCP 5 steps: All 5 steps have been reviewed and revised. Specific areas of focus during step revision include, but are not limited to:
    - Reflecting the patients' inclusion in their care decisions and acknowledging their support system appropriately
    - Highlighting pharmacists' extensive medication expertise
    - Including standardized data terminology that will be useful for software vendors and ultimately help advance pharmacists' clinical documentation and information sharing capabilities
    - Ensuring that the revised PPCP covers pharmacists' expanding scope of practice authority (e.g. Test and Treat)

- PPCP Background session: revisions made to reflect areas where the PPCP has been adopted (ACPE PharmD and CE standards, ASHP residency standards, etc.), and the process used to update the 2014 PPCP.

- PPCP Diagram – WG recommends creating a revised diagram that better depicts the bi-directional flow/interconnectedness between the steps. The diagram will be created after the public comment period after feedback on the content of the introduction and steps has been addressed.

WG Proposed PPCP Dissemination Plan for the Public Comment Period

WG members discussed the process for disseminating the revised PPCP for public feedback. The WG recommends using this opportunity to highlight JCPP by posting information about the public comment period on the JCPP website, including the Background section. A link to the Background section could then be placed in the survey so survey respondents can access it for further information about the PPCP and the process used to revise.

- *Distribution mechanism:* Use an electronic survey tool with one common link to gather feedback. Each JCPP organization and non-JCPP organizations participating in the WG will distribute the link. Proposed draft survey questions can be found in Attachment C.

- *Target audience:* pharmacy organization leaders and members, with a goal of ensuring that input is received from pharmacist patient care providers and pharmacy practice faculty who will be using the PPCP in practice and education. It can be up to each organization how it wants to disseminate. Also consider

getting feedback from other stakeholders such as health care provider organizations and patient groups.

- *Start date and length of comment period:* recommend targeting release of the survey in late July or early August with a comment period of 4 weeks. The month of July will be needed to copyedit the draft revised PPCP, input it into an electronic survey tool, and pilot test it with a small group of pharmacists to identify any issues that need to be corrected. Each organization distributing the link to the survey will also need time to set up the communication distribution within the organization. WG members recommend that there be some flexibility to extend the deadline for a week or two past the 4 weeks if necessary to give other stakeholders like health care provider organizations and patient groups more time if needed to organize their comments. It is recommended that the entire comment period be no longer than 6 weeks.

Please see the following attachments for further information:

- *Attachment A:* Draft revised Pharmacist's Patient Care Process
- *Attachment B:* Comparison chart for 2014 PPCP vs Revised PPCP
- *Attachment C:* Draft survey questions for revised PPCP public comment period
- *2014 Pharmacists' Patient Care Process can be accessed at:* https://jcpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf

Attachment A

Revised Version of the PPCP – Final Draft

PPCP Introduction:

Pharmacists, as healthcare providers, use a person-centered and collaborative team-based approach to optimize a patient's health and medication outcomes. An essential first step is the establishment of a patient–pharmacist relationship that promotes engagement, effective communication, and trust with patients and their support system throughout the process. The pharmacist's process of care is consistent regardless of the practice setting or method of delivery (e.g., in-person, virtual, telephonic, or other prevailing technology). At the core of the process, pharmacists continually collaborate, document, and communicate with other healthcare professionals in the provision of safe, effective, equitable, and coordinated care. This process is optimized when pharmacists have access to patient information through standardized data sharing using electronic health records (EHRs) or other clinical documentation systems.

Using principles of evidence-based practice and factoring in the needs and complexity of the patient, pharmacists:

Collect

The pharmacist ensures the collection of necessary subjective and objective information about the patient to understand the relevant medical and medication history, overall health status, and other pertinent factors. Information may be gathered and verified from multiple sources (e.g., existing patient records, the patient and/or caregiver, and other healthcare professionals). This process includes collecting:

- Patient health concerns and goals, lifestyle factors, beliefs, preferences, cognitive and functional status, and social determinants of health that affect medication access, use, and other aspects of care.
- A current medication list and medication use history for prescription and nonprescription medications, and over-the-counter products such as herbal products, and dietary supplements.
- Relevant medical data that may include medical problems, clinical notes, allergies and intolerances, immunizations, vital signs, laboratory values, clinical tests, diagnostic imaging, medical devices, and procedures.
- Patient management data such as patient demographics, health insurance information, and care team members.

Assess

The pharmacist assesses the collected information and effects of the patient's therapy to prioritize issues and optimize medications and health outcomes. This process includes assessing:

- Each medication for appropriateness, effectiveness, safety, and factors affecting adherence.
- Medical problems and social determinants of health concerns for potential intervention and resolution.
- Preventive care needs (e.g., immunizations, education, screenings, and other health and wellness services).

Plan

The pharmacist develops a comprehensive, evidence-based, care plan in collaboration with the patient and/or caregiver and the healthcare team. The process of formulating a care plan includes:

- Establishing person-centered goals to support access to care and achieve desired outcomes.
- Optimizing medication therapy by addressing medication-related problems.
- Incorporating prioritized medical problems, social determinants of health and preventive care needs.
- Incorporating continuity of care, including safe transitions of care and follow-up.
- Confirming patient and/or caregiver understanding and agreement with the goals and plan**.**

Implement

The pharmacist implements the care plan in collaboration with the patient and/or caregiver and healthcare team. This process includes:

- Providing interventions for medication-related problems, including initiating, modifying, discontinuing, or administering medication therapy as authorized.
- Addressing prioritized medical problems, social determinants of health, and preventive care needs.
- Providing instruction, education, a current medication list, and strategies for self-care and health management to the patient or caregiver.
- Ensuring follow-up care is established, through scheduled appointments, referrals, or transitioning of the patient to another healthcare professional or community services.
- Documenting the encounter and communicating with other healthcare professionals, as needed.

Follow-up: Monitor and Evaluate – Near Final Working Version

The pharmacist follows up to monitor and evaluate the patient's care plan and overall health status, and as needed, modifies the plan in collaboration with the patient and/or caregiver and the healthcare team. This process includes:

- Evaluating medication appropriateness, effectiveness, safety, and factors affecting adherence.
- Evaluating outcomes of the care plan and progress toward person-centered goals, clinical goals, and overall health.
- Continuing the Pharmacist's Patient Care Process for new and ongoing patient care needs.

Attachment B

PPCP 2014 vs 2024 Revised Comparison Document

2014 PPCP Introduction Section	2024 PPCP Revised Introduction Section
Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes. An essential first step is the establishment of a patient–pharmacist relationship that supports engagement and effective communication with patients, families, and caregivers throughout the process. In addition, at the core of the process, pharmacists continually collaborate, document, and communicate with physicians, other pharmacists, and other health care professionals in the provision of safe, effective, and coordinated care. This process is enhanced through the use of interoperable information technology systems that facilitate efficient and effective communication among all individuals involved in patient care. Using principles of evidence-based practice, pharmacists:	Pharmacists, as health care providers, use a person-centered and collaborative team-based approach to optimize a patient's health and medication outcomes. An essential first step is the establishment of a patient–pharmacist relationship that promotes engagement, effective communication, and trust with patients and their support system throughout the process. The pharmacist's process of care is consistent regardless of the practice setting or method of delivery (e.g., in-person, virtual, telephonic, or other prevailing technology). At the core of the process, pharmacists continually collaborate, document, and communicate with other health care professionals in the provision of safe, effective, equitable, and coordinated care. This process is optimized when pharmacists have access to patient information through standardized data sharing using electronic health records (EHRs) or other clinical documentation systems. Using principles of evidence-based practice and factoring in the needs and complexity of the patient, pharmacists:

2014 PPCP Collect Step	2024 PPCP Revised Collect Step
The pharmacist assures the collection of necessary subjective and objective information about the patient in order to understand the relevant medical/medication history and clinical status of the patient. Information may be gathered and verified from multiple sources including existing patient records, the patient, and other health care professionals. This process includes collecting:	The pharmacist ensures the collection of necessary subjective and objective information about the patient to understand the relevant medical and medication history, overall health status, and other pertinent factors. Information may be gathered and verified from multiple sources (e.g., existing patient records, the patient and/or caregiver, and other health care professionals). This process includes collecting:
• A current medication list and medication use history for prescription and nonprescription medications, herbal products, and other dietary supplements.	• Patient health concerns and goals, lifestyle factors, beliefs, preferences, cognitive and functional status, and social determinants of health that affect medication access, use, and other aspects of care.
• Relevant health data that may include medical history, health and wellness information, biometric test results, and physical assessment findings.	• A current medication list and medication use history for prescription and nonprescription medications, and over-the-counter products such as herbal products, and dietary supplements.
• Patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that affect access to medications and other aspects of care.	• Relevant medical data that may include medical problems, clinical notes, allergies and intolerances, immunizations, vital signs, laboratory values, clinical tests, diagnostic imaging, medical devices, and procedures.
	• Patient management data such as patient demographics, health insurance information, and care team members.

2014 PPCP Assess Step	2024 Revised PPCP Assess Step
The pharmacist assesses the information collected and analyzes the clinical effects of the patient's therapy in the context of the patient's overall health goals in order to identify and prioritize problems and achieve optimal care. This process includes assessing:	The pharmacist assesses the collected information and effects of the patient's therapy to prioritize issues and optimize medications and health outcomes. This process includes assessing:
• Each medication for appropriateness, effectiveness, safety, and patient adherence	• Each medication for appropriateness, effectiveness, safety, and factors affecting adherence.
• Health and functional status, risk factors, health data, cultural factors, health literacy, and access to medications or other aspects of care	• Medical problems and social determinants of health concerns for potential intervention and resolution.
• Immunization status and the need for preventive care and other health care services, where appropriate	• Preventive care needs (e.g., immunizations, education, screenings, and other health and wellness services).

2014 PPCP Plan Step	2024 Revised PPCP Plan Step
The pharmacist develops an individualized patient-centered care plan, in collaboration with other health care professionals and the patient or caregiver that is evidence-based and cost-effective. This process includes establishing a care plan that:	The pharmacist develops a comprehensive, evidence-based care plan in collaboration with the patient and/or caregiver and the health care team. The process of formulating a care plan includes:
• Addresses medication-related problems and optimizes medication therapy.	• Establishing person-centered goals to support access to care and achieve desired outcomes.
• Sets goals of therapy for achieving clinical outcomes in the context of the patient's overall health care goals and access to care.	• Optimizing medication therapy by addressing medication-related problems.
• Engages the patient through education, empowerment, and self-management.	• Incorporating prioritized medical problems, social determinants of health and preventive care needs.
• Supports care continuity, including follow-up and transitions of care as appropriate.	• Incorporating continuity of care, including safe transitions of care and follow-up.
	• Confirming patient and/or caregiver understanding and agreement with the goals and plan.

2014 PPCP Implement Step	2024 PPCP Revised Implement Step
The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver. During the process of implementing the care plan, the pharmacist:	The pharmacist implements the care plan in collaboration with the patient and/or caregiver and health care team. This process includes:
• Addresses medication- and health-related problems and engages in preventive care strategies, including vaccine administration.	• Providing interventions for medication-related problems, including initiating, modifying, discontinuing, or administering medication therapy as authorized.
• Initiates, modifies, discontinues, or administers medication therapy as authorized.	• Addressing prioritized medical problems, social determinants of health, and preventive care needs
• Provides education and self-management training to the patient or caregiver.	• Providing instruction, education, a current medication list, and strategies for self-care and health management to the patient or caregiver.
• Contributes to coordination of care, including the referral or transition of the patient to another health care professional.	• Ensuring follow-up care is established through scheduled appointments, referrals, or transitioning of the patient to another health care professional or community services.
• Schedules follow-up care as needed to achieve goals of therapy.	• Documenting the encounter and communicating with other health care professionals as needed.

2014 PPCP Follow-up: Monitor and Evaluate Step	2024 PPCP Revised Follow-up: Monitor and Evaluate Step
The pharmacist monitors and evaluates the effectiveness of the care plan and modifies the plan in collaboration with other health care professionals and the patient or caregiver as needed. This process includes the continuous monitoring and evaluation of:	The pharmacist follows up to monitor and evaluate the patient's care plan and overall health status, and as needed, modifies the plan, in collaboration with the patient and/or caregiver and the health care team. This process includes:
• Medication appropriateness, effectiveness, and safety and patient adherence through available health data, biometric test results, and patient feedback.	• Evaluating medication appropriateness, effectiveness, safety, and factors affecting patient adherence.
• Clinical endpoints that contribute to the patient's overall health.	• Evaluating outcomes of the care plan and progress towards person-centered goals, clinical goals, and overall health.
• Outcomes of care, including progress toward or the achievement of goals of therapy.	• Continuing the Pharmacist's Patient Care Process for new and ongoing patient care needs.

Attachment C

Draft Survey Questions for Revised PPCP Public Comment Period

Note: This is a preliminary draft set of questions for the public comment period. The questions will be shared with an expert in assessment for feedback on construct.

Q1. Does the draft revised PPCP Introduction adequately cover the foundational elements for the Pharmacist's Patient Care Process?

a. Yes
b. Yes, with modifications
c. No

Q1b. Comment box

Q2. Does the Collect step adequately represent pharmacists' patient care practice?

a. Yes
b. Yes, with modifications
c. No

Q2b. Comment box

Q3. Does the Assess step adequately represent pharmacists' patient care practice?

a. Yes
b. Yes, with modifications
c. No

Q3b. Comment box

Q4. Does the Plan step adequately represent pharmacists' patient care practice?

a. Yes
b. Yes, with modifications
c. No

Q4b. Comment box

Q5. Does the Implement step adequately represent pharmacists' patient care practice?

a. Yes
b. Yes, with modifications
c. No

Q5b. Comment box

Q6. Does the Follow up: Monitor and Evaluate step adequately represent pharmacists' patient care practice?

a. Yes
b. Yes, with modifications
c. No

Q6b. Comment box

Q7. Are there any terms in the revised PPCP that need to be further explained or added to the PPCP?

a. Yes
b. No

Q7b. If the answer to Q7. is yes, please list the term(s) and provide a suggested definition with citation:

Demographic questions:

Q8. Are you submitting these comments on behalf of:

a. Yourself as an individual
b. An organization

Q8b. If answer b, please list the organization:

Q9. Practice setting: Does JCPP have a preferred listing for this?

Q10. Position type: Does JCPP have a preferred listing for this?

Q11. Highest degree/year of graduation?

Q12. Name:

Q13. Organization/affiliation:

Q14. Contact email (optional?):