

FAQ: Ambulatory Care Clinical Pharmacist Peer Review

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Purpose: This document serves as a generalized evaluation form of patient care note documentation in the ambulatory care practice setting. The [Ambulatory Care Summit](#) recommendations state that ambulatory care pharmacists performing clinical work must provide and document the provision of coordinated, integrated, and comprehensive services and these records must be accessible to all members of the healthcare team. Peer review serves as a process of quality control and involves scrutiny from clinicians within the same field reviewing the work of another for expected documentation, interventions, and billing elements.

This form follows the patient care process approach and includes the elements recommended by the [Joint Commission of Pharmacy Practitioners](#). The step-wise process serves to ensure patient-centered care is provided and other providers can follow the actions of the ambulatory care pharmacist.

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[Advisory Group on Clinical Practice Advancement](#)

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Areas of Applicability

This example document may be applicable in the following ambulatory care pharmacy practice settings*:

- Direct patient care or disease state management
 - e.g. anticoagulation, diabetes, hypertension, hyperlipidemia
- Transitions of care services
- Population health services
- Medicare annual wellness services
- Chronic care management services
- Medication management services

**Suggested list. May adjust based upon scope of practice and/or collaborative practice agreement as needed.*



Joint Commission of Pharmacy Practitioners. *Pharmacists' Patient Care Process*. May 29, 2014. Available at: <https://icpp.net/wp-content/uploads/2016/03/PatientCareProcess-with-supporting-organizations.pdf>.

Additional Considerations

- Consider the frequency of the peer review (e.g. quarterly, bi-annual) as these reviews may aid in the annual review of an individual provider, resident, new clinical service, and/or department.
- The peer review form may be completed by an individual reviewer or a team.
- The peer review process is often blinded. It is important to pair pharmacists of similar practice settings (i.e. a transitions-of-care pharmacist should not be assigned to an oncology pharmacist).
- Ensure pharmacists have access to appropriate practice-setting policies and evidence-based medicine to provide objective and actionable comments in the review.
- Create a policy to audit and review the peer review process itself. As practice models evolve and change, this document should adapt as well.

Example Peer Review Template

Pharmacist being evaluated:	
Evaluator:	
Date of review:	
Date and time of encounter being reviewed:	
Encounter type or reason for visit:	

Documentation		Evaluation	Comments
Collect	Is the reason for the referral/visit clearly stated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	Is the subjective information clearly and concisely stated?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
	Is the objective information relevant and clearly stated?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
Assess	Is there clear evidence of medication list reconciliation or review?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
	Is the assessment clear and complete?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
Plan	Is the plan clearly stated and prioritized appropriately? (Includes drug name, dose, route, frequency, etc.)	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
	Is the follow-up plan clearly stated?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	

Implement	Is patient education clearly documented?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
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	Order Authorization & Scope of Practice	Evaluation	Comments
Implement	Medications and/or labs are ordered correctly (i.e. dosage, SIG, refills, day supply, etc.).	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	Are medication and/or lab orders consistent with the applicable authorization (eg. CDTM, CPA, referral)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	Is there indication of verbal or written authorization for medication and/or lab orders that fall outside the applicable scope of prescriptive authority?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

	Is the documentation appropriate for the level of service provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	Does the selected CPT code match the level of service provided?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	Was the progress note forwarded to the provider and signed within 48 hours?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Therapeutic Decision Making		Evaluation	Comments
Collect	Is there evidence of a consideration for patient lifestyle habits, preferences, beliefs, health goals, and socioeconomic factors?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	

Assess	Is the pharmacotherapy assessment appropriate and accurate?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
Plan	Are goals of care clearly stated and individualized?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
	Is the therapeutic plan appropriate based on current standards of medical care and evidence-based guidelines?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	
Implement	Is follow-up scheduled at an appropriate (i.e. interval, labs ordered, etc.) interval?	Exceeds <input type="checkbox"/> Meets <input type="checkbox"/> Does not Meet <input type="checkbox"/>	

Patient Safety & Legal Considerations		Evaluation	Comments
	Are there any patient safety concerns with the plan as stated or enacted?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	Are there any potential risk management/liability concerns with the note, as stated?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Miscellaneous		Evaluation	Comments
	Does the note contain unapproved abbreviations? (https://www.ismp.org/recommendations/error-prone-abbreviations-list)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
	Is the documentation completed in a timely manner?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Overall Level Assignment: A / B / C / D

Level Assignment Definitions

- *Level A: All criteria met; Optimal or near optimal care of the patient where most other practitioners would have managed the case similarly*
- *Level B: Criteria partially met; Minor discrepancies in the care of the patient (may benefit the patient, but was not the optimal choice)*
- *Level C: Criteria mostly not met; Significant discrepancies in the care of the patient, but not requiring management action (may not result in patient harm but likely will not advance therapy)*
- *Level D: Criteria not met; Serious discrepancies in the care of the patient requiring management attention (may result in patient harm)*

Additional Comments:

Pharmacist Signature/Date

Peer Evaluator Signature/Date

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