

Which of the following roles is least often assumed by pharmacists with respect to patients?

- A) Triaging medical conditions for action/intervention by other providers
- B) Documenting patient response to therapy and sharing this with providers
- C) Counseling patients on the expected responses of therapy and potential adverse effects
- D) Dispensing pharmaceuticals

The principal purpose of clinical documentation is to:

- A) Vaguely record what has transpired in an encounter with a patient
- B) Maximize reimbursement from the insurance company
- C) Avoid legal liability to the care provided
- D) Provide a record of what a practitioner does and why actions were taken

A problem-oriented medical record would include the following data elements except:

- A) Financial coverage
- B) Objective data
- C) Subjective data
- D) Clinician's assessment

To document a clinical encounter, which data elements are typically not needed?

- A) Religion and marital status
- B) Unique patient identifier and patient date of birth
- C) Date of encounter and provider identifier
- D) Rationale for intervention and action plan

All too often communications from pharmacists to physicians relate to:

- A) Pharmaceutical product usage and restrictions (i.e., non-formulary issues)
- B) Patient care issues
- C) Referrals back to providers
- D) None of the above

The contributions of pharmacist-generated documentation should accomplish the following:

- A) Be supportive of a patient's care plan often developed by a physician
- B) Assist in achieving defined therapeutic objectives and includes monitoring where appropriate
- C) Avoiding drug/medication-related problems (DRPs)
- D) All of the above

Pharmacists that routinely provide medication therapy monitoring document this in all of the following except:

- A) Pharmacy profile
- B) The patients' medical record
- C) Reimbursement ledger
- D) Shadow files in the pharmacy

The primary method for providers to demonstrate value within an organized health care system is through:

- A) Contracts
- B) Monitoring
- C) Documentation
- D) Risk mitigation

Reasons for the failure of consistent pharmacist documentation in the medication-use system include the following:

- A) The process of documentation is episodic
- B) Specific data is not collected on a consistent basis
- C) Lack of a universal reimbursement model
- D) All of the above

This statement is best described by what term, "obtaining a complete list of patient medications from the time of admission, through transfers, and ultimate discharge from the hospital"?

- A) Profiling
- B) Handoffs
- C) Medication transfers
- D) Medication reconciliation

Which of the following codes must be used by pharmacists if to be universally understood in the provision of medical services and procedures by other providers and payers?

- A) AWP codes
- B) CPT codes
- C) DRG codes
- D) MAR codes

Many community pharmacists never see this important information from patients that have been hospitalized that will ultimately assist them in counseling these patients:

- A) Prescriptions
- B) Insurance payments
- C) A copy of the discharge information provided to patients
- D) None of the above

The use of electronic medical records (EMRs) allow for the following except:

- A) Increased organization and recovery of medical data
- B) Incorporation of laboratory and other diagnostic results
- C) Inclusion of compliance information on prescription and over-the-counter medications
- D) Systematic analysis of past clinical experiences as well as inclusion of clinical guidelines

Which of the following is NOT one of eight essential elements of a safe and effective medication-use system?

- A) Monitoring
- B) Prevention
- C) Documentation and communication
- D) Appropriate prescribing

Which of the following is NOT one of the ten principles of the Australian National Seamless Care Guidelines?

- A) Consumers should be provided with adequate supplies of medication
- B) Accurate medication histories should be obtained and documented at the time of admission
- C) Medicines should be assessed throughout the episode of care to ensure quality use of medicines
- D) Health service managers should not be accountable for ensuring implementation of medication management continuum services