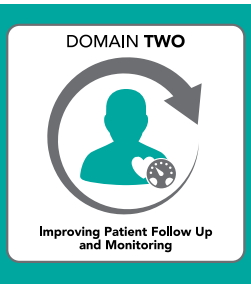
Flip the Pharmacy Change Package
Domain 2



Flip the Pharmacy: Champion Checklist

- ☐ Continue identifying patients who are nonadherent and would benefit from being enrolled into medication synchronization.
- ☐ Incorporate longitudinal follow-up with patients and document within their patient care record (eCare Plan)
- ☐ Document and submit an eCare plan for at least 5-10 patients that are enrolled into med sync and would benefit from long term follow up.
- ☐ Prepare non pharmacist staff to obtain readings and monitor patients. This might include online training and becoming familiar with treatment guidelines.

Team member roles

- **Pharmacists –** Pharmacists will be able to start this process and begin getting the groundwork smoothed for a technician to take over in the future. Their main focus should be on making sure the technician receives adequate training to maintain patient care goals, while making sure patients are receiving optimal care in the meantime.
- **Technicians –** Once pharmacists have reviewed the training and feel that the technician can begin taking on more roles, technicians can take on more of the patient interview duties to free pharmacist time. Technicians can review at home readings to search for any outlying readings.

STEP ONE: Find your patients!

1. **Review your Medication Synchronization eCare Plans from last month. Identify any patients who are eligible for long term monitoring.**
   - Gather the Patient Encounter Documentation Forms completed last month
   - Review each patient's medication profile to identify any patients taking medications of interest
2. **Run a report of one medication that you want to monitor patients taking.**
   - Review the report and identify patients who have filled a prescription for this medication at your pharmacy over the last 30-60 days

Workflow Tips:

MTM

Integrate MTM TIPs into your workflow process so care gaps are addressed during the sync process and a pharmacy staff member is following up with the patient and prescriber.

- Workflow ideas depending on your preference/pharmacy capabilities:

  1. Review MTM vendor platforms for TIPs on a monthly basis. Support staff can print a report of available TIPs and flag those patients with a note on their profile to review (ideally) during the sync process or during their next fill if they are not on med sync. (Offer your med sync program to these patients when possible.)

  2. Some pharmacy management systems integrate TIPs from MTM vendors into their system. Patients are already flagged as having a TIP that can be addressed during med sync.

EQuIPP

Similarly, integrate reviewing EQuIPP "outliers" during your workflow process. Support staff can run reports on a monthly basis and flag the outliers so they can be addressed during the med sync process.

- If you have identified a particular Part D program that is negatively impacting STAR ratings/DIR fees, consider running a report of all patients enrolled in that plan and flagging them for med sync. By asking those patients to be in your med sync program, you will be able to keep a closer eye on them as it relates to gaps in care and adherence. Try to address the EQuIPP outliers as soon as possible.

STEP TWO: Collect information

ACTION → **Conduct a patient follow-up interview using the general guide listed on page four or using specific questions related to the patient's medical conditions and medications.**

1. **Assign a staff member (Pharmacist or Pharmacy Technician, if trained) to call each patient on the list and obtain the at home readings or information needed. This should ideally be done during the pre-appointment phone call for medication synchronization.**

2. **If the patient is not yet enrolled, this is a good time to enroll them into your medication synchronization.**

3. **Document information in the patient's eCare Plan to collect information for follow up.**
    - Once you and your staff feel more comfortable asking for this type of information, consider adding questions to med sync calls asking patients for recent readings or labs drawn.
        - For example, if you are using the **Med Sync Monthly Check-in Guide** provided in the Domain 1 change package or a similar tool, add a few questions related to monitoring parameters:
            - *"How is this medication working for you?"*
            - *"Have you had any labs drawn in the past month?"*
            - *"Do you monitor your blood pressure at home?"*
            - *"What was your most recent blood pressure reading?"*
        - If the patient has had labs but doesn't know the results or is a poor historian, request them from their physician during the med sync process.
    - Depending on what is easiest for your workflow, you could also use the Patient Encounter Documentation Form for eCare Planning as a flag to remind staff to discuss with the patient when they are in the pharmacy to pick up their prescriptions
    - The easiest way to get started with in-pharmacy services is to offer blood pressure monitoring because most of us already have a cuff and offer the service, even if not regularly. Use this opportunity to start routinely offering blood pressure checks to your patients.
    - Consider how this will impact your workflow. Who normally takes the blood pressures? Is it the pharmacist? If so, have you thought of involving your support staff? This would free up pharmacist time and allow for this valuable service to be offered more routinely.
    - Document labs along with the date of the test so that you can follow up at the appropriate time (e.g. 12 months from last lipid panel)

Workflow Ideas:

- Some technology vendors allow you to create a task and associate a follow up alert. Consider using this type of tool for regular follow up (e.g. set a follow up alert for 12 months since last lipid panel).
- If your care plan vendor has a singular place all lab values are documented, review this monthly as part of your med sync process and assess if you need to request labs from the patient/their provider this month.
- Add or use an existing template for diabetes care plans that has a section to remind you to review appropriate labs.
- Having the patient's labs can help provide a more meaningful discussion with the patient while assisting with monitoring their prescription therapy for effectiveness and following up.

Follow Up Guide

Patient Name:_____ DOB: _____Today's Date: _____

At each medication pick up or med sync call, assess:

1. In the past 14 days, how many days have you missed at least one dose of any medication?

2. Are you having any issues with your medications?

3. What target goal home reading did your doctor tell you?

4. How often do you monitor your readings? Do you write your measurements down?

5. Have you made any recent lifestyle or dietary changes that could affect your readings.

6. Are you up to date on your vaccinations? (Prepare by reviewing age appropriate vaccines)

STEP THREE: Document readings and results in care note

- Document the patient at home readings and responses within your care plan note. You can do this using the diabetes or hypertension specific documents that can be found on their respective pages linked below.
  - Diabetes change package **here**
  - Hypertension change package **here**
- If readings were taken at the pharmacy, document them along with the at home readings being sure to note where each reading came from.

Advancing patient monitoring

- As the team feels more comfortable with each element, begin adding on new monitoring parameters and questions asked to get a better picture of what the patient is doing at home. Adding new disease state monitoring is also an opportunity to branch out and continue providing optimal care to the patient.