

Moving beyond Filling
Prescriptions at a Moment in Time,
to **Caring for Patients** over Time



Change Package

October 2019



www.flipthepharmacy.com

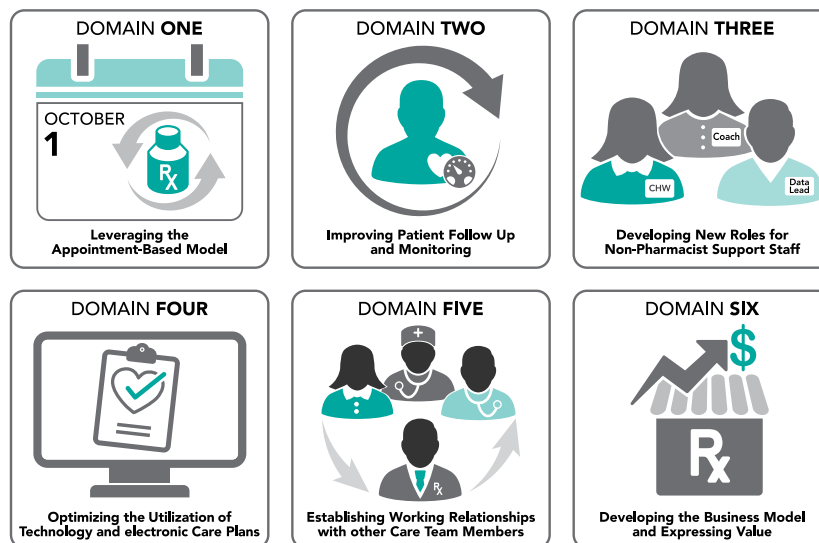


Welcome to the Flip the Pharmacy Change Package

Pharmacy practice transformation requires big changes. This **Change Package** is your guide for practice transformation. This **Change Package** is designed to offer you a stepwise approach to help you transform 3 key areas of your pharmacy:

1. Your Workflow
2. Your Patient Care Processes
3. How you lead your Business

The **Change Package** will provide you focused practice transformation activities to develop each of the 6 Domains.



Each month, the **Change Package** will prescribe specific steps to help your team implement workflow innovations designed to assist your pharmacy with implementing patient care processes.

Here's how to make it work:

- **Each month:**
 - Review and lead team through the **Change Package**
 - Keep your entire team engaged in the Domain focus of the month
 - Complete your **Change Package** monthly requirements, if you are part of the flip the pharmacy cohort
- **As needed:**
 - Check in with your coach for near-real time feedback, if you are part of the flip the pharmacy cohort

Twenty-four Stage Change Package

Twenty-Four Stage Change Package

Domain#1: Progression 1
Domain#2: Progression 1
Domain#3: Progression 1
Domain#4: Progression 1
Domain#5: Progression 1
Domain#6: Progression 1
Domain#1: Progression 2
Domain#2: Progression 2
Domain#3: Progression 2
Domain#4: Progression 2
Domain#5: Progression 2
Domain#6: Progression 2
Domain#1: Progression 3
Domain#2: Progression 3
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Domain#5: Progression 3
Domain#6: Progression 3
Domain#1: Progression 4
Domain#2: Progression 4
Domain#3: Progression 4
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Domain#5: Progression 4
Domain#6: Progression 4

Two Year Transformation

More details on each Domain are provided below and will be expanded on with each progression of each of the 6 domains.

Domain 1: Leveraging the Appointment-Based Model – Medication Synchronization is at the core of the ABM model, yet what are the patient evaluation, care coordination, and medication use support services that may be efficiency layered alongside the mechanical Medication Synchronization process.

Domain 2: Improving Patient Follow Up and Monitoring – Community-Based Pharmacies have great opportunity to lead the health care system in effective patient follow up and monitoring utilizing system-leading number of patient touch points.

Domain 3: Developing New Roles for Non-Pharmacist Support Staff – Gone should be the days of limiting pharmacies to two types of roles: Pharmacist and Pharmacy Technician. Roles that address common challenges to the healthcare system such as patient engagement and activation, care team communications, social determinants of health, and analysis of data are essential to successful population health management and accountable care.

Domain 4: Optimizing the Utilization of Technology and electronic Care Plans – The eCarePlan is fundamental to the successful operationalization of Domains 1 - 3 and 6. Working hand in hand with software companies, pharmacies should develop best practices documentation processes.

Domain 5: Establishing Working Relationships with other Care Team Members – Results from CCNC's CMMI innovation project showed that pharmacies who built and maintained meaningful working relationships with other care team members.

Domain 6: Developing the Business Model and Expressing Value – What is the return on investment to the pharmacy for moving towards longitudinal, patient level health care services delivery.

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Domain 1: *Appointment Based Model*

■ Progression 1:

- Medication Synchronization Assessment
- Workflow Innovation: *Care Planning During Medication Synchronization*
- Patient Case Materials

Domain 2: *Improving Patient Follow up and Monitoring*

Domain 3: *Develop New Roles for Non-Pharmacist Support Staff*

Domain 4: *Optimizing the Utilization of Technology and electronic Care Plan*

Domain 5: *Establishing Working Relationships with other Care Team Members*

Domain 6: *Developing the Business Model and Expressing Value*

Flip the Pharmacy Kick Off

Complete your Community Pharmacy Self-Assessment by October 7, 2019

What's your focus over the next 24 months? The first step in participating in the Flip the Pharmacy is to **complete your Community Self-Assessment survey**. This will allow you to review all aspects of your pharmacy to determine a personalized approach to practice transformation.

It is **important to have an accurate baseline of your practice** so you and your coaches can develop a specific practice change plan. This will allow your team to accomplish your goals and objectives for practice transformation while also increasing documented eCare plans.

The following survey is mapped to each of the six practice transformation domains. **Review each section and answer the questions being both critical and truthful about your site.** The questions are based on regularly recurring events within your practice.



After you review your survey results, think about the changes you'd like to implement in your pharmacy over the next year. Complete the driving change document on the following to help organize your thoughts.

Driving Change

What are the biggest changes you want to make at your pharmacy?

Create a list of all the changes you'd like to see happen at your pharmacy. Don't worry about how impossible they may seem or if they are not practical. This is just a spot for you to collect ideas about what you might like to change over the next 24 months.

1

2

3

4

5

6

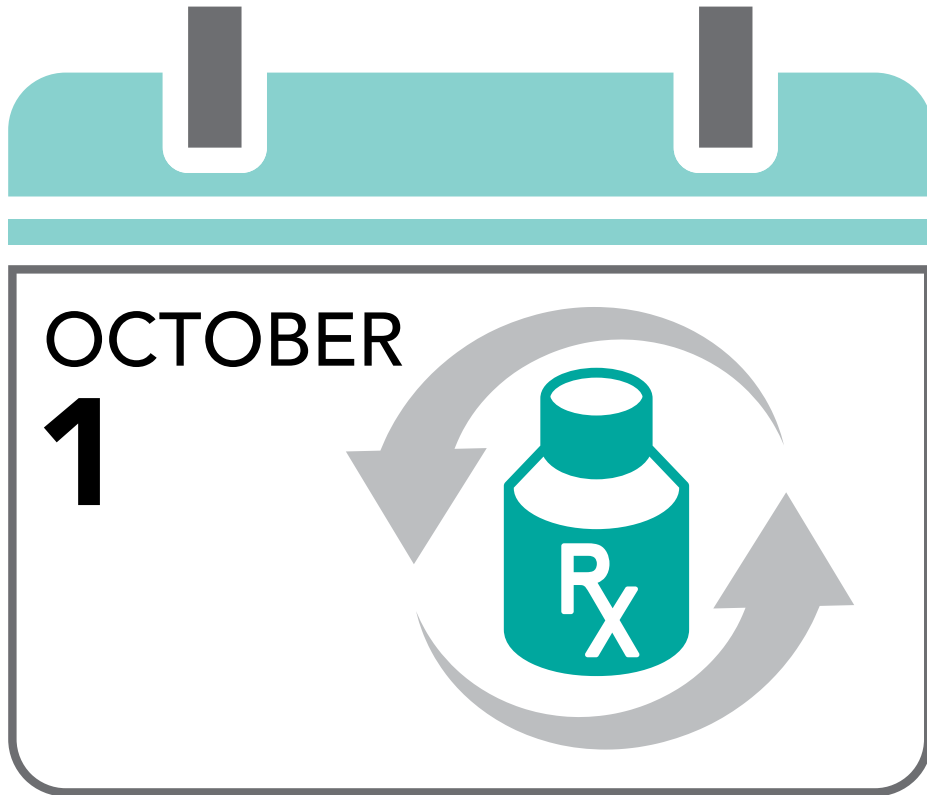
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DOMAIN ONE



Leveraging the Appointment-Based Model

Domain 1: Leveraging the Appointment-Based Model – Medication Synchronization is at the core of the ABM model, yet what are the patient evaluation, care coordination, and medication use support services that may be efficiency layered alongside the mechanical Medication Synchronization process.

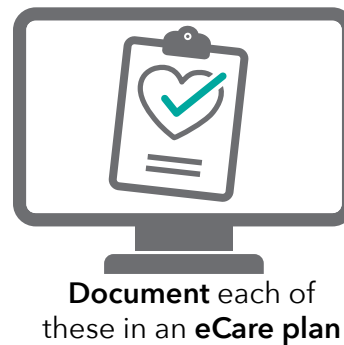
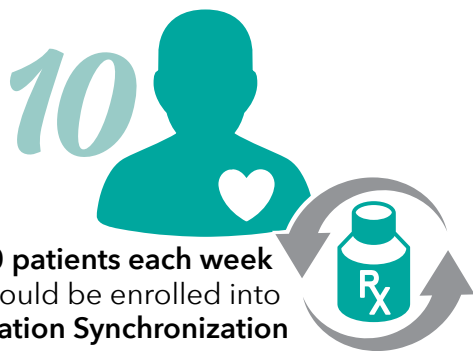
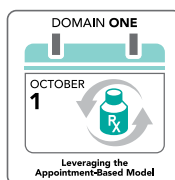
Domain 1: Appointment Based Model Progression 1

Requirements

Goal: Identify nonadherence, enroll patients into Medication Synchronization, and document the patient encounter within your technology partner for eCare plan with the goal of following up with the patient next month.

Flip the Pharmacy October Requirements

1. Review **Domain 1** of the **Change Package**
2. Review the **persona** and **document the practice case** in an eCare plan
3. Document **25** eCare plans by the end of October



Is your Pharmacy Optimizing Medication Synchronization?

Free up the Pharmacist:

Create More Time for the Patient Care Process



Medication Synchronization is a proactive patient-care approach to align all of the patient's refills to a single appointment date each month. It's not just aligning refills and putting on auto refill. Imagine if your patients showed up at scheduled times, there were fewer phone calls, more time for patient prep and interaction, etc. This needs to be the new reality for community pharmacy practice.

Medication Synchronization helps CONTROL the pharmacy workflow and provides the TIME to offer ADDITIONAL patient care services. Plus the specific APPOINTMENT for you to schedule add-on services.

Medication Synchronization has been shown in multiple studies to directly improve adherence rates. It creates time for a proactive review of the patient's complete medication profile and also helps identify potential gaps in care or high risk medications.

The key to Medication Synchronization is the preparation call and "appointment" or "pick up." The appointment allows for the provision of enhanced services such as comprehensive medication reviews, diabetes services, point of care testing, etc. Tying these pharmacist-led services to the medication pick up cuts down on one common barrier to all patient care: ensuring that the patient shows up for their appointment.

Are You Optimizing Medication Synchronization?

Assess your Medication Synchronization

Remember: Medication Synchronization creates more time for Pharmacist's to engage in Patient Care – including documentation of eCare plans.

ACTION ➔ **Complete your Medication Synchronization Assessment**

The quick, 5 question **Medication Synchronization Assessment** on the following page will help you determine where to focus your workflow innovation for the month. **Share this with each of your pharmacy team members, compare and discuss results.** This is a great opportunity to identify areas to highlight as team successes and areas to focus on developing.

Medication Synchronization Self-Assessment Quiz

Medication Synchronization vs. Autofill: *Which are you?*

1. How does your pharmacy recruit patients into Medication Synchronization?

Please check all that apply and add in anything else you do.

- We auto enroll all patients that are on a specific set of criteria
- Our in-window technician offers the service
- All staff know how to enroll

2. About what percentage of your patients are enrolled in Medication Synchronization?

- 85% or more
- 50-85%
- 30-50%
- 30%
- 10%

3. Do you document each patient that is enrolled into Medication Synchronization?

- Yes
- No

4. What is reviewed in the pre-appointment phone call? (*check all that apply*)

- Confirm medication to be filled
- Review any changes to medications
- Review any new medications
- Ask if the patient has seen a provider since their last medication pick up
- Review for potential drug therapy problems?
- Review for needed services?
- Do you address medication related problems prior to dispensing medications?
- Do you assess the need for enhanced services? (e.g., immunization, home delivery)

5. What topics are typically discussed and/or what services are typically provided to the patient when they pick up their medications?

ACTION ➔ **Review and Discuss your Team Results**

Medication Synchronization helps pharmacies streamline operations and create the time needed to implement the patient care process. What changes do you need to focus on this month?

Use the results of your Medication Synchronization Self-Assessment to create your Top 3 List: What 3 things will your team **focus on this month** to achieve identify nonadherence, enroll patients into Medication Synchronization, and document the patient encounter?

Medication Synchronization

Below are the 3 changes will we be implementing this month.
Post this list at your store so everyone on the team is clear about your focus for the month.

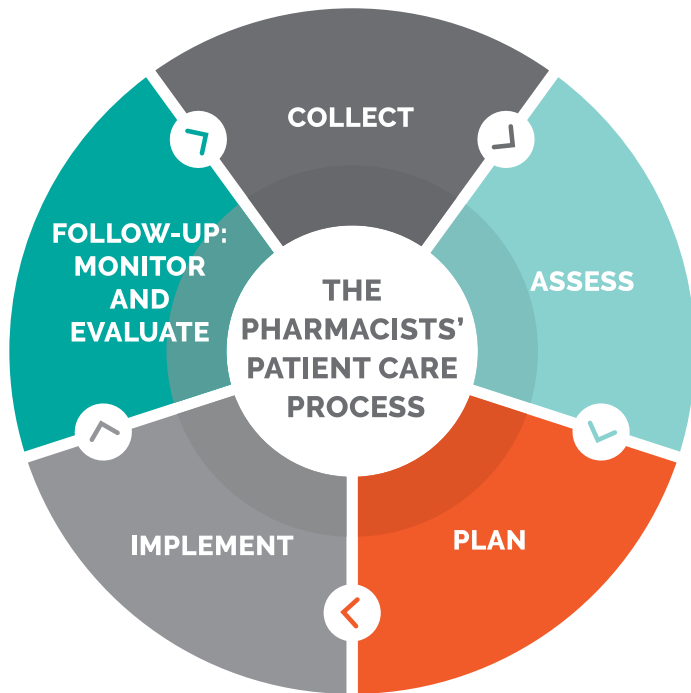
Driving Change Top 3 List

1 _____

2 _____

3 _____

The Pharmacists' Patient Care Process



THE PHARMACISTS' PATIENT CARE PROCESS*

Pharmacists use a patient-centered approach in collaboration with other providers on the health care team to optimize patient health and medication outcomes.

Using principles of evidence-based practice, pharmacists:

COLLECT

The pharmacist assures the collection of the necessary subjective and objective information about the patient in order to understand the relevant medical/ medication history and clinical status of the patient.

ASSESS

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.

PLAN

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.

IMPLEMENT

The pharmacist implements the care plan in collaboration with other health care professionals and the patient or caregiver.

FOLLOW-UP: MONITOR AND EVALUATE

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.

*<https://jcphp.net/patient-care-process/>

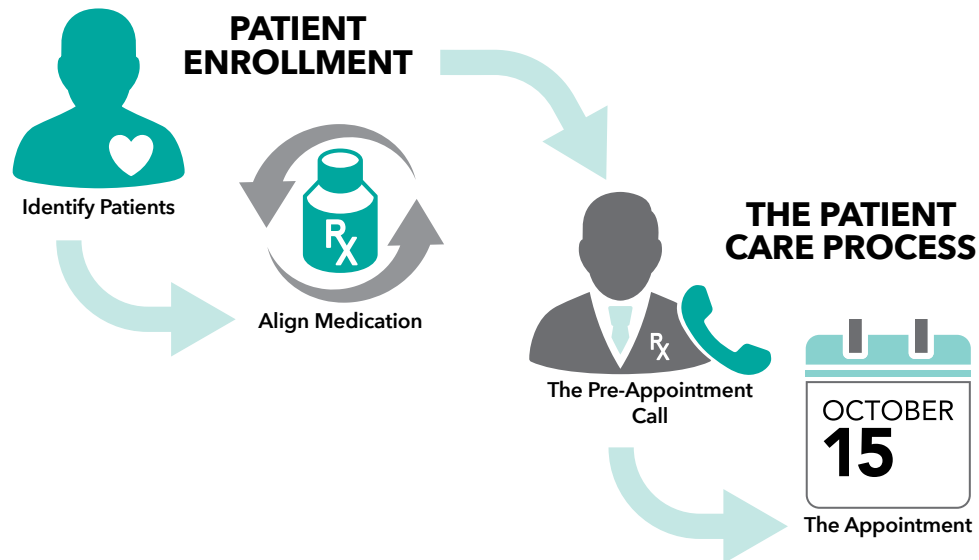
The Pharmacists' Patient Care Process

The Pharmacists' Patient Care Process was released by the Joint Commission of Pharmacy Practitioners in 2014. It offers a comprehensive approach to pharmacist provided, patient-centered care that is delivered in collaboration with other members of the health care team.

This Process Involves the Following Steps:

1. Collecting information about the patient
2. Assessing that information
3. Developing a patient-centered care plan
4. Implementing that plan
5. Following up to monitor and evaluate effectiveness

The Appointment Based Model of Practice allows Community Pharmacy to apply **The Pharmacists' Patient Care Process**. You can apply steps 1-5 into the busy community pharmacy workflow by integrating the care process into **Medication Synchronization**.



Enrolling Patients in Medication Synchronization



How to Identify Patients

Select a medication or class of medications and drive your initial sync processes around a specific disease state like diabetes.

- Select a hypertension medication and run a report of patients taking this medication
- Start with 5 patients on the medication you've selected that have fewer overall prescriptions
- Identify patients with at least 2 chronic health conditions or 3 chronic condition medications
- Patients that are impacting your Electronic Quality Improvement Platform for Plans and Pharmacies (EQuIPP) scores
- Identify your most complex, high risk patients in your pharmacy. These patients may include:
 - Patients with frequent Emergency Department visits or hospitalizations;
 - Patients in your sync program whose medications are frequently changing month to month;
 - Patients with many different prescribers involved in their care
- Patients that you think would benefit from being followed-up each month
- Patients that call the pharmacy multiple times per month for medication refills

TIP → Select a patient with three to five medications versus one with 14 different prescriptions

How to Enroll Patients into Medication Synchronization

Keep it simple with these talking points.

Print this out and keep it next to your out-window or post it on a bulletin board so everyone has some **Patient Conversation Starters!**

"We offer a service where you are able to pick up or have delivered all of your medications once monthly; this will allow you to avoid multiple trips to the pharmacy each month. Can I get you set up now?"

"Would you like to avoid partial fills and decrease the number of trips to the pharmacy each month? Let me tell you about an option to pick up or have delivered all of your monthly prescriptions at one time through a quick appointment with the pharmacist."

"I think you would benefit from an established monthly visit at the pharmacy, where you can pick up all of your refills and any new medications at one time. You'll be able to cut down on your visits to the pharmacy each month and have the chance to talk one-on-one with the pharmacist each time you pick up your medications."

"Would you like to pick up (or have delivered) all of your medications for the month at one time?"

Avoid these phrases:

The phrases below are not descriptive. Mentioning "the program" instead of the value it offers or the problem it solves for the patient (or caregiver), will likely not result in successful enrollments.

"Do you want to enroll in our new Medication Synchronization program?"

"Do you want to enroll in our new pharmacy program?"



Determine the Sync Interval

28 day cycles allow for prescriptions to consistently be filled on the same day of the week. You can also choose to sync on 30 or 90 day intervals depending on patient or pharmacy preference. Reviewing the patients prescriptions for days supply trends can also help you decide.

Another benefit of the 28-day cycle is that you avoid having weekend refills including no MD calls on the weekends. 28-day cycles also results in 13 annual refills. Also great for those of you who do assisted living or other homes



Select the Anchor Medication and Appointment Date

The appointment date will become the date all the refills will be aligned to. When a sync date is chosen based on a prescription(s) next due date to be filled, those medications are referred to as an "anchor" medication.

- Considerations for which med to choose include when reviewing the patient's profile
 1. Unbreakable packages
 2. Expensive, unit of use, or special order medications
 3. Patients on restricted budgets
 4. Most refills already aligned
 5. Farthest refill date

Pre-Appointment Preparation

The Pre-Appointment Call

This call to the patient prior to filling their medications, is a discovery call. The call is designed to find out what has happened from the time the patient last picked up their medications. This gives the pharmacy ample time to create a plan.

During this call, the technicians will be looking for any triggers.

A Trigger is something that is going on with the patient that prompts further investigation. This stops the order and indicates that something more is going on with this patient that requires further investigation, discussion or data collection.

Examples of Triggers include: Transitions of care, social determinates

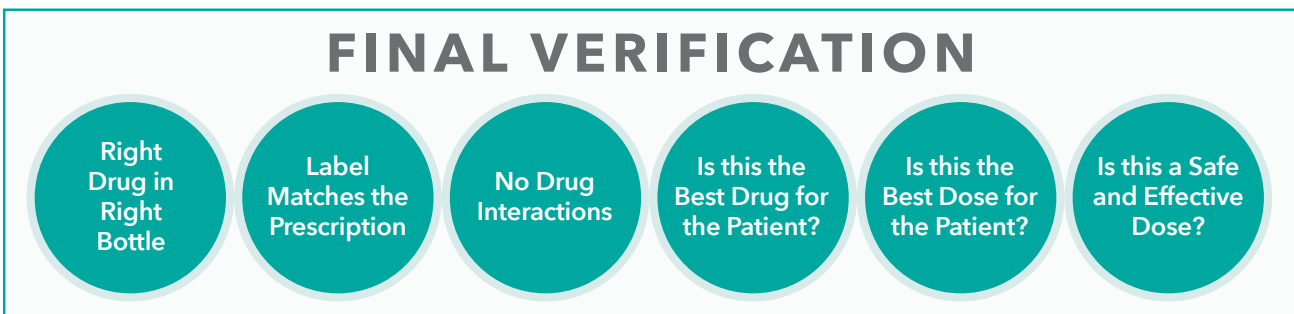
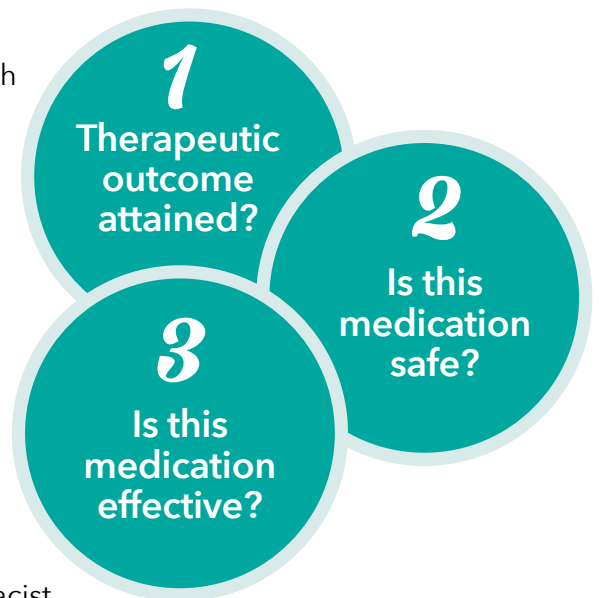
Preparing Prescriptions

As pharmacists review the prescriptions filled each month – they must be assessing for therapeutic outcomes, safety and effectiveness.

Beyond these three questions, the pharmacist is also quickly assess for:

- Any unnecessary therapeutic duplication
- Patient adherence issues
- An appropriate indication

The pharmacist completes a prospective DUR with each patient, at every encounter. And again, if the information on hand is not enough to assess, the pharmacist works to obtain that information to build a strong patient record over time.



Patient Encounter Documentation Form



Each time you identify a Medication Related Problem (MRP) during the patient’s pre-appointment preparation, be sure to document the intervention. Here is a tool you can use in workflow to document the intervention. Review the guide below to see when and how the tool can be used in the pharmacy.

DOCUMENTING THE MRP:

After you have documented the MRP, intervention, and goal on paper, document within your technology partner for the eCare Plan.

Documenting can be performed in a variety of ways:

1. Immediately after this document has been completed
2. During random downtimes by an appointed pharmacy staff member
3. During designated time throughout the day (e.g., slow periods, towards the end of the day)
4. After getting comfortable with documenting care plans, document directly into the care plan platform within the appointment-based model workflow

How-To Guide

MEDICATION RELATED PROBLEM (MRP): Check the problem that you identify for a patient and put the date that this problem was identified

To the right of each row, common interventions are listed for the MRP

Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

INTERVENTION: Select a resolution (AKA intervention) to the MRP that you identified

Put the date the MRP was resolved. This may or may not be the same date as the MRP was identified

You may select one or more of these interventions for the MRP

There may be other interventions that are applicable to the MRP, but were not listed for simplicity purposes

There could be instances that you have an intervention but not necessarily a MRP

GOAL: Free text format that is a goal the patient wants to focus on achieving. Could be different for each patient

For your reference:

Medication Related Problem	SNOMED CT Code
Noncompliance with medication regimen	129834002
Intervention	SNOMED CT Code
Medication synchronization (may be found as synchronization of repeat medication)	415693003

Patient Encounter Documentation Form



Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

Patient Encounter Documentation Form	
Patient Name:	Medication:
DOB:	Rx #:
Medication Related Problem Date Identified: _____	Intervention Date Resolved: _____
<input type="checkbox"/> Noncompliance with medication regimen	<input type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal:	

CASE INSTRUCTIONS

Patient Case Materials



Step 1: Review the Persona for French Fry

- The persona is intended to help give pharmacies a picture of a real patient who may be visiting your pharmacy. You will see French Fry in future cases as we will build upon this case.
- Please note that the medication related problem, intervention, and goal sections have different color text. This particular information is reflective in the patient case. The intent is for you to realize the patient care aspects that you are performing can be correlated into the eCare Plan (see *Sample Care Plan Case*).

Step 2: Complete the Sample Care Plan (DUE October 7)

- The case includes the pertinent information that will be included in the care plan documentation within your respective platform.
- The boxed text at the top of the case that review French Fry is information pulled from the persona that helps us to note the important information for the care plan.
- Please document the sample patient case before moving on to **documenting real patients**. This helps you understand how to document a patient encounter within the care plan system.
- Please document this sample case exactly as it states within your respective technology partner for eCare Plan documentation.
 - Items to document exactly as stated in the sample care plan: Patient Demographics, Allergies, Active Medication List, Medication Related Problems and Interventions, and Goals
 - Item to document that can vary if easier than creating a new prescriber: Prescriber Information
- Medication Related Problems (MRPs) and Interventions Details:
 - SNOMED CT codes allow CPESN USA to receive the data from your technology partner in a standardized way. If you have problems finding the text as described in the next sentence, you may use the SNOMED CT code to search within the MRPs or Interventions section of the technology platform. Text for MRP will be listed as “noncompliance with medication regimen” and the text for intervention will be listed as “medication synchronization” **or** “synchronization of repeat medication.”
- Goals Details:
 - Free-text that you type in to the care plan that is individualized for each patient. The intent of the goal is to help achieve the intervention that is being set. Therefore, setting a reminder alarm on cell phone to take medications every day, helps the patient remain synchronized in filling medications and achieving nonadherence.

Step 3: Print and Implement Use of the Patient Encounter Form

- Print out multiple copies and cut out and distribute to your pharmacy staff members involved in the appointment-based model workflow.

Step 4: Document 25 eCare Plans for Patient Encounters Related to Med Sync Enrollment over the Month of October

- Once you have the sample case completed and submitted to CPESN® USA, proceed with documenting within your appointment-based model workflow.
- The Patient Encounter Documentation form is to help you document your patient encounters on paper initially and then implementing within workflow.

PERSONA #1

French Fry

Identifying issues associated with the patient's drug therapy



DATE OF BIRTH: January 13, 1979

RACE: White

GENDER: Male

OCCUPATION: College Professor

ADDRESS: 241 Cheeseburger Hwy, Pickle Junction, OH 00000

PROBLEM LIST: Hypertension. Overweight (calculated BMI = 29.6)

HISTORY OF PRESENT ILLNESS

Patient was diagnosed one year ago with essential hypertension following complaints of headaches that persisted for several days. His blood pressure at the clinic was 195/105. He was started on hydrochlorothiazide (HCTZ) 12.5 mg and eventually lisinopril was added. He is currently taking a lisinopril/HCTZ 20/12.5 combination tablet—2 tablets every day. Amlodipine 5 mg every day and Potassium Chloride 20 mEq—2 tablets every day have been added.

PAST MEDICAL HISTORY

Right ankle—torn ligaments—multiple episodes, Left knee—torn meniscus X 3, hypokalemic

ACTIVE MEDICATIONS

Lisinopril/HCTZ 20/12.5—2 tablets every morning, Amlodipine 5 mg every morning, Potassium Chloride 20 mEq—2 tablets every morning.

Prescriber: Coach Well, MD

FILL HISTORY

HCTZ 12.5—discontinued after 3 months. Due to uncontrolled hypertension—started on combination tablet of lisinopril 20/12.5 every day and was titrated to 2 tablets every morning. One month later added amlodipine 5 mg every day after physician visit due to therapeutic goals not achieved. Blood work at this visit demonstrated that he was hypokalemic—also started potassium chloride 20 mEq—2 tablets every morning.

ALLERGIES

- Penicillin

SOCIAL HISTORY

FF works as a college professor. He has never smoked and, on average, has 2 alcoholic drinks/week. He doesn't exercise and admits little physical activity.

VITAL SIGNS AND LABS

- **Vital signs:** Not measured
- **Renal:** Blood work was completed, but not requested so unaware of lab results
- **Basic metabolic panel:** completed (pharmacist unaware of results)

MEDICATION RELATED PROBLEM(S)

FF presents to the pharmacy today to refill his lisinopril/HCTZ 20/12.5 tablets. **Pharmacy management system indicates that he is approximately 15 days late filling this medication. Further review indicates that he fills his amlodipine and potassium chloride tablets on different days and that FF doesn't seem to be consistent with the timing and frequency of refills with these medications as well.**

INTERVENTION(S) AND EDUCATION (RECOMMENDATIONS)

Emphasizing importance of adhering to medications to achieve therapeutic goals. **Recommend Medication Synchronization to get all refills synced up on the same date to reduce patient inconvenience coming to pharmacy multiple times. Also, provide clinical monitoring and patient follow-up utilizing an appointment-based model tied to the synchronization process.**

GOAL

Improved adherence: Set a reminder alarm on cell phone to take medications every day. Overall goal is controlled blood pressure (<120/<80 mmHg).

MONITORING PLAN AND FOLLOW-UP

Sync date selected. Patient will be called 5 days in advance of medication pick-up to address any changes/patient complaints/concerns/medication issues.

Sample Care Plan Case for Documentation

French Fry presents to your pharmacy and wants a refill on lisinopril/hctz 20/12.5 mg. This prescription is 15 days late, so nonadherence appears to be an issue. After reviewing the patient profile and talking with FF, nonadherence is confirmed. FF is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills. FF agrees to enroll in your Medication Synchronization program. FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills. The pharmacist helps the patient set a reminder alarm on cell phone to take medications every day.

Patient Demographics:

Patient First Name: French Patient Last Name: Fry Patient DOB: 1/13/79
Address: 241 Cheeseburger Hwy City: Pickle Junction State: OH Zip: 00000
Phone: 919-555-5555

Allergies: Penicillin

Prescriber Information:

Name: Coach Wellness, MD Address: 222 Healthy Shores Ln, Pickle Junction, OH 00000
Phone: 999-999-9999 NPI Number: 1234567890

Active Medication List:

Medication Name	Directions	Prescriber
Lisinopril/HCTZ 20/12.5 mg	2 tablets every morning	Coach Wellness, MD
Amlodipine 5 mg	1 tablet every morning	Coach Wellness, MD
Potassium Chloride 20 mEQ	2 tablets every morning	Coach Wellness, MD

Medication Related Problems (MRPs) and Interventions:

- **MRP:** Noncompliance with medication regimen (SNOMED CT: 129834002)
 - **MRP Note:** Patient is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills.
- **Intervention:** Medication synchronization/synchronization of repeat medication (SNOMED CT: 415693003)
 - **Intervention Note:** FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills."

Goals (Free-Text):

1. **Goal Note:** Set a reminder alarm on cell phone to take medications every day



Patient Encounter Documentation Form

Example: French Fry (Persona 1; Case 1)

MEDICATION RELATED PROBLEM (MRP):

Check the problem that you identify for a patient and put the date that this problem was identified

To the right of each row, common interventions are listed for the MRP

Patient Encounter Documentation Form	
Patient Name: French Fry	Medication: lisinopril/hctz 20/12.5 mg
DOB: 1/13/79	Rx #: 123456
Medication Related Problem Date Identified: <u>9/30/19</u>	Intervention Date Resolved: <u>9/30/19</u>
<input checked="" type="checkbox"/> Noncompliance with medication regimen	<input checked="" type="checkbox"/> Medication synchronization or synchronization of repeat medication
Goal: Set a reminder alarm on cell phone to take medications every day	

GOAL: Free text format that is a goal the patient wants to focus on achieving. Could be different for each patient

INTERVENTION:

Select a resolution (AKA intervention) to the MRP that you identified

Put the date the MRP was resolved. This may or may not be the same date as the MRP was identified

You may select one or more of these interventions for the MRP

There may be other interventions that are applicable to the MRP, but were not listed for simplicity purposes

There could be instances that you have an intervention but not necessarily a MRP

For your reference:

Medication Related Problem	SNOMED CT Code
Noncompliance with medication regimen	129834002
Intervention	SNOMED CT Code
Medication synchronization (may be found as synchronization of repeat medication)	415693003