Flip the Pharmacy (FtP) Practice Transformation On-site Readiness Assessment for Coaches

Pharmacy Name:_____ Pharmacy NPI:_____ Site Visit Date: _____

Pharmacy Address: _____ Phone: _____

Contact Lead(s):_____Contact information: _____

Pharmacy hours: _____ Prescription Volume: _____

Is the pharmacy servicing any Long-Term Care facilities? If yes, please describe:_____

_____

DOMAIN 1: *LEVERAGING THE APPOINTMENT- BASED MODEL*

1. Does the pharmacy have medication synchronization program that meets the minimum requirements of the CPESN® USA Medication Synchronization Service Set? *See Appendix A*

   Yes   No

   Number of patients enrolled? _____

   Percent of patients enrolled as compared to total patient population served by practice? _____

2. Does the pharmacy utilize a paper-based system or an electronic platform to help manage their "sync'd" patients?

   Yes   No

   If electronic platform is used—name the vendor? _____

3. Does the pharmacy utilize technicians to manage their medication synchronization program?

   Yes   No

4. Does the pharmacy utilize an Appointment-based Model (ABM) to "work-up" patients?

   Yes   No

   If so, what is their ABM process? _____

5. Does the pharmacy utilize the Joint Commission Of Pharmacy Practitioners (JCPP) five steps of the patient care process to ensure patients mediations are being optimized?

   Yes   No

6. Does the pharmacy have a systematic process similar to the "Pharmacists Work-up of Drug Therapy Problems" to identify and resolve medication related problems? *See Appendix B*

 Yes No

7. Does the pharmacy utilize a system to alert the pharmacist when a patient needs counseling/medication review?

 Yes No

DOMAIN 1 Comments: _____

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DOMAIN 2: *IMPROVING PATIENT FOLLOW-UP AND MONITORING*

1. Do pharmacists believe they have "the time" to provide ENHANCED SERVICES including ongoing monitoring and follow-up?

 Yes No

 Why or Why not? _____

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2. Are pharmacists proactively/routinely reviewing patient profiles to identify medication-related problems?

 Yes No

 If electronic platform is used—name the vendor? _____

3. Does the pharmacy regularly receive physician/other provider progress notes on mutual patients in order to accurately and completely assess patients medications?

 Yes No

4. Does the pharmacy regularly request/receive labs from other providers/laboratories to appropriately assess patients (e.g., A1c)?

 Yes No

5. Are pharmacists routinely making clinical interventions to resolve potential or actual medication-related problems?
    (Note: Potential medication-related problems mean that the pharmacists need to collect more information from the patient and/or the prescriber to determine if an actual problem does exist–so the same process applies)

    Yes   No

    Patient level (e.g., adherence, side effects, allergies)? _____

    Prescriber level (e.g., dosing, medication appropriateness, need for additional therapy,

    appropriate monitoring, high risk medications)?_____

6. Do the pharmacists within the practice utilize a process to send prescribers recommendations to resolve medication-related problems?

    Yes   No

    If so, what is their process?_____

    _____

7. Do the pharmacists within the practice regularly take vitals (blood pressures, pulses) for their patients who require this monitoring?

    Yes   No

DOMAIN 2 Comments: _____

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DOMAIN 3: *DEVELOPING NEW ROLES FOR NON-PHARMACIST SUPPORT STAFF*

1. Do all pharmacists involved in day-to-day operations and patient care feel confident that technicians can handle dispensing functions regardless of final verification?

    Yes   No

2. Are technicians performing the data entry functions in the pharmacy management system?

    Yes   No

3. If allowed by board rules does the pharmacy utilize technician final product verification (e.g., Tech Product Verification)?

    Yes   No

4. Is the dispensing process being technician driven?

    Yes   No

5. Does the pharmacy utilize technicians to triage patients prior to the pharmacist seeing them?

    Yes   No

6. Does the pharmacy utilize technicians to document in the patient record (eCare plan) for the pharmacist to review and sign-off on?

    Yes   No

7. Does the pharmacy have any staff members trained as Community Health Workers?

    Yes   No

    If so, who? _____

DOMAIN 3 Comments: _____

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DOMAIN 4: *OPTIMIZING THE UTILIZATION OF TECHNOLOGY AND ELECTRONIC CARE PLANS*

1. Does the pharmacy have adequate computer resources (hardware/software) to perform ENHANCED SERVICES activities in the dispensing and patient care areas?

    Yes   No

2. Do the pharmacists and technicians, within the practice, have the ability, through the use of technology tools, to identify/flag patients who are candidates for a clinical work-up/intervention and follow-up?

    Yes   No

3. Does the pharmacy utilize automation (robots/electronic pill counters/etc.) in their dispensing process to improve workflow, reduce medication errors, and free-up your pharmacists?

    Yes   No

    What technology do they use? _____

4. Based on your observation, do you believe the pharmacy has adequate technology in your pharmacy to support your patients and your practice (pharmacy management system, IVR, eCare platform, dispensing technology, etc.)?

    Yes   No

5. Does the pharmacy have access to electronic health records?

    Yes   No

    If so, describe their access._____

    _____

6. Do the pharmacists within the practice use an electronic platform to document their clinical work-up of patients and documentation of problems/interventions?

    Yes   No

    If so, what system/vendor do they use?_____

    _____

7. Do the pharmacists regularly submit eCare plans (via a CPESN-USA approved vendor)?

    Yes   No

    If so, how many per week? _____

DOMAIN 4 Comments: _____

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DOMAIN 5: *ESTABLISHING WORKING RELATIONSHIPS WITH OTHER CARE TEAM MEMBERS*

1. Do the pharmacists, within the pharmacy practice, request and receive patient information from prescribers/other providers (e.g., patient progress notes, labs/vitals, discharge summaries, etc.) in order to assess their patients medications?

   Yes   No

   Examples? _____

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2. Do the pharmacists, within the practice, regularly send clinical recommendations to prescribers when medication-problems are identified?

   Yes   No

   Examples? _____

   _____

3. Do the pharmacists, within the practice, regularly receive responses back from prescribers from your clinical recommendations?

   Yes   No

   Examples? _____

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4. Does the pharmacy have shared protocols/collaborative practice agreements/clinical services agreements (between the community pharmacy and prescribers; not including statewide protocols) to manage mutual patients with chronic conditions?

   Yes   No

   If so, what services does the pharmacy provide? Please check all boxes that apply.

   Disease State Management

   Chronic Care Management (CCM)

   Annual Wellness Visits (AWV)

   Transitional Care Management

   Medication modification based on protocol (e.g., Statin Intensity)

   Other (please list) _____

   _____

   _____

5. Do prescribers in your area regularly refer patients to your pharmacy to receive enhanced services?

   Yes   No

   If so, which services? _____

DOMAIN 5 Comments: _____

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DOMAIN 6: *DEVELOPING THE BUSINESS MODEL AND EXPRESSING VALUE*

1. Does the pharmacy have a private/semi-private counseling area?

    Yes   No

    How is it being used?_____

    _____

2. Does the pharmacy have private/semi-private patient care area (sit-down)?

    Yes   No

    How is it being used?_____

    _____

3. Does the pharmacy have sufficient slack resources (staffing/overlap) so that ENHANCED SERVICES can be provided?

    Yes   No

    Number of technicians? _____ Overlap of technicians?_____

    Number of Pharmacists?_____Overlap of Pharmacists?_____

4. Does the pharmacy routinely check the EQuIPP Scores?

    Yes   No

    Do the pharmacists/management team utilize the data from EQuIPP to improve their performance?

    Yes   No

    Does the pharmacy have at least one measure that is in the top 20%?

    Yes   No

5. Does the pharmacy provide medication therapy management (MTM) services through Outcomes and Mirixa?

    Yes   No

    How many patients are attributed to them? _____

    Completion rate of patients provided MTM services? _____

6. Does the pharmacy participate in a payer program that pays for services performed outside of product dispensing fees, Outcomes, and Mirixa?

    Yes   No

7. List the other sources of non-dispensing revenue? _____

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DOMAIN 6 Comments: _____

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	CPESN USA Enhanced Service Set Standard	Medication Synchronization Process
	Original Implementation Date	DRAFT FORM FOR FTP
	Revised Date	N/A

Medication Synchronization Process Service Set Standard

Definition

- The process of coordinating patients' prescriptions to be filled/refilled on the same day each cycle after speaking with the patient about possible medication therapy changes while monitoring adherence. Patients pick-up the medications in the pharmacy or delivery is arranged.

Description

- The Medication Synchronization Process Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Medication Synchronization Program as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Medication Synchronization Process standards for their network.

Medication Synchronization Process Enhanced Service Set Prerequisites and Services

Prerequisite(s)

- Maintain competency in medication synchronization process(es), including workflow aspects.

Minimum Requirements

- Identify and target patients who might benefit from medication synchronization
- Conduct an adherence assessment of patient's current medication adherence and potential barriers to adherence prior to enrollment
- Educate patients on the requirements and benefits of medication synchronization prior to enrollment
- Reconcile all medications to develop a complete list of medications for patient prior to enrollment
- Align refills by having pharmacy personnel and patient work together to select a synchronization date around which selected medications will be regularly filled
- Schedule a specific date for patient to pick up their medications or have the medications delivered
- Request new prescriptions as needed from prescriber(s) in order to initially and continually synchronize medications
- Review medications with patient prior (e.g., between 3-7 days) to a patient's pick-up or delivery date to confirm the medication(s) to be filled or refilled and that the patient is taking the medications as prescribed. Note any changes in medications and follow-up with prescribers as necessary.
- Prior to patient's pick-up or delivery date, address medication therapy problems and resolve any issues, including coordinating care with other members of the patient's care team as appropriate. Additionally, order any drugs not in stock.
- Inform patient or care giver that medications are ready to pick up in the pharmacy or confirm delivery for a certain time period prior to medication start date
- Contact patients who do not receive their medications on their synchronization date to remind them to pick up their medications at the pharmacy or schedule delivery.

The pharmacist's 'patient work-up'

At a recent meeting I attended, one of my colleagues said the problem with pharmacy practice is that pharmacists do not have a standardized way to work up patients, compared with the physicians' medical work-up. My response was that there s a standardized process, one that I first read about when it was published in 1988 and that I have used for more than 20 years: the Pharmacist's Workup of Drug Therapy (PWDT).[1]

I use this process whether I am performing continuous medication monitoring (CoMM)[2] activities or a comprehensive medication review (CMR). In both situations, it is imperative that I have a consistent process so that I can gather information efficiently and effectively, identify any actual or potential medication-related problems, and develop an intervention plan to resolve the problems, including ongoing monitoring and follow-up.

Key points

The PWDT thought process provides a systematic strategy to work up a patient's drug therapy similarly to the medical work-up, except it is relative to the patient's drug therapy.

The PWDT includes a standardized strategy to collect patient information (including review of systems) and pertinent laboratory values to create a medication-related problem list.

The information gathered, which is documented by the pharmacist and becomes part of the patient record, is used to identify issues associated with the patient's drug therapy.

Using a problem-solving process, the pharmacist identifies possible solutions to the patient's medication-related problems, develops an intervention plan, and then creates the therapeutic monitoring plan.

MTM pearls

I have trained my students, residents, and staff on how to use the PWDT. By using this process, pharmacists can become more efficient in patient work-ups, ensure that patient records are complete, and gather the informa-
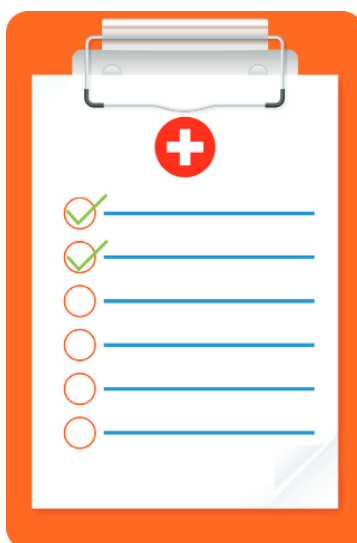
Pharmacists who are focused and follow a standardized process may be surprised by how much information they can collect from patients.

tion needed to identify and resolve medication-related problems. If used routinely, the PWDT becomes part of the pharmacist standard thought process, helping to focus pharmacists' discussions with patients and standardize their communication to other providers.

As I mentioned, the PWDT is a very effective process for pharmacists providing CoMM activities during the dispensing functions, wherein effi-

cient use of time is of absolute importance. In this setting, pharmacists need to make the most of brief encounters with their patients. Pharmacists who are focused and follow a standardized process may be surprised by how much information they can collect from patients.

It's not that the pharmacist needs to collect the same information with each encounter, but that the information collected depends on the clinical situation and the pharmacist's concerns about the patient's medications. Over time, by collecting information during each patient encounter, a pharmacist creates a comprehensive patient record. This patient record provides a clearer clinical picture so that pharmacists can confidently and competently provide clinical recommendations to prescribers.

No need to reinvent the wheel

There is no sense in reinventing the wheel when we already have a viable process. I know that the PWDT process works, and I am convinced we have been successful at Towncrest Pharmacy because we have used it. At each encounter with patients, we collect clinical information and routinely make clinical interventions. Our CMRs are standardized on the basis of the PWDT process, our work-ups of patients are sent to other providers along with our clinical recommendations, and our response rate remains high. This has led to referrals to our practice by other providers and expansion of our clinical service offerings.

Ultimately, though, it is our patients who have benefited the most, because we are ensuring that they achieve their therapeutic outcomes with safe and effective medications.

References
1. Drug Intell Clin Pharm. 1988;22:63–7
2. http://dx.doi.org/10.1016/jsapharm.2016.12.008

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