Medication Synchronization Change Package

December 2017

Project Lead: Stefanie Ferreri, PharmD, CDE, BCACP, FAPhA

Prepared by:
Center for Medication Optimization through Practice and Policy (CMOPP)
UNC Eshelman School of Pharmacy
The University of North Carolina at Chapel Hill
Chapel Hill, NC

Authors:
Division of Practice Advancement and Clinical Education (PACE)
UNC Eshelman School of Pharmacy
Stefanie Ferreri, PharmD, CDE, BCACP, FAPhA
Michael Patti, PharmD Candidate
Chelsea Phillips Renfro, PharmD

Community Care of North Carolina (CCNC)
Ashley Branham, PharmD, BCACP
Joe Moose, PharmD
Trista Pfeiffenberger, PharmD, MS

Department of Health Policy and Management
UNC Gillings School of Global Public Health
Christopher Shea, PhD, MA, MPA
Kea Turner, MPH, MA

Department of Pharmacy Practice
The University of Mississippi School of Pharmacy
Jordan Ballou, PharmD, BCACP

Suggested Citation:
Ferreri SP, Renfro CP, Patti M, Pfeiffenberger T, et al. Process of Care Change Package. (Prepared by Center for Medication Optimization through Practice and Policy, UNC Eshelman School of Pharmacy, The University of North Carolina at Chapel Hill.) June 2017.

Table of Contents

Acknowledgements

This change package would not have been possible without the hard work of the 273 pharmacies in the CCNC Community Pharmacy Enhanced Services Network (CPESN). Thank you to the staff of the initial participating CCNC CPESN pharmacies for your work in implementing community pharmacy care management in your community pharmacy.

We would also like to give special thanks to the following people for reviewing and giving feedback on this change package.

Jon Easter, BSPharm
Director
Center for Medication Optimization through Practice and Policy
UNC Eshelman School of Pharmacy

Joel F. Farley, PhD
Professor
Division of Pharmaceutical Outcomes and Policy
UNC Eshelman School of Pharmacy

Tripp Logan, PharmD
Vice President - Logan & Selier, Inc
Senior Quality Consultant – MedHere Today

Nicole Mark, BA, CPhT
Pharmacy Programs Assistant
Community Care of North Carolina

Jake Olson, PharmD
President/CEO
Skywalk Pharmacy

Jessica Robinson, PharmD
Community Pharmacy Research Fellow
Division of Practice Advancement and Clinical Education
UNC Eshelman School of Pharmacy

Ben Urick, PharmD, PhD
Research Assistant Professor
Division of Practice Advancement and Clinical Education
UNC Eshelman School of Pharmacy

Introduction to this Change Package

This change package addresses the changes that must be made in a community pharmacy to perform the core components of a medication synchronization program from patient enrollment to the completion of medication delivery. It is designed to provide straightforward steps for a community pharmacy to elevate the level at which they are currently practicing medication synchronization. Using the Model for Improvement (Figure 1) and the common language for medication synchronization, pharmacies are encouraged to choose, implement, and test changes to see if they result in an improvement.

It is important that pharmacies accurately assess their current level of performance before implementing any change. To accomplish this, a self-assessment tool to rate current medication synchronization program performance can be found in this document. The results will identify which core components of a medication synchronization program are targets for improvement at your pharmacy. The goal is not to completely overhaul your program, but to implement small tweaks and additions to your processes so that your pharmacy can better practice the core components of medication synchronization.
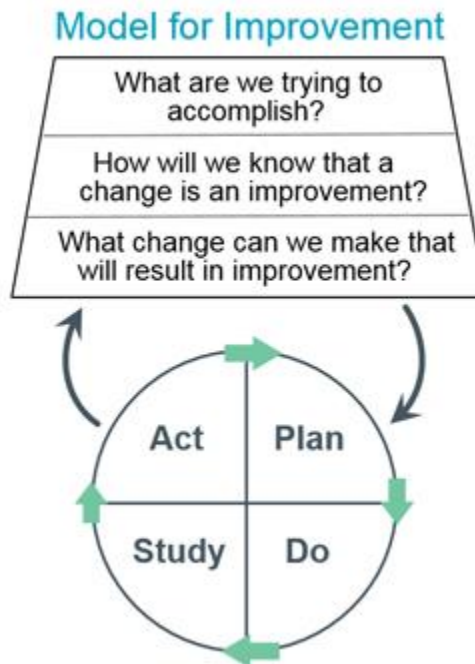
Figure 1

How to Use this Change Package

1. This change package is designed for use by community pharmacies that need:
    a. A guidance document describing methods and tools for implementing core components as part of a <u>new</u> medication synchronization program.
    b. A reference for additional services and features to improve the level of care being offered into an <u>existing</u> medication synchronization program.
2. How to use this change package:
    a. Take the self-assessment to determine your pharmacy's current medication synchronization performance.
    b. Review the common language document that will orient you to the best practices for a medication synchronization program.
    c. Determine which core components you would like to focus on and use the "Medication Synchronization Methods for Change" section to identify resources and tools to implement each component.

Medication Synchronization Self-Assessment

Instructions for Use: This assessment should be completed by the lead/champion for your pharmacy's medication synchronization program. The assessment is divided into five sections. Each section represents a core component of medication synchronization. Complete the self-assessment and add the numbers in parenthesis beside each answer choice to receive a score for each section. Record the score in the boxes below each section. Read the interpretation of the score at the end of each section. An overall score is made available at the bottom and can be interpreted once you add all five sections.

For each question, identify the best answer that describes your pharmacy's current process. You may discover that your pharmacy does not fully match any of the descriptions; just identify one that most closely resembles your typical process. Your honesty is essential and it is better to underestimate your current performance than to overestimate. With an accurate portrait of how your pharmacy is providing medication synchronization, you will be better prepared to design a plan and utilize the resources included in the "Medication Synchronization Methods for Change" section to meet your specific needs.

We recommend completing this assessment online. You can find the assessment at:
https://unc.az1.qualtrics.com/jfe/form/SV_3DyJ0KWSIBLS181

For the purposes of this assessment, please consider the following definition:
Medication Therapy Problem (MTP) - Any undesirable event experienced by a patient that involves, or is suspected to involve, medication therapy; and that interferes with achieving the desired goals of therapy and requires professional judgement to resolve. *(PQA. April 2017)*

Core Component 1 of 5: Identify and Enroll: Pharmacy is responsible for creating a structured system to target and enroll patients who are most likely to benefit from a medication synchronization program.

1. Does your pharmacy recruit patients in a medication synchronization program? (if No, skip to question 2)
   - ☐ Yes (1)
   - ☐ No (skip to question 2) (0)

   1a. How does your pharmacy document a patient's enrollment into your medication synchronization program?
   - ☐ Electronically (i.e., pharmacy management system) (1)
   - ☐ Paper (1)
   - ☐ Both of the above (1)
   - ☐ We do not document patient enrollment (0)

   1b. How does your pharmacy target a patient for enrollment?
   - ☐ Using eligibility criteria (2)
   - ☐ Pharmacy staff assessment of patient needs (1)
   - ☐ We do not target specific patients for enrollment (0)

   1c. How are patients educated on the requirements and benefits of the medication synchronization program prior to enrollment?
   - ☐ We educate patients verbally and with educational materials (e.g., pamphlets, brochures) prior to enrollment. (3)
   - ☐ We verbally educate patients on benefits/requirements of our medication synchronization program (2)

☐   Patient is educated upon request (1)
☐   No pre-enrollment education is performed (0)

1d. How does the patient agree to enrollment?
☐   Patient is required to sign an enrollment agreement (1)
☐   Patient is required to verbally agree to enrollment (1)
☐   Patient agreement is not required to agree (0)

Score of Core Component 1 of 5:

Question No.	1	1a	1b	1c	1d	Total Score
Score:						

Interpretation of Score	Score Range
Low: Now is the time to start making changes to your medication synchronization program patient enrollment process! Enrolling patients in your medication synchronization program is a potential target for improvement. Consider starting with the change tactics and resources contained within the Core Component 1 section of "Medication Synchronization Methods for Change" on page 26.	0-3
Medium: You are on the right track! Your pharmacy is adequately identifying and enrolling patients into your medication synchronization program! However, the identification and enrollment process is either inconsistent or inefficient. Consider viewing the change tactics and resources contained within the Core Component 1 section of "Medication Synchronization Methods for Change" on page 26.	4-7
High: Keep up the good work! Your pharmacy's processes for medication synchronization are well structured, make the best use of your staff, and target the appropriate patients. If you would like to learn about other potential resources to further refine your enrollment process please consider viewing the change tactics and resources contained within the Core Component 1 section of "Medication Synchronization Methods for Change" on page 26.	8

Core Component 2 of 5: Medication Review and Patient Assessment: The pharmacist performs a medication review and patient assessment prior to synchronizing patient's medications.

2. Do you assess patient's adherence to medications prior to enrollment? (if No, skip to question 3)
☐   Yes (1)
☐   No (skip to question 3) (0)

2a. What methods does your pharmacy offer to improve medication adherence? Select all that apply.
☐   Adherence packaging (1)
☐   Medication delivery (1)
☐   Automatic refills (1)
☐   Flexible payment options (1)
☐   Other (please specify): _____ (1)
☐   We do not offer methods of improving adherence (0)

3. Is a comprehensive medication review conducted prior to medication synchronization enrollment?
☐   Yes (1)
☐   No (0)

Score of Core Component 2 of 5:

Question No.	2	2a	3	Total Score
Score:				

Interpretation of Score	Score Range
Low: Now is the time to start making changes to your medication synchronization program process to incorporate medication reviews and patient assessments! A score in this range indicates that your pharmacy may not be reviewing a patient's medications prior to synchronizing their medications. Incorporating this into your medication synchronization process will allow for you to be sure the medications being synchronized are appropriate, effective, and safe for the patient. Consider starting with the change tactics and resources contained within the Core Component 2 section of "Medication Synchronization Methods for Change" on page 27.	0-2
Medium: You are on the right track! Your pharmacy is conducting a medication review and patient assessment when you initially enroll a patient into your medication synchronization program. However, it is important to comprehensively assess the patient for other barriers to medication adherence. For additional guidance on best practices for conducting a comprehensive patient assessment please consider viewing the change tactics and resources contained within the Core Component 2 section of "Medication Synchronization Methods for Change" on page 27.	3-5
High: Keep up the great work! Your pharmacy is performing a comprehensive assessment of the patient's medications, adherence, and health prior to enrollment. If you would like to learn about other potential resources to further refine your assessment process, please consider using the change tactics and resources contained within the Core Component 2 section of "Medication Synchronization Methods for Change" on page 27.	6-7

Core Component 3 of 5: Align Refills: The pharmacy and patient work together to select a synchronization date around which selected medications will be filled for each cycle.

4. Do you regularly synchronize any of the following medications?
- ☐ PRN medications (0)
- ☐ Acute medications (0)
- ☐ Medications that frequently change doses (0)
- ☐ None of the above (1)

5. Do you request new prescriptions as needed from prescriber in order to synchronize medication refills?
- ☐ Yes (1)
- ☐ No (0)

6. How do you document patient's medications that are synchronized and synchronization date?
- ☐ We document using electronics methods (1)
- ☐ We document using paper methods (1)
- ☐ Both of the above (1)
- ☐ We do not document medications and date (0)

7. Which factors do you consider when selecting a synchronization date? Select all that apply.
 - ☐ Patient convenience (1)
 - ☐ Patient costs (1)
 - ☐ Pharmacy workflow (1)
 - ☐ Other _____ (1)

8. Do you provide the patient with an enrollment card that lists synchronized medication and synchronization date?
 - ☐ Yes (1)
 - ☐ No (0)

Scoring of Core Component 3 of 5:

Question No.	4	5	6	7	8	Total Score
Score:						

Interpretation of Score	Score Range
Low: A score in this range indicates that aligning refills is a potential area for improvement for your medication synchronization program. Carefully selecting the date and medications to be aligned can maximize efficiency and patient convenience. Consider viewing the change tactics and resources contained within the Core Component 3 section of "Medication Synchronization Methods for Change" on page 28. Now is the time to start making changes to the alignment of refills component of your medication synchronization program process!	0-3
Medium: You are on the right track! A score in this range may indicate that your pharmacy is working with the patient to determine the synchronization date. However, you may need to work out a few more kinks. Consider viewing the change tactics and resources contained within the Core Component 3 section of "Medication Synchronization Methods for Change" on page 28.	4-6
High: A score in this range indicates that you are providing refill alignments that maximize patient convenience while minimizing patient costs. If you would like to learn about other resources to further refine your alignment of refills process, please consider viewing the change tactics and resources contained within the Core Component 3 section of "Medication Synchronization Methods for Change" on page 28. Keep up the great work!	7-8

Core Component 4 of 5: Preparation of Medications: The pharmacist and/or pharmacy technician reaches out to the patient prior to preparing the prescriptions for pick up. This communication is essential to ensure the appropriate medications are refilled and to guide topics for discussion at the appointment. Then pharmacy staff prepares the medications for the patient.

9. Do you assess the ability to fill the patient's medication prior to synchronization date? (e.g., confirm available inventory, process prior authorizations)
 - ☐ Yes (1)
 - ☐ No (0)

10. Do you address medication therapy problems prior to dispensing medications?
 - ☐ Yes (1)
 - ☐ No (0)

11. How far in advance do you usually fill a patient's synchronized medications?
- ☐ > 7 days (0)
- ☐ 6-7 days   (1)
- ☐ 3-5 days   (2)
- ☐ 1-2 days   (1)
- ☐ Morning of synchronization date (0)

12. Do you contact the patient prior to their synchronization date to confirm each medication to be refilled?
- ☐ Yes, we confirm the medication to be refilled AND that the patient is taking them as prescribed. (2)
- ☐ Yes, we confirm the medication to be refilled. (1)
- ☐ No **(skip to question 13)** (0)

   12a. What questions do you ask during the patient phone call? Select all that apply.
- ☐ Has the patient had any doctor visits since their last synchronization date? (1)
- ☐ Has the patient been hospitalized, including emergency room or urgent care visits, since their last synchronization date? (1)
- ☐ Have any changes been made to the patient's medications? (1)
- ☐ Is the patient aware of any barriers to filling their prescriptions? (1)
- ☐ Is the patient experiencing any medication side effects? (1)
- ☐ Are the patient's therapeutic goals (i.e., the patient care plan) being met?   (1)
- ☐ Follow-up on previous interventions, if appropriate. (1)
- ☐ Other _____ (1)

13. During the medication synchronization process, do you assess the need for enhanced services? (e.g., immunization, home delivery)
- ☐ Yes (1)
- ☐ No   (0)

14. Do you coordinate care with other members of patient's care team as appropriate prior to refilling medications? (e.g., working with primary care provider to address medication therapy problems)
- ☐ Yes (1)
- ☐ No (0)

15. Do you contact the patient when their medications are ready to be picked up?
- ☐ Yes (1)
- ☐ No   (0)

Score of Core Component 4 of 5:

Question No.	9	10	11	12	12a	13	14	15	Total Score
Score:									

Interpretation of Score	Score Range
<u>Low:</u> Now is the time to make changes in your practice to optimize preparing synchronized medications! This is a potential target for improvement of your medication synchronization program. Contacting the patient prior to medication preparation ensures accurate refills and the opportunity for assessing a patient's health status. Consider using the change tactics and resources contained within the Core Component 4 section of "Medication Synchronization Methods for Change" on page 29.	0-4
<u>Medium:</u> You are on the right track! A score in this range may indicate that your pharmacy is contacting the patient prior to each synchronization date to confirm medications to be filled. However, each contact with the patient is an opportunity to assess the patient for adherence and additional services. If you'd like to improve your medication preparation, consider using the change tactics and resources contained within the Core Component 4 section of "Medication Synchronization Methods for Change" on page 29.	5-15
<u>High:</u> Your pharmacy is utilizing the medication preparation as an opportunity to assess the adherence and health status of your patient during the patient phone call. If you would like to learn about other potential resources to further refine your medication preparation process, please consider using the change tactics and resources contained within the Core Component 4 section of "Medication Synchronization Methods for Change" on page 29. Keep up the great work!	16-17

Core Component 5 of 5: Delivery of Medications and Other Services: On the scheduled synchronization date the patient will receive their medications whether in person or through delivery. The pharmacist will also provide any additional services/interventions as necessary.

16. If medications are delivered to patient, do you contact patient to confirm delivery? (e.g. mail order or courier)
- [ ] Yes (1)
- [ ] No (0)

17. What topics are typically discussed with patient when they pick up their medications? Select all that apply.
- [ ] Address patient concerns (1)
- [ ] Follow-up with patient regarding prior interventions (1)
- [ ] Confirm next synchronization date with patient (1)
- [ ] Administer required immunizations (1)
- [ ] Conduct comprehensive medication review (1)
- [ ] Perform health screening (1)
- [ ] Perform point of care testing (1)
- [ ] Other _____ (1)

18. How do you follow up with patients who do not pick up their medications on synchronization date?
- [ ] The patient is contacted to remind them to pick up their medications, determine reason for no-show, and to confirm they still wish to participate in medication synchronization program (3)
- [ ] The patient is contacted to remind them to pick up their medications and to determine reason for no-show (2)
- [ ] The patient is contacted to remind them to pick up their medications (1)
- [ ] We do not have a follow-up system in place for no-show patients (0)

19. How do you document completion of medication delivery?
- ☐ Paper methods (1)
- ☐ Electronic methods (1)
- ☐ Both of the above (1)
- ☐ We do not document (0)

Score of Core Component 5 of 5

Question No.	16	17	18	19	Total Score
Score:					

Interpretation of Score	Score Range
Low: Now is the time to start making changes to your medication synchronization program to optimize the delivery process! Your pharmacy's medication delivery process is a potential target for improvement. Each medication delivery is an opportunity to assess the patient and provide additional services. Consider using the change tactics and resources contained within the Core Component 5 section of "Medication Synchronization Methods for Change" on page 31 to optimize your medication delivery process.	0-3
Medium: You are on the right track! A score in this range indicates that your pharmacy in the process of incorporating enhanced services into medication delivery. However, each contact with the patient is an opportunity to deliver enhanced services to the patient. If you'd like to improve your medication delivery, consider using the change tactics and resources contained within the Core Component 5 section of "Medication Synchronization Methods for Change" on page 31.	4-10
High: Your pharmacy is providing enhanced services and follow-up as part of the medication delivery process. If you would like to learn about other potential resources to further refine your medication and service delivery process please consider using the change tactics and resources contained within the Core Component 5 section of "Medication Synchronization Methods for Change" on page 31. Keep up the great work!	11-12

Overall Score

Component No.	1 of 5	2 of 5	3 of 5	4 of 5	5 of 5	Total Score
Score:						

Interpretation of Score	Score Range
Low: Now is the time to start making changes to your practice to incorporate medication synchronization! Consider starting with change tactics and resources contained within the Core Component 1 section of "Medication Synchronization Methods for Change" section on page 26. Remember that implementing a new service does not happen overnight and requires planning and continuous quality improvement. For questions to think about when implementing a new program, review the "Stages for New Pharmacy Service Implementation" section on page 21.	0-17

Medium: You are in the process of trying to incorporate medication synchronization into your pharmacy practice and workflow! Keep pushing forward and make sure to evaluate your strengths, weaknesses, opportunities, limitations, and targeted patient population when incorporating medication synchronization into your practice. Consider reviewing the "Medication Synchronization Methods for Change" section beginning on page 26. Start with the core component where you had the lowest score.	18-47	
High: Keep up the good work! Your pharmacy is providing all of the core components of the medication synchronization process. If you would like to learn about other potential resources to further refine your medication synchronization process please consider reviewing the "Medication Synchronization Methods for Change" section which starts on page 26.	48-52	

A Common Language for the Operation of Medication Synchronization in Community Pharmacy Practice

Introduction

A key driver of U.S. healthcare expense, at an annual cost of $290 billion, is patient non-adherence to prescribed medication regimens.[1] Multiple barriers to medication adherence exist; these include cost, regimen complexity, and side effects. Recently, it has been recognized that the burden of visiting a pharmacy to drop-off and pick up prescriptions is also a barrier to patients' adherence. Patients managing multiple chronic conditions are expected to make frequent visits to both their prescriber and pharmacy, which can lead to non-adherence due to issues such as lack of transportation, excessive time commitment, or limited finances.   With the recent shift towards outcomes based reimbursement, creating strategies to minimize patients' visits and increase adherence has become a common pursuit of community pharmacies.

One popular adherence program, reportedly practiced by over 20,000 pharmacies, is medication synchronization.[2] Broadly defined, medication synchronization is a technique of scheduling a patient's medications to refill on the same date with the aim of improving adherence. This process can create a streamlined workflow to allow for greater pharmacist-patient interactions, improved care integration, and additional billable MTM and immunization services. As we work to advance the adoption of medication synchronization in community pharmacy, it is important that we articulate and carryout a consistent approach to the delivery of medication synchronization services.

Medication Synchronization and the Pharmacist's Patient Care Process

Medication synchronization can be utilized as a high-touch model for patient interaction that offers community pharmacies many opportunities to provide longitudinal patient care in conjunction with the Pharmacist's Patient Care Process.

To bring consensus and consistency to the patient care processes provided by pharmacists, the Joint Commission of Pharmacy Practitioners released the Pharmacists' Patient Care Process (PPCP) in May 2014. The PCPP was the result of the collaboration of a vast array of pharmacy organizations representing many facets applicable to most pharmacy settings.[3-4] This 5-step, cyclical process (Figure 2) is used to guide pharmacist patient care activities and can guide the implementation of medication synchronization in patient care.

Prior to synchronizing a patient's medications, a comprehensive medication review (CMR) should be conducted to ensure that the medications being synchronized are appropriate, effective, and safe. Note how the PPCP begins with collecting information. The information is then assessed. A plan of care is developed, and then implemented. This plan of care can include medication synchronization if deemed appropriate for the patient. The last step is follow-up that includes monitoring and evaluating the patient's response to the plan which can be conducted during the patient call that occurs prior to each synchronization date. This is not really the "last" step as the process starts over with the collection of information again. The cycle continues throughout the patient care process as progress is made toward achievement of health care goals and outcomes.

Figure 2. JCPP Patient Care Process

A Common Language for the Delivery of Medication Synchronization in Community Pharmacy Practice: The Medication Synchronization Patient Care Process

Core Components of Medication Synchronization	Activities*
Identify and Enroll Pharmacy is responsible for creating a structured system to target and enroll patients who are most likely to benefit from a medication synchronization program.	**1a**. Target specific patients for enrollment • Consider creating patient eligibility criteria for your pharmacy **1b**. Educate identified patients on requirements and benefits of medication synchronization program • Consider creating marketing materials to ease education **1c**. Obtain written or verbal patient agreement to enroll • Agreement is to confirm that patient has been informed and understands the requirements for participation **1d**. Document patient's enrollment in the medication synchronization program (e.g., paper chart, pharmacy management system)

Medication Review and Patient Assessment
 	
The pharmacist performs a medication review and patient assessment prior to synchronizing patient's medications.
	2a. Conduct a comprehensive medication review (CMR) prior to synchronization of medications
	• Goal of CMR is to make any interventions prior to synchronization of medications
	• Conduct adherence assessment of current medications.
	   ◦ Consider utilizing refill records to assess adherence
	• CMR should be conducted in accordance with JCPP Pharmacist's Patient Care Process[7]
	   ◦ Collect current medication list, medication history, and relevant health data
	   ◦ Assess patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic

	factors that impact access to medications and other aspects of care
	
	    o Make interventions as necessary, such as basic counseling, immunizations, and disease state education
	
	2b. Consider methods to improve medication adherence
	    • Does the patient need adherence packaging?
	    • Does the patient need home delivery?
	    • Does the patient have financial barriers?
	    • Does the patient manage their own medications or do you need to contact additional caregivers?
	
	2c. Notify prescriber of patient's enrollment into the medication synchronization program and coordinate interventions that you are unable to implement without prescriber collaboration
	
	2d. Periodically perform a CMR and assessment as deemed necessary by the pharmacist.

Align Refills
 	
Pharmacy personnel and patient will work together to select a synchronization date around which selected medications will be regularly filled.
	3a: Create a list of medications for synchronization
	    • Compile a list of medications used in the treatment or prevention of chronic disease (exclude medications taken "as needed" on a chronic basis or medications the patient specifically requests not to be included)
	    • Consider excluding from the list of chronic medication for synchronization controlled substances and chronic medications where the dosage changes frequently
	
	3b. Identify a medication synchronization date that maximizes patient convenience and minimizes patient costs
	    • Consider patient specific factors
	        o Financial barriers (e.g., pay days, need for 90-day fills)
	        o Adherence barriers identified in **2a** and **2b**
	    • Consider other operational barriers
	        o Is there one synchronization date that will require the fewest short fills?
	        o Are there only specific dates that patient can visit the pharmacy?
	
	3c. Document synchronized medications and synchronization date in the patient's records
	
	3d. Provide patient with copy of enrollment document and card containing list of synchronized medications and synchronization date
	
	3e. Request necessary prescriptions from the patient's prescriber

	• Ask prescriber to write a one-time order for the short fill and a new prescription to be used for subsequent refills **3f.** Fill the one-time, short fill prescriptions once they have been received from the patient's prescriber

Preparation of Medications
 	
The pharmacist and/or pharmacy technician reaches out to the patient prior to preparing the prescriptions for pick up. This communication is essential to ensure the appropriate medications are refilled and to guide topics for discussion at the appointment. Pharmacy staff then prepare the medications for the patient.
	4a. Call the patient approximately 7 days prior to each scheduled medication synchronization date.
	• Confirm the list of medications to be refilled
	   o Consider PRN medications
	   o Review the patient's list of medications and confirm with the patient that they are taking them as written per the prescription on file.
	   o If patient does not need a medication filled, confirm why not (e.g., is it due to excess supply or non-adherent behavior?)
	
	4b. Ask the following required questions during the call:
	• Has the patient had any doctor visits since last synchronization date?
	• Does the patient have any upcoming doctor visits scheduled? between the call and the pickup date?
	• Has the patient been hospitalized, including emergency department visits, since last synchronization date?
	• Have any changes been made to the patient's medications?
	
	4c. Consider these additional questions to discuss with the patient if appropriate
	• Is the patient aware of any barriers to filling their prescriptions?
	   o Is the patient able to pick up their medications on the synchronization date?
	   o Does the patient have any difficulties affording copays?
	• Is the patient controlling their disease state?
	   o Assess frequency of PRN medication use (e.g., rescue inhalers)
	   o Assess incidence or frequency of disease symptoms (e.g., recently experienced signs/symptoms of hyper/hypoglycemia?)
	   o Assess basic mental health assessment (e.g., PHQ-2)
	   o Assess need for disease state-specific education
	• Are they experiencing any medication side effects?
	• Follow-up on previous interventions

	4d. Assess if additional enhanced services are appropriate (e.g., device counseling, immunizations, health screening) **4e**. Coordinate care with other members of patient's care team as appropriate • Verify that medication interventions have been addressed prior to dispensing medications **4f.** Assess ability to fill medications • Consider prior authorizations, refill requests, and inventory • Consider all factors to ensure medications arrive on the scheduled date **4f**. Fill the patient's medications approximately 3 days prior to the patients scheduled synchronization date • Communicate with patient as necessary to address any issues with filling medications • Perform any necessary adherence packaging **4g**. Notify patient when medications are ready to be picked up
Delivery of Medications and Other Services On the scheduled synchronization date the patient will receive their medications whether in person or through delivery. The pharmacist will also provide any additional services/interventions as necessary.	**5a**. Patient arrives at the pharmacy to pick up medications • If no additional services are necessary, this appointment will likely only last a few minutes • *If a mail or delivery patient*, this is the day their medications will be delivered • If patient does not arrive on the scheduled date, contact patient to determine reason and confirm they still would like to participate in medication synchronization **5b**. Provide additional services as needed based on issues identified in steps **4b**, **4c**, and **4d** • Counsel on device techniques • Administer required immunizations • Provide new comprehensive medication review • Provide health screening, if required, to assess adherence to chronic medications (e.g., blood glucose or blood pressure) **5c**. Address patient concerns and follow-up on prior interventions **5d**. *If a mail or delivery patient,* call patient to confirm receipt of medications and address any concerns. • Consider other telephonic services such as a comprehensive medication review

	5e. Confirm next appointment date with patient • Consider creating simple reminder cards to include with dispensed prescriptions **5f.** Communicate to prescribers any additional interventions identified during appointment **5g**. Document completion of appointment and any additional interventions made using paper or electronic methods.

*The order in which one carries out the specific activities within a given category may vary depending on the patient and additional services. Some steps (e.g., additional questions during phone calls, CMRs) may not be necessary at each medication synchronization date, but are important steps that should occur when appropriate (i.e., typically always at the initial synchronization and subsequently, when needed).

References

1. Cutler DM, Everett W. Thinking outside the pillbox—medication adherence as a priority for health care reform. *New England Journal of Medicine.* 2010.
2. Bonner L. Med Sync Catching on Across Nation. 2015; https://www.pharmacist.com/med-sync-catching-across-nation. Accessed March 14, 2017.
3. Pharmacists' Patient Care Process. May 29, 2014 Joint Comission of Pharmacy Practitioners. https://www.pharamcist.com/sites/default/files/files/PatientCareProcess.pdf
4. McInnis T, Webb E, Strand L. Patient-Centered Primary Care Collaborative (PCPCC). The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes resource guide, 2nd ed. Washington, DC: PCPCC, 2012. Available from www.pcpcc.org/sites/default/files/media/medmanagement.pdf. Accessed March 30, 2016.
5. Metz A. Practice Profiles: A Process for Capturing Evidence and Operationalizing Innovations January 2016. A White Paper: National Implementation Research Network.
6. CMM in Primary Care Research Team. A Common Language for the Delivery of Comprehensive Medication Management (CMM) in Primary Care Medical Practice: The CMM Patient Care Process. January 2017.

Stages for New Pharmacy Service Implementation

The purpose of this document is to provide a tool that can be used by pharmacies to plan their process for implementing a new pharmacy service. Pharmacy service implementation occurs in four different stages including explore, prepare, launch and maintain. The definitions of these stages are below. Three core elements exist across each of these stages which includes use of a pharmacy champion(s), continuous improvement and sustainability. The tables below the definitions outline key questions to consider for each of the three core elements throughout the four stages of implementation.

Definition of Implementation Stages

1. **Stage 0 (Explore)**
    a. This stage involves identifying a pharmacy champion(s), conducting an analysis of strengths, weaknesses, opportunities and threats (SWOT) for the new pharmacy service, assessing the implementation needs to support pharmacy personnel, identifying resources needed for implementation, and creating readiness for change in pharmacy personnel.
    b. The results of this stage are a common understanding and acceptance of the service with required buy-in for implementation and support from relevant stakeholders for the new service.
2. **Stage 1 (Prepare)**
    a. This stage involves acquiring or developing the resources needed to fully and effectively engage in the new ways of work.
    b. Resources and activities during installation are focused on creating new job descriptions, employing people to do the work, developing data collection sources and protocols, and access to timely training.
3. **Stage 2 (Launch)**
    a. This stage requires pharmacy personnel to use newly learned skills. This is the most fragile stage where the awkwardness associated with implementing a new service and the difficulties associated with changing old ways of work are strong motivations for giving up.
4. **Stage 3 (Maintain)**
    a. This stage requires the new ways of providing a pharmacy service to become standard where pharmacists and pharmacy personnel routinely provide a high-quality service to patients.

Questions for Stages of Implementation

Explore Stage		
Pharmacy champion(s)	Continuous improvement	Sustainability
Identify Champion • Is the champion knowledgeable about the process of care? • Is the champion a respected member of the pharmacy team? • Does the champion represent technician, pharmacist and patient interests? • Will a team be developed to assist the champion?	Needs Assessment • Needs: What are the needs of our patient population? • Fit: Does this service fit with current projects, context, organization, and philosophies? • Resources: What resources will be available to the pharmacy to implement the service? What resources will be needed? • Evidence: What is the evidence that the service will work? What outcomes can we expect? • Readiness: How well-defined is the service? Do we know the core components of the service? Will service development be necessary or will it be provided? • Capacity: Will pharmacy personnel need additional qualifications/training for implementation? Can we make the necessary structural and financial changes for implementation? • Sustainability: Are there sufficient resources and capacity to sustain this service through full implementation and beyond?	Planning for Implementation • Infrastructure to support the service: Are pharmacy personnel open to the service? Will personnel with necessary qualifications/training be available? Is training available and affordable? Who will provide coaching and supervision? What steps will be needed to ensure a coaching plan is in place? How will personnel performance be assessed? What steps are need to ensure a performance assessment system is in place? • Infrastructure for how the service aligns with the organization: What questions will we need to answer to ensure that implementation is happening? Where will we get this data? What technology is needed? What changes need to occur to support this service? What policies, procedures or processes need to be developed or revised?
Develop Communication Strategy • Has the champion/team developed a communication strategy to educate personnel? • Does the champion have authority to make decisions and provide feedback? If not, who is accountable for making decisions and what is the communication mechanism?	Decisions Teams Make During Exploration • Will the proposed service meet the pharmacy's needs? • Does the team have "what it takes" to move forward? Is moving forward both desirable and feasible? • How will these desires be communicated to others?	

Prepare Stage		
Pharmacy champion(s)	Continuous improvement	Sustainability
Development of Personnel to Support Implementation • Does the champion know and apply the service? • Does the champion know and apply improvement cycles? • Does the champion know and apply changes to the service?	**Troubleshooting and Continuous Improvement** • Have communication strategies been developed? How can communication be improved? Is leadership effectively engaged in the process? • In the event of personnel turnover, how are team competencies maintained? • What changes are needed before new service implementation? Are changes to the service necessary? Are changes to implementation supports (training, coaching) necessary? Are changes to data collection processes necessary? • Has the planned implementation infrastructure been developed and installed? Are general capacities in place? Are service specific capacities in place?	**Installing the Implementation Infrastructure** • Infrastructure to support the service: Have readiness plans for personnel increased openness to the service? Has initial training occurred? Have coaching plans been developed to support personnel in the new way of work? • Infrastructure of how the service aligns with the organization: Has leadership expressed commitment to the new way of work? How has this been demonstrated? Have partners been engaged? Have agreements with community partners been established? Are partner expectations clear?
Development of Policy Practice Feedback Loops • Has the champion developed processes to gather practice-level information (e.g. barriers)? • Is practice-level information shared with leadership? • Has the champion developed a process to ensure that leadership decisions are incorporated into the service?	**Decisions Teams Make During Installation** • Is implementation infrastructure good enough to move forward into initial implementation with patients? • How can implementation infrastructure be improved before initiating the new service or way of working?	
Frequency of Meetings • Does the champion/team meet weekly? Do they meet with leadership twice a month? • How often do ancillary teams meet? Is this enough to support service implementation?		

Launch Stage		
Pharmacy champion(s)	Continuous improvement	Sustainability
Improvement Cycles • Has the pharmacy champion engaged in different types of improvement cycles (i.e., usability testing, rapid cycle problem solving, etc.)?	**Pharmacy Personnel Intervention Knowledge** • How satisfied are pharmacy personnel with the support they have received to implement the new way of work? • What are the data revealing about what is working or not working regarding pharmacy personnel selection, training and coaching? • What changes are needed to strengthen pharmacy personnel competency?	**Infrastructure to Support Personnel** • What is being done to support ongoing readiness of pharmacy personnel? • Has there been staff turnover? How has this been addressed? • Has follow-up or booster training occurred? Is this needed? • Are pharmacy personnel receiving coaching as planned?
Frequency of Meetings • Does the champion/team meet monthly? If less often, has this affected implementation negatively or is the innovation stable enough for less frequent meetings? • Does the champion/team meet with leadership bi-weekly or at least monthly?	**Troubleshooting Organizational Supports** • What are the data revealing about what is working or not working regarding organizational supports? • What are early outcomes revealing about the potential efficacy of the new service?	**Infrastructure to Support Organization** • Does leadership continue to support the new way of work? How is this demonstrated? • Are data systems operable? Are data reports usable? Is data entry and review built into regular practice routines? • Are additional interventions needed (e.g., policy, legislative, funding, community partners)?
Communication Strategy • Has communication between the champion(s) and leadership been effective?	**Decisions Teams Make During Initial Implementation** • How can we continue to support the implementation infrastructure? • How can we more effectively problem solve? • Are we asking the right questions? • Are we collecting the data we need to guide our decision-making? • What changes might we need to make to the service, implementation supports, or data collection processes?	

Maintain Stage		
Pharmacy champion(s)	Continuous improvement	Sustainability
Improvement Cycles • Does the champion/team use data and feedback mechanisms to support and improve the service? Note: It is recommended that the service infrastructure is formally assessed every 6 months (minimum of annually).	Improving Personnel Competency • Are personnel implementing the service consistently and according to the criteria established? • How might the service be enhanced to reduce burden or increase efficiency of developing personnel competency without compromising outcomes?	Infrastructure to Support Personnel • Can readiness be sustained and extended to new personnel? • How are new hires on-boarded? • Do more efficient or effective ways exist to train and coach personnel? • If the service was expanded, would training or coaching components need to be redesigned?
Develop and Test Enhancements • Has the champion/team assessed whether enhancements to the service may reduce burden or increase efficiency with similar outcomes? • Has the champion/team assessed whether enhancements to the service might improve outcomes?	Improving Organizational Supports • Are intended outcomes resulting? • How might the service be enhanced to improve outcome for patients further?	Infrastructure to Support Organizations • What role can leadership play in replicating or scaling the service? • How can data systems become more efficient and practical for solving challenges? • If the service was expanded, would the data system need to be altered to support robust analysis or information sharing? • Are additional interventions needed (e.g., policy, legislative, funding, community partners)?
Frequency of Meetings • Does the champion/team meet monthly or at least bi-monthly? Would it be more beneficial to meet more frequently? • Does the champion(s) meet with leadership bi-monthly or quarterly?	Decisions Teams Make during Full Implementation • How will the service be sustained? • Is this service ready for large-scale implementation? • Should we develop and test an enhancement to the service? • What data will we collect to assess the enhancement?	
Communication Strategy • What are personnel and leadership saying about the kinds of supports in place? • How is feedback functioning? Do personnel feel like they are heard? Is leadership getting the information needed?		

Medication Synchronization Methods for Change

Core Component 1 of 5: Identify and Enroll: The pharmacy is responsible for creating a structured system to target and enroll patients who are most likely to benefit from a medication synchronization program.

Activities	Change Tactics
Target specific patients for enrollment.	• Create patient eligibility criteria • Consider incorporating cashiers, clerks, and technicians into the recruitment process • Consider using adherence data from pharmacy management system to target patients with poor adherence • Consider networking with local prescribers to refer non-adherent or complex patients for enrollment
Educate identified patients on requirements and benefits of medication synchronization program.	• As med sync is a voluntary program one must be prepared to convince the patient to enroll • Inform patient about benefits of program (e.g., convenience, more time with the pharmacist) • Inform the patient of the requirements for participation (i.e., willingness to accept monthly phone call and importance of picking up their medications on sync date) • Inform patient that initial synchronization with short fills could lead to an additional one-time cost
Have patient agree to enrollment through either paper or verbal means to confirm that patient understands requirements for participation.	• Consider using a standardized enrollment agreement to provide documentation trail
Document patient's enrollment in the medication synchronization program.	• If managing program via paper, create a dedicated filing location and master list of enrolled patients • If using an electronic record management system, place a note in the patient's profile indicating that they are a medication synchronization participant

Resources and Tools

- NCPA members who sign up for Simplify My Meds® receive an operations manual, training materials, and a FREE starter kit of marketing materials. This kit includes an example patient agreement form, prescriber outreach letter, prescriber outreach fax for short-fill prescriptions, and tips to engage with prescribers.
- CMS Chronic Care Criteria can be used to guide patient eligibility criteria.
- APhA Foundation provides a list of advantages that medication synchronization offers patients/caregivers.
- Sample enrollment agreements and other documents are available from NCPA, NASPA, and APhA. See Appendix 1 for an example patient participation agreement form.
- For talking points to use when recruiting patients, refer to page 4 in Health Mart Pharmacy's Med Sync: Your Step-by-Step Quick Reference Guide.

Core Component 2 of 5: Medication Review and Patient Assessment: The pharmacist performs a medication review and patient assessment prior to synchronizing the patient's medications.	
Activities	**Change Tactics**
Conduct a comprehensive medication review (CMR) prior to synchronization of medications.	• Assess patient's adherence to current medications • Collect current medication list, medication history, and relevant health data • Assess patient lifestyle habits, preferences and beliefs, health and functional goals, and socioeconomic factors that impact access to medications and other aspects of care • Make interventions as necessary (e.g., basic counseling, immunizations, disease state education) • Consider tracking active medication therapy problems in the patient's record in order to ensure follow-up occurs
Consider methods to improve medication adherence.	• Does the patient need adherence packaging? • Does the patient need home delivery? • Does the patient have financial barriers?
Notify prescriber of patient's enrollment into the medication synchronization program and coordinate interventions that you are unable to implement without prescriber collaboration	• Consider contacting the prescriber to confirm their ideal method of communication
Periodically perform a CMR and assessment as deemed necessary by the pharmacist.	• Consider a repeat CMR if a major change occurs in patient's health status or medication regimen • Consider periodic disease state specific questions (e.g., "when was your last foot and eye exam?" for patients with diabetes)
Resources and Tools	
• NCPA members who sign up for Simplify My Meds® receive a detailed operations manual, training materials, and a FREE starter kit of marketing materials. This kit includes an example patient agreement form, prescriber outreach letter, prescriber outreach fax for short-fill prescriptions, and tips to engage with prescribers. • For additional recommendations on how to best conduct a CMR consult the JCCP Patient Care Process or Process of Care Change Package. • Sample prescriber notification documents are available from NCPA, NASPA, and APhA. See Appendix 2 for an example letter to prescribers.	

Core Component 3 of 5: Align Refills: The pharmacist and patient will work together to select a synchronization date around which selected medications will be regularly filled.	
Activities	**Change Tactics**
Create a list of medications available for synchronization.	• Compile a list of chronic medications to be regularly filled. • Develop a procedure where the patient's medication list is periodically updated as needed • Avoid synchronizing PRN medications, acute medications, and medications that frequently change doses • Provide a list of PRN medications based on disease state category to staff so they will understand which medications should not be synchronized
Identify a medication synchronization date that maximizes patient convenience and minimizes patient costs.	• Consider patient specific factors such as financial barriers (e.g., pay-days or need for 90-day fills) • Consider a synchronization date that requires fewest short fills • Is the patient able to travel to the pharmacy on specific dates? • Consider operational/logistical challenges of the synchronization date (e.g., coordinating delivery with other patients in the area, availability of a pharmacist who specializes in patient's disease state)
Document synchronized medications and synchronization date in the patient's records.	• Note synchronization status in an easily seen area of the patient profile
Provide patient with copy of enrollment document or card.	• Consider using customizable examples of enrollment cards (See resources and tools section below for links to examples)
Request necessary prescriptions from the patient's prescriber.	• Ask prescriber to write a one-time order for necessary short fills and a new prescription to be used for subsequent refills

Fill the one-time, short fill prescriptions once they have been received from the patient's prescriber.	• If the patient's insurance will not pay for short fills, can consider using override codes:
	    • **SCC47** – Shortened Day's Supply Fill
	        o To override rejects to prorate patient co-pays for the shortened days' supply
	    • **SCC48** – Fill Subsequent to a Shortened Days' Supply Fill
	        o To override the refill-too-soon reject after a first sync time shortened days' supply fill

Resources and Tools	
• Examples of enrollment cards are available from APhA and NASPA. See Appendix 3 for an example. • NCPA members who sign up for Simplify My Meds® receive a detailed operations manual, training materials, and a FREE starter kit of marketing materials. This kit includes an example patient agreement form, prescriber outreach letter, prescriber outreach fax for short-fill prescriptions, and tips to engage with prescribers.	

Core Component 4 of 5: Preparation of Medications: The pharmacist and/or pharmacy technician reaches out to the patient prior to preparing the prescriptions for pick up.	
Activities	**Change Tactics**
Call the patient approximately 7 days prior to each scheduled medication synchronization date.	• Confirm the list of medications to be refilled • Inquire if any PRN medications need to be refilled • Provide staff with a list medications with disease states o If a patient does not want a medication because they are using it PRN instead of as scheduled (i.e., COPD/asthma maintenance inhaler), the pharmacist should be notified to have a conversation with the patient • Review the patient's medications and confirm they are taking them as written per the prescription on file • If patient does not need a medication filled, confirm reason. Is it due to excess supply or non-adherent behavior? • Consider providing pharmacy staff with a script for monthly phone calls to guide the assessment of clinical information (See Appendix 4 for an example script) • Consider creating disease state specific scripts to rapidly assess health status
Ask required questions during the phone call.	• Has the patient had any doctor visits since the last synchronization date? • Does the patient have a doctor visit scheduled between the call and the synchronization date? • Has the patient been hospitalized, including emergency department visits, since last synchronization date? • Have any changes been made to the patient's medications?
Discuss these additional questions with patient if appropriate.	• Is the patient aware of any barriers to filling their prescriptions? • Is the patient able to pick up their medications on the scheduled date? • Is the patient controlling their disease state? • Have they had to use their PRN medications more frequently?

	• Consider assessing mental health status using PHQ-2. • Is the patient monitoring their blood pressure? • Have they recently experienced signs/symptoms of hyper/hypoglycemia?
Assess if additional enhanced services are appropriate.	• Is patient in need of additional counseling, immunizations, or point of care testing?
Coordinate care with other members of patient's care team as appropriate.	• Verify that medication interventions have been addressed prior to dispensing medications.
Assess ability to fill medications.	• Consider prior authorizations, renewal requests, and that adequate inventory is present. • Consider all relevant factors such as shipping/delivery to ensure medications arrive on the scheduled date.
Fill the patient's medications approximately 3 days prior to the patient's scheduled synchronization date.	• Communicate with patient as necessary to address any issues with filling medications • Perform any required adherence packaging
Notify patient when medications are ready to be picked up.	• Utilize existing prescription notification system
Resources and Tools	
• See Appendix 4 for an example script to use for technicians or other pharmacy personnel to assess clinical information prior to filling prescriptions. • See Appendix 5 for a list of enhanced service definitions from CPESN-USA that may be useful in deciding which services your pharmacy should offer. • See Appendix 6 for links to tools that can be used to assess certain disease states such as asthma and depression.	

Core Component 5 of 5: Delivery of Medications and Other Services: On the scheduled synchronization date the patient will receive their medications whether in person or through delivery. The pharmacist will also provide any additional services/interventions as necessary.	
Activities	**Change Tactics**
Patient arrives at the pharmacy to pick up medications.	• If no additional services are necessary this encounter will likely last a few minutes • *If a mail order or delivery patient,* this is the day their medications will be delivered • If patient does not arrive on the scheduled date, contact patient to determine reason and confirm they still wish to participate in medication synchronization program
Provide additional services as needed based on issues identified in earlier communications.	• Administer required immunizations • Perform new comprehensive medication review as needed • Perform health screening/point of care testing as required to assess adherence to chronic medications (e.g., blood glucose or blood pressure)
Address patient concerns and follow-up on prior interventions.	• Consider tracking patient concerns and history of interventions to provide guidance for follow-up. This can be completed by either documenting in the pharmacy management system or in a paper chart
If a mail or delivery patient call to verify receipt of medications and address any concerns.	• Consider other telephonic services such as a CMR
Confirm next appointment date with patient.	• Consider creating simple reminder cards to include with dispensed prescriptions
Communicate to prescribers any additional interventions identified during appointment.	• Consider waiting to document completion of appointment until prescriber communication is complete
Document completion of appointment and any additional services.	
Resources and Tools	
• NCPA members who sign up for Simplify My Meds® receive a detailed operations manual, training materials, and a FREE starter kit of marketing materials. • For additional recommendations on how to best conduct a CMR, consult the JCCP Patient Care Process or Process of Care Change Package.	

Appendix 1: Sample Patient Participation Agreement from APhA

PHARMACY'S APPOINTMENT BASED MODEL

Implementation Guide for Pharmacy Practices

<u>Sample Patient Participation Agreement for an ABM Program</u>

Thank you for your interest in the Synchronized Prescription Refill Service. Advantages of participating in the program include:

- Increased convenience—a single monthly trip to the pharmacy to pick up chronic medicines;
- Ability to get medications on time and in one order without calling the pharmacy for refills;
- More personal contact with your pharmacist to ask questions and discuss medicines;
- Increased understanding of your medication, its purpose, potential side effects and costs;
- Assistance from pharmacy staff to keep prescriptions in order as you visit various doctors, clinics, and hospitals.

I understand the program advantages and the following conditions of participation to achieve the maximum benefits from the service.
I hereby agree:

- To accept a phone call each month from the pharmacy to discuss my prescription refills.
- To pick up medications on my assigned refill date.
- If necessary, to pay an extra co-pay *one time* for each medication in order to make all refills due on the same day.
- To keep an open dialogue with my pharmacist regarding doctor's appointments, hospital/urgent care visits, and changes in my health status.

I have read this document, understand it, and have had all questions answered satisfactorily.

_____
Patient Name (*Please print*)

_____ _____
Patient Signature Date

_____ _____
Pharmacist Signature Date

Appendix 2: Sample Letter to Prescribers from APhA

PHARMACY'S APPOINTMENT BASED MODEL

Implementation Guide for Pharmacy Practices

<u>Sample Letter to Prescribers</u>
[Use Pharmacy Letterhead]

[Prescriber's Name]
[Practice Name]
[Street Address]
[City, State, ZIP]

[Date]

Re: Our Mutual Patient [Insert Patient's Name]

Dear [Insert Prescriber's Name]:

Our mutual patient has elected to have [his/her] prescription medications synchronized to come due on a single day each month through [Insert pharmacy name]'s Appointment Based Model program. The convenience of a single monthly trip to the pharmacy saves our patient time and helps [him/her] become more adherent to [his/her] medicines. The single appointment also allows me to have an in depth conversation to assure all medications are working as intended. [Insert Patient's Name]'s appointment date is currently scheduled to be the **[Insert Appointment Date]** of each month.

Through this program, patients no longer have to call for refills or worry about running out of their medications. They receive *personalized* service —we will contact them approximately one week before their refills are due each month to review their prescriptions, discuss recent doctor visits or hospitalizations, and answer any questions they may have about their medications. Our goal is to help our patients better understand their medication therapy and achieve optimal health outcomes.

How can you help?
- ✓ To start our patient on this service, a short-fill prescription *may* be needed to align the all chronic medications to a single appointment day. If so, a fax will be sent to request your authorization.
- ✓ Please consider the patient's appointment date as you are writing new prescriptions.
- ✓ Think of me as a trusted member of your healthcare team and feel free to contact me to discuss any aspect of the patient's medication therapy.

My colleagues and I are pleased to partner with you in the care of our patient.

Sincerely,

[Pharmacist's Name]
Pharmacist
[Contact Information: Phone, Fax, Email]

Appendix 3: Example Patient Enrollment Card from APhA

American Pharmacists Association Foundation

Patient Enrollment Card

Printed on business cards to easily fit in wallet

Front

My Synchronized Prescriptions

Medication/Dose	Medication/Dose	Medication/Dose

Medication Record for: _____

Back

Pharmacy Name

I am participating in my pharmacy's synchronized prescription refill service. By having all of my prescriptions filled on a single day each month, I gain a better understanding of my medication therapy, increased convenience, and potentially improved health outcomes.

Phone Number: _____

Appendix 4: "Clinical" Medication Synchronization Tool from CCNC and CPESN-USA

MONTHLY "CLINICAL" MEDICATION SYNCHRONIZATION CALLS
Developed by Community Care of North Carolina and CPESN-USA

Goals of this tool
1) To interweave questions about the patient's health status into the medication synchronization process.
2) To empower pharmacy technicians to gather and drive workflow for medication synchronization.

Directions for use
1) Technicians should ask the following questions to patients prior to preparing their medications for synchronization.
2) If a patient responds with an answer that is highlighted in red then the technician should alert the pharmacist about the concerns that require a pharmacist's assessment.

Note: Your pharmacy should review the responses in red and change them, if necessary, to align with the comfort level of your pharmacist staff.

N/A	N/A	What new medicines, either prescription or over the counter, have you started taking in the past month?
Yes	No	Have you been to the doctor in the past month? If yes, what doctors did you see? Were any changes made to your medicines? If no, when is your next doctor's appointment? Is it a regular check-up, or have you made the appointment because you are feeling ill?
Yes	No	Have you been to the hospital or emergency department in the past month? If so, why? How are you feeling now? Were any changes made to your medicines? Have you already made those changes to your medicine? Do you have a follow up appointment scheduled with your primary care doctor?
Yes	No	Has the doctor prescribed any medicines that you have not filled? Can you tell me a little bit about why you decided not to fill this medicine?
Yes	No	Did the doctor stop any of your medicines or change the directions or the dose? If yes, ask patient for details about medication changes.

Yes	No	Have you stopped or changed any medicines on your own? If yes, is your doctor aware that you stopped this medicine?
Yes	No	Do you get any prescriptions from other pharmacies? If so, which ones?
N/A	N/A	For medicines that you take only when you need them, such as your _____ [pharmacy staff to give example from the patient's med list - inhalers/creams/etc], how much is left? How often have you used it recently? (Compare to most recent fill date.) Do you need more?
Yes	No	Are you going to be able to pay copays for all of your medicines this month?
N/A	N/A	*For patients receiving packaging:* What day/pack are you currently on? (Consider having delivery driver confirm amount remaining.) *For patients with bottles:* How many tablets remain in each bottle? (Consider having delivery driver confirm amount remaining.)

N/A	N/A	Review the patient's list of medications, noting the NAME, STRENGTH, and DIRECTIONS for each. Ensure that the patient is taking the medications as they are written and according to the directions we have on file. Note any differences.
		
		If the patient appears to be non-adherent, as the following:
		
		How many doses of *[medication name]* have you missed each week?
		
		What is causing you to miss your medications?
		     o Cannot afford them
		     o Concern about side effect(s)
		     o Doesn't help me feel better
		     o Makes me feel worse
		     o Don't believe the medication works
		     o Forget to take it
		     o Lost the prescription
		     o Out of refills
		     o Other: _____
		
		If a patient refuses any CHRONIC medications, the pharmacist should be notified and given any explanation the patient offers for not taking the medication.
		
		Be sure to ask about PRN medications each month. If a patient does not want a PRN medication, this is not considered an adherence concern.
		
		If any problems, changes, non-compliance, etc. are found, the pharmacist should be notified. Consider notifying other care team members as well.

ASTHMA:

Yes	No	
Yes	No	• Do you measure your peak flow meter? If "Yes": o What are your morning readings, when you first wake BEFORE taking any medication? _____ o What are your midday (noon to 2PM) readings, AFTER taking albuterol? _____ _____
Yes	No	• Have you had to take your oral steroid (such as prednisone) for a bad asthma attack since the last time we saw or spoke to you?
Score: ____		Consider asking the 5 questions from Asthma Control Test: www.asthmacontroltest.com/

DIABETES:

		How often do you check your blood sugars? What was your reading this morning? Do you need testing supplies? What was your highest reading in the last 1-2 weeks? Share with pharmacist if highest reading was > 150 (or > 180 if patient checks blood sugar 1-2 hours after eating) What was the lowest reading in the last 1-2 weeks? Share with pharmacist if lowest reading was < 70
Yes	No	*If the patient reported that their lowest BG reading was < 70:* Did you have any low blood sugar symptoms within the past 2 weeks? *(Symptoms: Dizziness / lightheadedness, blurry vision, being very hungry, confusion, sweating, tremor / shakiness, feeling drunk)*
Yes	No	*If patient reported that their highest BG reading was > 250:* Did you have any high blood sugar symptoms within the past 2 weeks? *(Symptoms: Thirsty a lot, frequent urination, hungry a lot, weakness / tiredness)*
Yes	No	• Do you have any NEW dizziness or headaches?
Yes	No	• Do you have any NEW blurry vision?
Yes	No	• Do you have NEW numbness in your hands and feet?
Yes	No	• Do you have any NEW or un-healing wounds?

HIGH BLOOD PRESSURE:

Yes	No	• Do you check your blood pressure at home? What was the most recent result? Share results with pharmacist if systolic > 140 and/or diastolic > 90
Yes	No	• Do you have any recent chest pain or palpitations?
Yes	No	• Do you have any recent dizziness or lightheadedness?
Yes	No	• Have you had any recent headaches?
Yes	No	If patient is taking an ACEi: Do you have any dry cough? If "Yes", what time of day does it occur? o Morning o Afternoon o Evening o Bedtime o All day
Yes	No	If patient is taking a diuretic: Do you have any muscle weakness, spasms, or cramping?
Yes	No	If patient is taking amlodipine: • Do you have any swelling in the legs or feet?

HIGH CHOLESTEROL:

Yes	No	• Do you have any NEW muscle pain, tenderness, or weakness (not due to exercise or specific injury)?
Yes	No	• Does your urine appear dark in color, like tea or Coca-Cola?
Yes	No	• Do you have any NEW stomach pain?
Yes	No	• Do you have any yellowing of the eyes or skin?

HEART FAILURE:

Yes	No	• Do you weigh yourself every morning? → Instruct to weigh themselves every morning before breakfast and after urinating
Yes	No	• Have you gained >2 lbs in one day or >5 lbs in a week?
Yes	No	• Have you had recent or current swelling of ankles, feet or stomach that becomes worse, even after rest and leg elevation?
Yes	No	• Have you had recent or current shortness of breath that won't going away with rest or is worsening?
Yes	No	• Do you recently or currently find it harder to walk long distances or exercise than usual?
Yes	No	• Have you felt unusually weak or tired lately for no apparent reason?
Yes	No	• Have you been waking up at night recently with shortness of breath or cough, or needing more than usual number of pillows to sit up and sleep?
Yes	No	• Have you had to take more of your diuretic (water pill) than your normal dose?
Yes	No	• Are you limiting your fluid drinking to no more than 4-6 (8-oz.) glasses of per day (ALL liquids including water, coffee, tea, soups, juices, milk, etc.)
Yes	No	• Are you limiting your daily salt intake to less than 2,000 mg (a little less than a 1 teaspoonful) AND not adding salt to foods?

COPD:

		• Complete COPD Assessment Test (CAT) online (Score: _____)
Yes	No	• Have you had worsening of your COPD symptoms that is **beyond normal day-to-day variation** If "Yes": o How many times has this happened since the last time we saw or spoke to you?
Yes	No	• Have you had to use your rescue inhaler (such as albuterol) more often than usual?
Score: **_____**		Consider asking patient the ____ questions from the COPD Assessment Test: http://www.catestonline.org/images/pdfs/CATest.pdf

DEPRESSION (PHQ-2 QUESTIONNAIRE):

Yes	No	Over the past two weeks, have you been bothered by either of the following problems?
		
		    Little interest or pleasure in doing things. **YES** or NO
		
		    Feeling down, depressed, or hopeless. **YES** or NO

Appendix 5: Enhanced Services Definitions

This tool lists a variety of enhanced services and definitions that includes, but is not limited to, medication synchronization.

Customer Service

- **24-hour Emergency Service/On Call** (*dispensing*): medication dispensing services offered outside normal business hours in urgent situations or special circumstances
- **24-hour Emergency Service/On Call** (*non-dispensing*): non-medication dispensing services (e.g., drug therapy problem resolution or medication reconciliation) offered outside normal business hours in urgent situations or special circumstances
- **DME billing**: ability to supply and bill both Medicare and Medicaid for durable medical equipment (DME)
- **Home Delivery:** pharmacy-provided delivery service
- **Multi-Lingual Capability:** employs a pharmacy staff member who is able to fluently speak languages other than English or has a contracted service with a vendor who can translate between the pharmacist/pharmacy representative and the patient or patient representative
- **Medical Disposal/Take Back Site** *(does not accept controlled substances):* on-site drop-box available to dispose of non-controlled substance medications at no charge (prohibited items: aerosols, batteries, chemicals, hazardous materials, illegal drugs, medical waste, trash, used sharps)
- **Medical Disposal/Take Back Site** *(accepts controlled substances):* on-site DEA-registered drop-box to dispose of both controlled and non-controlled substance medications at no charge (prohibited items: aerosols, batteries, chemicals, hazardous materials, illegal drugs, medical waste, trash, used sharps)

Dispensing and Compounding

- **Compounding** (*non-sterile*): art and science of creating personalized, non-sterile prescription medications
- **Compounding** (*sterile*): art and science of creating personalized, sterile prescription medications
- **Presumptive Eligible (Medicaid) Medication Dispensing:** dispensing medication based on "good faith" belief that the patient is eligible for Medicaid and is in the application process to be billed to Medicaid once actual eligibility obtained
- **Specialty Pharmacy Dispensing:** ability to dispense medications deemed "specialty drugs" based on the fact that they require specialized care due to cost, treatment of a rare condition, requirement of special handling, use of a limited distribution network, or ongoing clinical assessment
- **Topical Pain Protocol:** ability to recommend an adjunctive pain management therapy protocol to patients on chronic systemic pain medications in order to reduce the amount of systemic pain medications needed
- **Adherence Packaging:** unit dose packaging designed to assist patients with medication organization by incorporating date and time into the unit dose device (e.g., bubble packing, medication strips, med planners, automated medication planners)
- **Clozapine Dispensing and Monitoring**: ability to dispense clozapine through registration with the Clozapine Patient Registry database and ongoing monitoring of labs for applicable patients
- **Naloxone Dispensing:** ability to dispense naloxone and deliver proper counseling

<u>Wellness and Health Monitoring</u>

- **Adherence Program:** a continuous service whereby the pharmacist optimizes a patient medication regimen in order to improve adherence; incorporates a comprehensive medication review, medication synchronization, optimized dosing schedule, and potential adherence packaging
- **Collection of Vital Signs:** ability to collect heart rate, respiration rate, temperature and blood pressure in your pharmacy for patients
- **In Depth Counseling/Coaching:** additional counseling offered in the pharmacy, requiring a pharmacist or qualified staff member to step out of traditional pharmacy workflow in order to complete the activity
- **Hepatitis C** (*Not Currently Receiving Treatment*): sell clean needles in packs of 10 or less (without a prescription for a medication that requires injection) as allowed by state law; provide education about proper disposal of used needles
- **Hepatitis C** (*Currently Receiving Treatment*): provide the following supports to a patient immediately before and during hepatitis C course of therapy:
    - Pre-treatment comprehensive review to assess for drug-drug interactions and share results with prescriber of hepatitis C regimen
    - Immediately before treatment begins, provide face-to-face detailed education to the patient about their hepatitis C medications (conducted in the patient's home if possible)
    - Dispense hepatitis C medications to the patient
    - Maintain up-to-date contact information for the patient, including family members and other close contacts who could assist with reaching the patient, as needed
    - Conduct weekly calls (or delivery driver check ins) with the patient throughout the course of treatment using standardized set of questions; alert the prescriber about reported side effects or barriers to adherence
    - Provide community pharmacy care management as needed (e.g., arrange for local transportation to provider visits or to obtain laboratory monitoring)
- **Immunizations:** act of screening patients for ACIP recommended immunizations, educating patients about needed immunizations, and administering immunizations when appropriate
- **Medication Injections:** ability to administer injections in the pharmacy (e.g., long-acting antipsychotics, B12, testosterone, birth control injections, osteoporosis treatment, etc.)
- **Nutritional Counseling:** delivery of education to help patients develop balanced diets that also may be tailored to individual chronic conditions
- **Pharmacogenomic Testing:** Use of individual genetic information to optimize patient medication regimens; service should include providing test, patient follow-up, and communication of results to the provider for necessary medication changes
- **Standardized Assessments:** administration of questionnaire-based surveys to patients (e.g., pain assessments, PHQ-9)
- **Travel Health:** The ability to provide (or refer) health consultations and applicable vaccinations to patients interested in international travel
- **Targeted Disease State Programs:** educational programs offered to enhance patient knowledge about chronic diseases and ensure that patient achieves desired therapeutic outcomes for those specific conditions through appropriate medication management and monitoring (e.g., COPD, heart failure, smoking cessation, asthma, pain)
- **Vitamin and Nutritional Supplementation:** ability to consult and recommend beneficial vitamins and nutritional supplements based on a patient's specific needs

Review of Medications

- **Bedside Delivery:** service that aids in transitions of care by delivering medications directly to the patient before hospital discharge; includes counseling, education about proper administration and side effects, and appropriate follow up post-discharge
- **Comprehensive Medication Reviews:** a systematic assessment of medications, including prescription, over-the-counter, herbals, and dietary supplements with goal to identify and solve medication-related problems and create a patient-specific plan in collaboration with the extended healthcare team
- **Home Visits:** act of sending a pharmacist or other qualified pharmacy staff member to a patient's home to complete a medication review or other medication-related service
- **Medication Synchronization Program:** aligning patient's routine medications to be filled at the same time each month in order to minimize patient burden and improve adherence
- **Medication Reconciliation:** process of comparing new patient prescriptions to all of the medications that the patient has been taking (i.e., chronic, PRN, OTC, herbal) to avoid medication errors; this service is especially important during transitions of care when patients are most vulnerable to medication errors or mishaps
- **Personal Medication Record:** comprehensive list of current patient medications as reported by patient or per dispensing record
- **Transitional Care Management:** service that aids in transitions of care by providing medications to the patient within 24 hours following a hospital discharge; includes medication reconciliation, counseling, education about proper medication administration and side effects, and appropriate follow up with patient and/or caregiver within 2 days post-discharge
- **Care Plan Development/Reinforcement:** development of a document to help a patient reach their personal health goals
- **Point of Care Testing:** provide medical testing (e.g. HbA1c, cholesterol, blood glucose) and deliver results with appropriate education to patient, and share results with other providers when appropriate to ensure continuity of care

Appendix 6: Patient Assessment Tools

Disease State	Tool Name	Link
Alcohol Abuse	CAGE	https://pubs.niaaa.nih.gov/publications/inscage.htm
Alcohol, tobacco and other drug use	ASSIST	http://www.who.int/substance_abuse/activities/assist_v3_english.pdf?ua=1
Anxiety	GAD-7	https://uhs.berkeley.edu/sites/default/files/AnxietyQuestionnaire.pdf
Asthma	Asthma Control Test™	http://www.asthma.com/additional-resources/asthma-control-test.html
COPD	COPD Assessment Test™ (CAT)	http://www.catestonline.org/images/pdfs/CATest.pdf
Depression	Patient Health Questionnaire-2 (PHQ-2)	http://www.cqaimh.org/pdf/tool_phq2.pdf
Depression	Patient Health Questionnaire-9 (PHQ-9)	http://www.cqaimh.org/pdf/tool_phq9.pdf
Smoking Cessation	Fagerstrom Test for Nicotine Dependence	http://ndri.curtin.edu.au/btitp/documents/Fagerstrom_test.pdf
Substance Abuse	CRAFFT	http://www.ceasar-boston.org/CRAFFT/pdf/CRAFFT_English.pdf
Substance Abuse	DAST-10	https://www.drugabuse.gov/sites/default/files/dast-10.pdf