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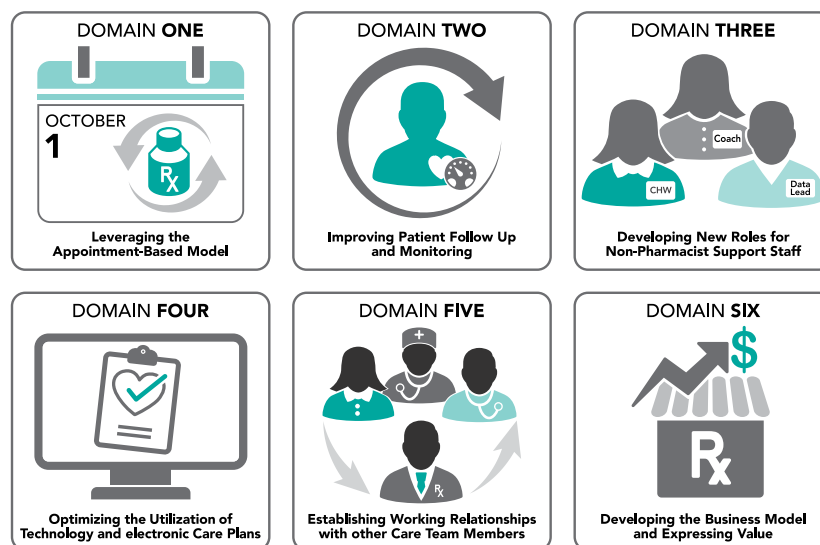
FtP

Change Package

December 2019

Welcome to the **Flip the Pharmacy** Change Package

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

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

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

| DOMAIN **ONE**	DOMAIN **TWO**	DOMAIN **THREE**
Leveraging the Appointment-Based Model	Improving Patient Follow Up and Monitoring	Developing New Roles for Non-Pharmacist Support Staff
DOMAIN **FOUR**	DOMAIN **FIVE**	DOMAIN **SIX**
Optimizing the Utilization of Technology and electronic Care Plans	Establishing Working Relationships with other Care Team Members	Developing the Business Model and Expressing Value

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

Here's how to make it work:

- **Each month:**
  - Review and lead team through the **Change Package**
  - Keep your entire team engaged in the Domain focus of the month
  - Complete your **Change Package** monthly requirements, if you are part of the flip the pharmacy cohort

- **As needed:**
  - Check in with your coach for near-real time feedback, if you are part of the flip the pharmacy cohort

DOMAIN **THREE**

Coach

CHW

Data Lead
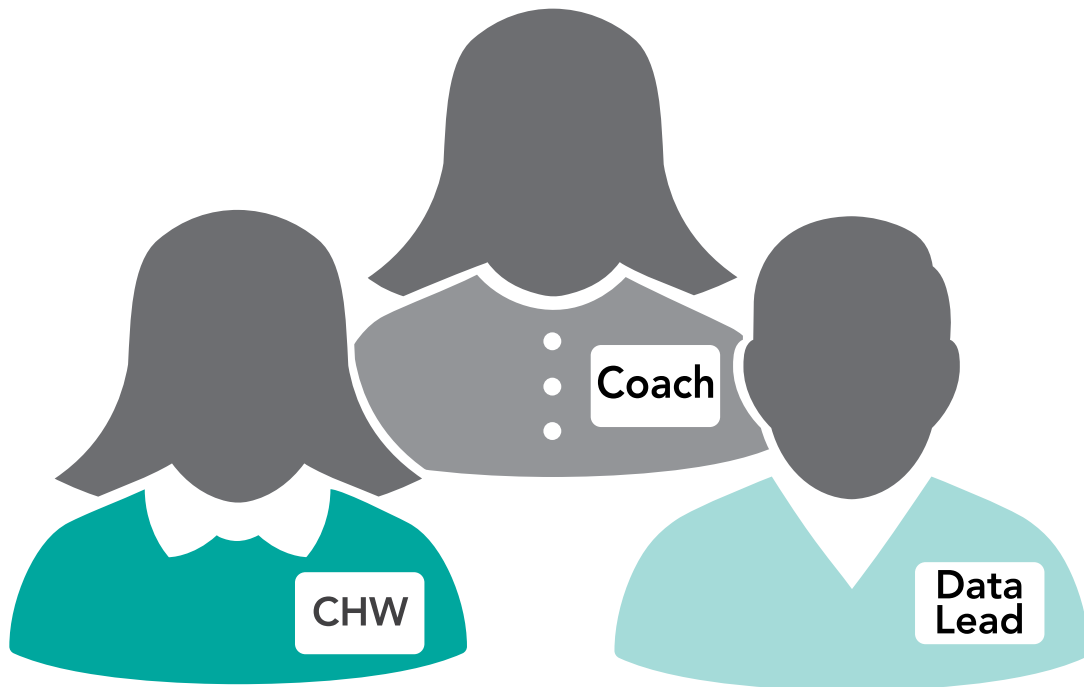
Developing New Roles for Non-Pharmacist Support Staff

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

Domain 3: *Developing New Roles for Non-Pharmacist Support Staff*
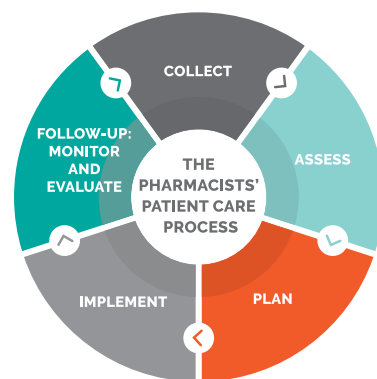## Progression 1: *Building Your Foundation*

Monthly Focus

This month, you'll **reflect on your workflow and pharmacy operations** in respect to staffing.

Over the next 4 progressions of this domain, developing new roles for non-pharmacist support staff, the Change Package will guide the development of your team through step-wise approach based in practice transformation. You'll build new habits and overcome barriers to freeing up the pharmacist.

This month, share these key points with your team:

- Your pharmacy teams' roles must address 4 key areas: **patient engagement**, **care team communications**, **social determinants of health**, and **analysis of data**. These are essential components of pharmacy practice.

- The ultimate goal is to **move from dispensing a prescription to caring for patients over time**.

- Determining and developing non-pharmacist support staff to support The Pharmacists' Patient Care Process starts will occur over each progression in this domain. This month, **the focus will be on identify areas of opportunity and sharing key information with your coach to create a customized plan for your pharmacy** for future progressions.

In progression 1, we will start building the foundation for reengineering your staffing model to meet the demands of today's pharmacy practice as well as meet your specific physical and operation needs. When we revisit this domain in 6 months – you'll work with your coach on a customized plan.

Flip the Pharmacy: Required Monthly Goals

- ☐ **Collect and document** *25* blood pressures in eCare Plans.
    - This can be either patient reported(subjective) or pharmacy measured (objective)
- ☐ Hear from your Peers! **Listen to this 30 minute podcast**
- ☐ Complete the Pharmacy: **Domain 3 Reflection**

Ask your coach if you need more details!

INVOLVE YOUR TEAM! Share the monthly focus and goals with your team.
- **Team Huddles:** Join the team together for a short 5 minute team huddle to share information.
- **Newsletter:** Share details and post for all to see.
- **Designate a champion:** This person will lead the change and handle team questions.
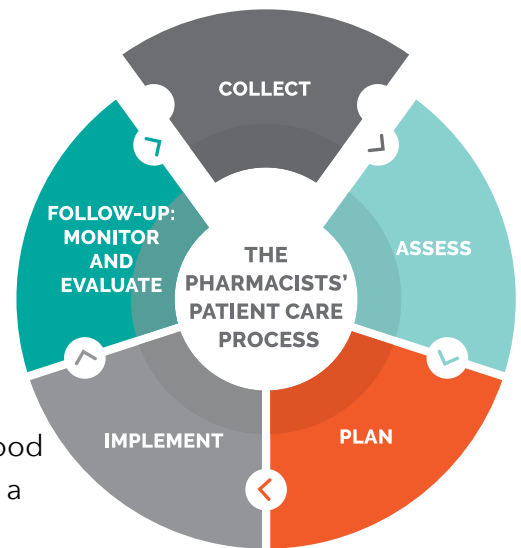
Workflow Innovation:
Collect and Document Blood Pressure Measurements

STEP ONE: Find your patients

As prescriptions are dispensed through your Medication Synchronization process, **identify patients who are taking anti-hypertensive medications**.

STEP TWO: Collect Blood Pressure Measurements

During the pre-appointment preparation step of Medication Synchronization, let the patient know they are able to receive a blood pressure measurement at their prescription pick up and/or ask for a patient reported measure.

The diagram shows The Pharmacists' Patient Care Process cycle: COLLECT, ASSESS, PLAN, IMPLEMENT, FOLLOW-UP: MONITOR AND EVALUATE.

ACTION ➤ **Create a stop when you are working with patients with hypertension to ensure Blood Pressure is collected (either verbally reported by the patient or measured by the pharmacy)**

Use these ideas for patients who would benefit from having a blood pressure measurement.

- Put a bag tag on the patients monthly medications (see bag tag example on right)

- Use the Encounter Form attached to a bag as a hard stop or trigger to collect a blood pressure (see page 8 for an example of a completed form related to collecting blood pressure)

- Add an input notification within a technology platform

Bag tag example:

MAIN STREET PHARMACY
MEDICATION THERAPY MANAGEMENT
PATIENT FOLLOW UP NEEDED

Patient Name _____
_____ DOB _____
Important Information regarding your prescription(s):_____
_____
_____
_____

- ☐ CMR
- ☐ New/Change Therapy
- ☐ Needs Therapy
- ☐ Unnecessary Therapy
- ☐ ADRs/warning
- ☐ Drug Interactions
- ☐ Adherence
- ☐ Administrative Technique
- ☐ OTC Therapy
- ☐ Other:_____

Training on Blood Pressure Measurement
Be sure at least one team member has completed the 30 minute American Heart Association Training, *The Importance of Measuring Blood Pressure Accurately*

STEP THREE: Document Blood Pressure Measurement

Collecting Blood Pressure measurements is part of **The Pharmacists' Patient Care Process**. The collection of this measurement as either subjective (patient reported) or objective (pharmacy measured) data ensures monitoring patient's hypertension and outcomes of drug therapy.

How to Document Blood Pressure Measurements for Patients Identified as Having Hypertension

- After blood pressure is measured, use the **patient encounter documentation form** to document initially and then document within your eCare Plan documentation system

- Blood pressure measurements could be pharmacy-reported or patient-reported
  - Even though you are unable to document which type within the eCare Plan documentation systems currently, you can document how the blood pressure was reported on the patient encounter documentation form

Example Case Scenarios for Patients Taking Anti-Hypertensive Medications

SCENARIO 1: A patient presents to the pharmacy to pick up their monthly medications. This patient participates in medication synchronization and has time to meet with the pharmacist. **What do you do?**

The pharmacy staff member who greets the patient has a few options to collecting the patient's blood pressure. Which one you select, will depend on your staff's training and procedures as well as the patient's preferences. Options include the following:

- Staff member can ask the patient for their most recent blood pressure reading and record this on the patient encounter form. The pharmacist can then review this as they talk with the patient during their medication synchronization appointment

- Staff member, if trained, can measure the patient's blood pressure when the patient picks up their monthly medications

- Pharmacist can measure the patient's blood pressure when the patient picks up their monthly medications and discuss goals.

SCENARIO 2: A patient comes into the pharmacy to pick up a new prescription or something outside of their monthly medication synchronization pick up. **What do you do?**

The pharmacy staff member who greets the patient has a few options to collecting the patient's blood pressure. Which one you select, will depend on your staff's training and procedures as well as the patient's preferences. Options include the following:

- The staff member can ask the patient for their most recent blood pressure reading and record this on the patient encounter form and share with the pharmacist as appropriate.

- Staff member, if trained, can measure the patient's blood pressure when the patient picks up their monthly medications and share with the pharmacist as appropriate.

- Pharmacist can discuss the measurement and implication at the point of pick up

SCENARIO 3: A patient is homebound or receives delivery of medications.

- Patient can report blood pressure measurement to pharmacy

  - If patient reports a blood pressure measurement, the pharmacy team can document the average of the measurements the patient reports OR the most recent measurement that they report.

When completing eCare Plan documentation for homebound or deliver patients: If the blood pressure was not reported on the date the care plan is submitted, for the time being, do not let this be a barrier to you submitting the care plan.

- If staff members visit the patient's home, measure blood pressure during visit

We encourage all Pharmacy Champions to **attend technology webinars** for tips, best practices and sharing on eCare Plan documentation specific to your technology partner. If you are unable to attend, be sure to look out for the **Workflow Wednesdays email** provided by CPESN USA to view the demonstration of how to document this in your platform. **The Workflow Wednesdays email for the December Change Package will be released on 11/27/19.**

HOW TO:
Patient Encounter Form

Step 1: Print and Implement Use of the Patient Encounter Documentation Form *(page 15)*

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

Step 2: Document 25 eCare Plans with Collected Blood Pressure Measurements

- Be sure to first complete the sample eCare Plan and submit to CPESN® USA. This needs to be done prior to proceeding with documenting collected blood pressure measurements.

- The Patient Encounter Documentation form is to help you document your patient encounters on paper initially within workflow. This allows you to document on-the-go and then in your eCare Plan.

Patient Encounter Documentation Form	
Patient Name: French Fry	**Medication:** lisinopril
DOB: 1/13/1979	**Rx #:** 00-000000
Medication Related Problem Date Identified: 12/2/2019	**Intervention** Date Resolved: 12/2/2019
☐ Noncompliance with medication regimen	☐ Medication synchronization or synchronization of repeat medication
☐ Deficient knowledge of disease process	☑ Recommendation to monitor physiologic parameters

Blood Pressure Measurement

Date: 12/2/2019   120/82 mmHg

How reported (circle one; internal use):

(Pharmacy-Reported)   Patient-Reported

Goal:
Check BP on home monitor once a day at different times.

Your Pharmacy Team's Roles

Reengineering your staffing model to support the **Patient Care Process in the Community Pharmacy Setting** will take time to evolve. Listen in to this 30 minute podcast, *Progressive Staffing Models in Community Pharmacy Practice*, to hear from your peers about what they are doing to maintain and evolve their progressive, transformational staffing models. Pharmacist Owner Deborah Bowers, Clinical Services Manager Amber Suthers and Pharmacist Owner Randy McDonough will help you guide your pharmacy's practice transformation by sharing what they are doing to support patient care services through changes in staffing roles and how they are overcoming challenges. All three Pharmacies have progressive community pharmacy practices that have optimized the use of their non-pharmacist support staff.

Listen in to this 32 minute podcast, Progressive *Staffing Models in Community Pharmacy Practice*, **to learn more about:**

- The various positions and job titles that have been created to implement a patient care process into their dispensing models.
- The Pharmacy Technician perspectives on the evolution of the technician role to support enhanced patient care services
- The type of workflows used to position pharmacy technicians and other non-pharmacist personnel to support and free up the pharmacist to focus on providing enhanced patient care services.
- Best practices for training non-pharmacists support staff
- Real examples of challenges experienced in practice from evolving the roles of technicians and other support staff

DEBORAH BOWERS, YORKVILLE PHARMACY, YORK, SC
Why Statement: Deborah's "why" is to take better care of her patients! Yorkville Pharmacy has always been progressive in this way. Deborah credits their success to continually problem solving. Yorkville Pharmacy is now looking to organize and transform their workflow to continue to support patient care services but ensure efficiencies are in place to improve their business model and continue to provide same level of care.*

AMBER SUTHERS, SURGOINSVILLE PHARMACY, SURGOINSVILLE, TN
Why Statement: Surgoinsville Pharmacy is in a rural community with no other health care providers in their town. The team wants to be able to provide more access to care in their community. The pharmacy launched clinical services within the pharmacy to better serve health outcomes of the community and is ensuring this occurs in a successful business model.*

RANDY MCDONOUGH, TOWNCREST PHARMACY, IOWA CITY, IA
Why Statement: "If it's good for the patient, then it's good for the profession." These words sum up our "why"statement. Our focus is always to provide the highest quality care to our patients and it is our professional responsibility to ensure that our patients medications are optimized. Each encounter with the patient needs to be meaningful and productive with the objective to resolve any medication related problems associated with their therapy. It is important that with each encounter we have with our patients, their caregivers, other providers, and other stakeholders our core values of integrity, respect, helpfulness, and compassion are experienced first-hand.*

*Your why statement is a sentence that clearly expresses your unique contribution and impact. The impact reflects the difference you want to make through your pharmacy, and the contribution is the primary action that you take towards making your impact

ACTION ➤ **The Pharmacy Champion is required to listen to the podcast. The Pharmacy Champion can share with any other members of the team that may be interested. The Podcast is available on ThriveSubscribe which is available via iTunes and Soundcloud. Click the orange box below for direct access.**
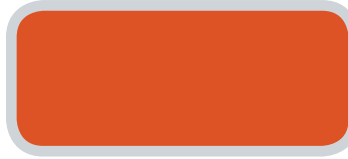
Pharmacy Reflection of Staffing Models

Complete the Pharmacy Reflection activity to get your baseline staffing model. This will help you share your vision, current staffing model and challenges with both yourself and your coach.

Completing this activity will all you to partner with your coach on a customized plan for your pharmacy to support a staffing model focused on the patient care process. This will occur in future domains.

Click the orange box below to access the hard copy of the activity*

This will allow you to view and complete if you wish, the activity on paper before logging it online

Click the orange box below to complete the reflection online*

This is a required step

Patient Case Materials

Step 1: Review the Persona for French Fry (next page)

■ The persona is intended to help give pharmacies a picture of a real patient who may be visiting your pharmacy. You will see French Fry in future cases as we will build upon this case.

■ Please note that the medication related problem, intervention, and goal sections have different color text. This particular information is reflective in the patient case. The intent is for you to realize the patient care aspects that you are performing can be correlated into the eCare Plan *(see Sample Care Plan Case)*.

Step 2: Complete the Sample Care Plan

■ The case includes the pertinent information that will be included in the care plan documentation within your respective platform.

■ The boxed text at the top of the case that review French Fry is information pulled from the persona that helps us to note the important information for the care plan.

■ **Please document the sample patient case before moving on to documenting real patients.**

■ Goals Details:

● Free-text that you type in to the care plan that is individualized for each patient. The intent of the goal is to help achieve the intervention that is being set.

French Fry
Developing New Roles for Non-Pharmacist Support Staff

DATE OF BIRTH: January 13, 1979
RACE: White
GENDER: Male
OCCUPATION: College Professor
ADDRESS: 241 Cheeseburger Hwy, Pickle Junction, OH 00000
PROBLEM LIST: Hypertension. Overweight (calculated BMI = 29.6)

HISTORY OF PRESENT ILLNESS
FF was diagnosed approximately one year ago with essential hypertension following complaints of headaches that persisted for several days. Hypertension is uncontrolled. In October, FF was enrolled into medication synchronization.

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

ACTIVE MEDICATIONS
Lisinopril/HCTZ 20/12.5—2 tablets every morning, Amlodipine 5 mg every morning, Potassium Chloride 20 mEQ—2 tablets every morning.
Prescriber: Coach Well, MD

FILL HISTORY
Previously nonadherent. All medications were synchronized and filled on the same day for a 30 day supply with a start day of 10/15/19.

ALLERGIES
- Penicillin

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

VITAL SIGNS AND LABS
- **Vital signs:**
  Patient-Reported (not intended to be documented in eCare Plan)—11/16 morning: 146/84 mmHg; 11/20 night: 132/84 mmHg; 11/23 morning: 130/84 mmHg
  Pharmacy measurement (12/16/19): 128/84 mmHg
- **Renal:** Blood work was completed, but not requested so unaware of lab results
- **Basic metabolic panel:** completed (pharmacist unaware of results)

MEDICATION RELATED PROBLEM(S)
FF has been monitoring his blood pressure at home because he now has a blood pressure monitoring device.
FF continues to be educated about his high blood pressure and how to manage, however, no additional medication related problems are identified.

INTERVENTION(S) AND EDUCATION (RECOMMENDATIONS)
FF remains adherent to his medications due to the medication synchronization process. FF has been checking his BP at home and recording the measurements on a piece of paper.
FF is in the pharmacy today to have a pharmacy staff member check his blood pressure. He wants to make sure the blood pressure measurements from his device are accurate. Also, he remembered discussing with the technician in November to come in the pharmacy to get his blood pressure measured.

GOAL
Monitor blood pressure at least on 3 different occasions per week and record on provided paper. Overall goal is for readings to be <130/<90 mmHg.

MONITORING PLAN AND FOLLOW-UP
Monitor blood pressure at least on 3 different occasions per week and record on provided paper. Overall goal is for readings to be <130/<90 mmHg.

Sample Care Plan Case

French Fry presents to the pharmacy today to pick up his medications instead of having them delivered to his house. FF has been monitoring his blood pressure at home because he now has a blood pressure monitoring device. FF continues to be educated about high blood pressure and how to manage and monitor. He has no additional medication related problems as of today.

FF remains adherent to his medications due to the medication synchronization process. FF has been checking his BP at home and recording the measurements on a piece of paper. He reports his blood pressure readings are 11/16 (morning): 146/84 mmHg; 11/20 (night): 132/84 mmHg; 11/23 (morning): 130/84 mmHg.

FF is in the pharmacy today to have a pharmacy staff member check his blood pressure. He wants to make sure the blood pressure measurements from his device are accurate. Also, he remembered discussing with the technician in November to come in the pharmacy to get his blood pressure measured.

Pharmacy measurement: 128/74 mmHg

Goal over the next month is for FF to continue to monitor blood pressure at least on 3 different occasions per week and record on provided paper. Overall goal from my provider is my reading being < 130/<90 mmHg.

Encounter Reason: Taking Patient Vital Signs (SNOMED CT: 61746007)

Patient Demographics:

Patient First Name: French   **Patient Last Name:** Fry   **Patient DOB:** 1/13/79

Address: 241 Cheeseburger Hwy   **City:** Pickle Junction   **State:** OH   **Zip:** 00000   **Phone:** 919-555-5555

Allergies: Penicillin

Prescriber Information:

Name: Coach Wellness, MD   **Address:** 222 Healthy Shores Ln, Pickle Junction, OH 00000

Phone: 999-999-9999   **NPI Number:** 1234567890

Active Medication List:

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

Medication Related Problems (MRPs) and Interventions:

- **MRP (10/15/19):** Noncompliance with medication regimen (SNOMED CT: 129834002) – **(status: COMPLETE)**
  - **MRP Note:** Patient is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills.

- **Intervention (10/15/19):** Medication synchronization/synchronization of repeat medication (SNOMED CT: 415693003) – **(status: COMPLETE)**
  - **Intervention Note:** FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills.

- **MRP (11/11/19):** Deficient knowledge of disease process (SNOMED CT: 129864005) – **(Status: Active/In-Progress)**
  - **MRP Note:** FF states that he does not know what his blood pressure (BP) goal is, and FF has not been monitoring his BP at home because he does not have a device.

- **Intervention (11/11/19):** Recommendation to monitor physiologic parameters (SNOMED CT: 432371000124100) **(Status: Active/In-Progress)**
  - **Intervention Note:** After further discussion and education, FF likes the idea of self-monitoring his BP at home. FF states he wants to purchase a BP monitoring device and wants it delivered with his medications. The pharmacist asked if he would be willing to come into the pharmacy to get his BP checked, but he says he doesn't have time this month. FF states that he will come into the pharmacy next month to get his BP measured when he picks up his December medication fills, and he will bring in his BP log from November.

- **Intervention (12/16/19):** Blood Pressure Taking (SNOMED CT: 46973005) – **(Status: Complete)**

Vital Sign(s):

- **Mean Blood Pressure:** 128/74 mmHg

Goals (Free-Text):

1. **Goal Note (10/16/19):** Set a reminder alarm on cell phone to take medications every day – **(status: COMPLETE)**

2. **Goal Note (11/11/19):** Monitor BP at least 3 different times/week and record on provided paper. Overall goal is for readings to be <130/<90 mmHg – **(Status: Active/In-Progress)**

Patient Encounter Documentation Form

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
DOB:	**Rx #:**
Medication Related Problem Date Identified:_____	**Intervention** Date Resolved:_____
☐ Noncompliance with medication regimen	☐ Medication synchronization or synchronization of repeat medication
☐ Deficient knowledge of disease process	☐ Recommendation to monitor physiologic parameters

Blood Pressure Measurement

Date:_____   _____mmHg

How reported (circle one; internal use):

    Pharmacy-Reported   Patient-Reported

Goal:

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
DOB:	**Rx #:**
Medication Related Problem Date Identified:_____	**Intervention** Date Resolved:_____
☐ Noncompliance with medication regimen	☐ Medication synchronization or synchronization of repeat medication
☐ Deficient knowledge of disease process	☐ Recommendation to monitor physiologic parameters

Blood Pressure Measurement

Date:_____   _____mmHg

How reported (circle one; internal use):

    Pharmacy-Reported   Patient-Reported

Goal:

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
DOB:	**Rx #:**
Medication Related Problem Date Identified:_____	**Intervention** Date Resolved:_____
☐ Noncompliance with medication regimen	☐ Medication synchronization or synchronization of repeat medication
☐ Deficient knowledge of disease process	☐ Recommendation to monitor physiologic parameters

Blood Pressure Measurement

Date:_____   _____mmHg

How reported (circle one; internal use):

    Pharmacy-Reported   Patient-Reported

Goal:

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
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Medication Related Problem Date Identified:_____	**Intervention** Date Resolved:_____
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☐ Deficient knowledge of disease process	☐ Recommendation to monitor physiologic parameters

Blood Pressure Measurement

Date:_____   _____mmHg

How reported (circle one; internal use):

    Pharmacy-Reported   Patient-Reported

Goal: