Beyond Med Sync

The Appointment-Based Model of Care

June 2026

Flip the Pharmacy®

Community Pharmacy Foundation

Additional Resources Available on www.flipthepharmacy.com

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It's Time to Move from **Filling Prescriptions** to **Managing Care**

The traditional refill-driven model is unpredictable, volume-dependent, and increasingly difficult to sustain. **Flip the Pharmacy® (FtP)** helps you redesign your practice so you can move beyond reacting to refill schedules and start proactively managing patient care over time.

This transformation isn't theory—it's practical. The **Flip the Pharmacy® eBook on Medication Synchronization and the Appointment-Based Model** gives you proven tools developed and tested over five years by community pharmacies across the country. It shows you exactly how to implement workflows that create structure, improve efficiency, and open the door to expanded clinical services.

At the core of this shift is **Medication Synchronization (Med Sync)**. Instead of waiting for patients to show up unpredictably, Med Sync aligns their chronic medications to one scheduled pick-up date. This creates predictable workflow, stronger patient relationships, and built-in opportunities for medication review, adherence support, immunizations, care gap closure, and other revenue-generating services.

A strong Med Sync and appointment-based model will:

- Stabilize and smooth your daily workflow
- Reduce chaos from uneven refill demand
- Improve patient retention and loyalty
- Create protected time for clinical services
- Position your pharmacy for enhanced service reimbursement and value-based opportunities

Most importantly, it allows you to build a more sustainable, patient-centered practice—one that is less dependent on volume alone and more aligned with where healthcare is heading.

This eBook is your starting point. It provides step-by-step guidance, real-world tools, and implementation insights to help you Flip Your Pharmacy with confidence.

This FtP eBook, focused on Medication Synchronization and the Appointment-Based Model of care, was a collaborative effort between the Community Pharmacy Foundation (CPF), the founding sponsor of Flip the Pharmacy and CPESN® USA, the founding partner of FtP. This eBook compiles valuable tools and resources that were created during the first 5 years of the Flip the Pharmacy initiative. Additional tools and resources are available at www.flipthepharmacy.com.

Change Package Overview of the Appointment-Based Model with a Focus on **Medication Synchronization**

A Change Package Is a Collection of Ideas That Lead to a Desired Result.

Throughout this document you will gain insights about how to make meaningful and lasting change within your pharmacy with a focus on medication synchronization.

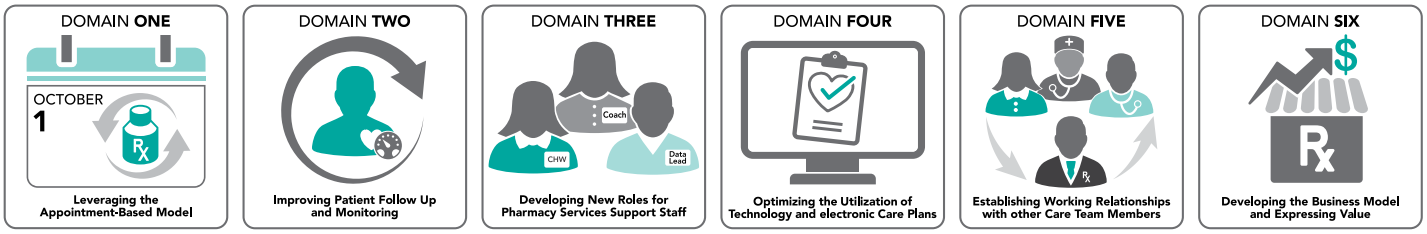
This **Change Package** is designed to:

1. **Share Workflow Innovations** of what community pharmacy staff members are doing across the country.
2. **Offer a stepwise approach of how to implement the Workflow Innovations.** These can be tailored to best fit your workflow and patient population.
3. **Transform your practice to provide longitudinal patient care.**

Thousands of community pharmacies across the country have implemented these changes into their practices to better care for their patients.

Review and follow along at a pace that is most appropriate for your pharmacy practice.

This **Change Package** will provide you focused practice transformation activities to implement for each of the 6 Domains. You can find descriptions for the 6 Domains on the following page.



In each Domain, 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:

Assign a **Pharmacy Champion**, a pharmacy staff member who will serve as the leader of these changes at the pharmacy and will be the point person for implementing and involving the staff.

Offer **Pharmacy Staff Huddles** to help each staff member understand their valuable role in these changes.

Within each Domain:

- Review each Domain section to better understand the goals. **Each Domain is intended to be implemented over the course of a month**, but may take longer in some cases.
- Consider the **roles of your various staff members**.
- During implementation, **consider what is going well and what can be improved**.
- **Understand how to document the care you are providing.** You can submit **eCare Plans** (www.ecareplaninitiative.com) or you can simply use the **Patient Encounter Documentation Forms** for each Domain to keep track.

More details for each Domain are provided below and will be expanded on in each of the 6 Domains

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

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

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

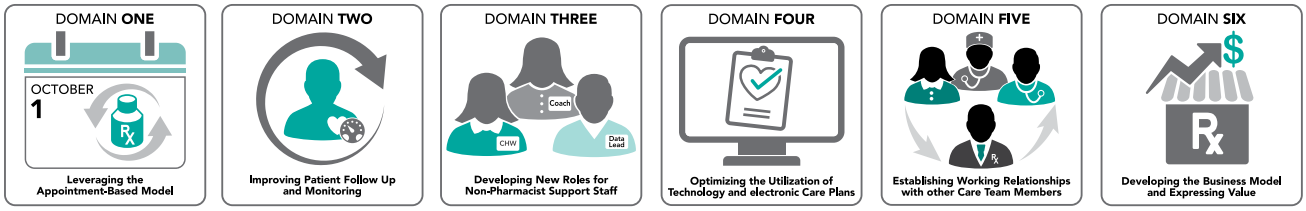
Domain 4: ***Optimizing the Utilization of Technology and electronic Care Plans*** – The eCare Plan is fundamental to the successful operationalization of Domains 1–3 and 6. Working hand in hand with software companies, pharmacies should develop best practices documentation processes.

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

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

The Road Map below describes the changes within each Domain:

Patient Care Using Medication Synchronization Road Map



DOMAIN ONE
Appointment-Based Model

- Identify patients who are nonadherent
- Enroll patients into medication synchronization

DOMAIN TWO
Follow up and Monitoring

- Continue identifying patients who are nonadherent
- Incorporate longitudinal follow-up and monitoring

DOMAIN THREE
Non-Pharmacist Support Staff

- Identify ways the pharmacy workflow can be improved
- Enhance non-pharmacist support staff roles within the pharmacy

DOMAIN FOUR
Utilization of Technology and eCare Plans

- Complete the technology checklist
- Maximize your technology tools to increase efficiency in workflow

DOMAIN FIVE
Other Care Team Members

- Practice care coordination in communicating with providers
- Identify medication related problems and make interventions

DOMAIN SIX
Developing the Business Model and Expressing Value

- Share the value that your community-based pharmacy brings

Click HERE to access a printable version of the Patient Care Using Med Sync Road Map.

Is Your Pharmacy Optimizing Medication Synchronization?

Medication Synchronization is a proactive patient-care approach to align all of the patient's refills to a single appointment date each month. It's not just aligning refills and putting on auto refill. In other words, medication synchronization makes the pharmacy less reactive to when patients decide to show up to a more controlled practice environment where patients are directed to come to the pharmacy to receive their medications and clinical services. Imagine if your patients showed up at scheduled times, there were fewer phone calls, more time for patient prep and interaction, etc. This needs to be the new reality for community pharmacy practice.

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

1. Free Up Your Pharmacists and Staff:
For the Patient Care Process

- Med Sync transforms the pharmacy practice by shifting from a reactive model that is dependent on the patients' unpredictable refill schedules to a **proactive** appointment-based model that aligns all the patients' medication refills, confirms pick-up dates, and builds operational efficiencies to free up valuable time. Your staff is no longer waiting on patients to walk in and wait or call in refills multiple times a month. A proactive model means you are taking control of your workflow and making it more predictable, thus allowing for additional care services for those patients with chronic illness or gaps in their care.
- Med Sync is essential to controlling and optimizing a pharmacy's workflow, improving patient medication adherence, and providing the time to offer additional patient care services.
- Med Sync is a comprehensive patient-care approach that improves medication adherence and health outcomes and allows the time to offer additional enhanced services.

2. More Generic Prescriptions/Increase Add-On Services Which Increase Revenue

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

An NCPA Study found that patients enrolled in a medication synchronization program received an average of 3.4 more refills per prescription over a 12-month period than non-enrolled patients. The average enrolled patient was taking 5.9 synchronized medications. Participating pharmacies filled 20 more prescriptions per year on average for these patients.[1]

Said a different way, for every 20 patients you enroll into a medication synchronization program you will fill 400 additional prescriptions each year (and ~335 of those will be generic prescriptions). We recognize that the revenue and profit vary from patient to patient and insurance to insurance. You can use those factors in your patient search, Med Sync enrollment, patient education, and inventory management.

1 https://www.ncpa.co/pdf/adherence-ateb.pdf

3. Reduce Inventory—Put Those Dollars in Your Bank Account

- Med Sync allows pharmacy staff to take control of inventory and ordering practices by utilizing proper inventory management and a just-in-time ordering strategy.
- Med Sync significantly improves cash flow by reducing unnecessary inventory holding costs and increasing inventory turns.

The pharmacy's inventory management process will move from a reactive system to a proactive system. Staff will know exactly **what** the patients need AND **when** they are coming to pick-up.

- Reactive = unpredictable demand and blind reordering habits
- Proactive = predictable inventory demands and strategic ordering habits. ***You are looking ahead to what you will use tomorrow, not what you used today.***

Understanding Med Sync's Impact on Inventory and Cash Flow

- The goal is not just to have bare shelves, it's to improve cash flow in the pharmacy.
- Use the Med Sync model to increase inventory turnover. Let the wholesaler stock and hold medications until its needed.
- Learn more on inventory turns, cash flow, and how to calculate this **Key Performance Indicator** (KPI): **Click HERE**.
- Strategies for Improving Cash Flow Now: **Click HERE**.

Leverage Med Sync to strategically improve cash flow by targeting those high-dollar and brand name items. Another option to strategically manage inventory is to target those high-dollar NDCs and certain medication groups. To do this:

1. Identify the most expensive medication(s) on the pharmacy's shelves.
2. Identify all active patients filling these medications.
3. Enroll all the identified patients with expensive medications in the Med Sync program.
4. If using reorder points, remember to lower reorder points in the software:
    - **Min:** -1 (don't order unless the claim is adjudicated)
    - **Max:** 0 (only order enough to get inventory back to 0)

Different Styles of Inventory Management:

Perpetual inventory: Inventory method that tracks real-time inventory as items are added and subtracted. ***This is critical!*** A perpetual inventory must be in place before staff is able to leverage reorder points and recommended orders.

Reorder points: Reordering method that allows set minimum and maximum on-hand quantities. When stock falls below the set minimum, a reorder is triggered.

- When patients are added to Med Sync process, lower reorder points in the software:
  - **Min:** -1 (don't order unless the claim is adjudicated)
  - **Max:** 0 (only order enough to get inventory back to 0)

Recommended order: An order that the system generates based on perpetual inventory and preset reorder points.

Manual order: If the software does not allow for a recommended order, orders can be manually created. Look at a pharmacy-created Med Sync calendar to forecast inventory needs against current balance-on-hand. Order any "out-of-stock" medications to complete a patient's sync order prior to pick-up date.

Inventory must be maintained at all times to ensure processes work correctly. Suggestions on how to accomplish:

- **Start Fresh:** Select a time outside of business hours for the staff to complete a physical inventory count to ensure accurate inventory to start.
- **Responsibility:** Maintaining accurate inventory is every employee's responsibility.
- **Create a Maintenance Schedule:** Create a specific schedule for cycle counts to check inventory accuracy. Implement this into your SOP.
- **Spot Check and Fix Problems:** Throughout workflow, spot check the perpetual inventory count matches the actual balance-on-hand to see if anything needs to be adjusted. Additionally, when processing the nightly order, double-check.
- **Ensure the NDC billed is the NDC dispensed!**

Workflow Tips:

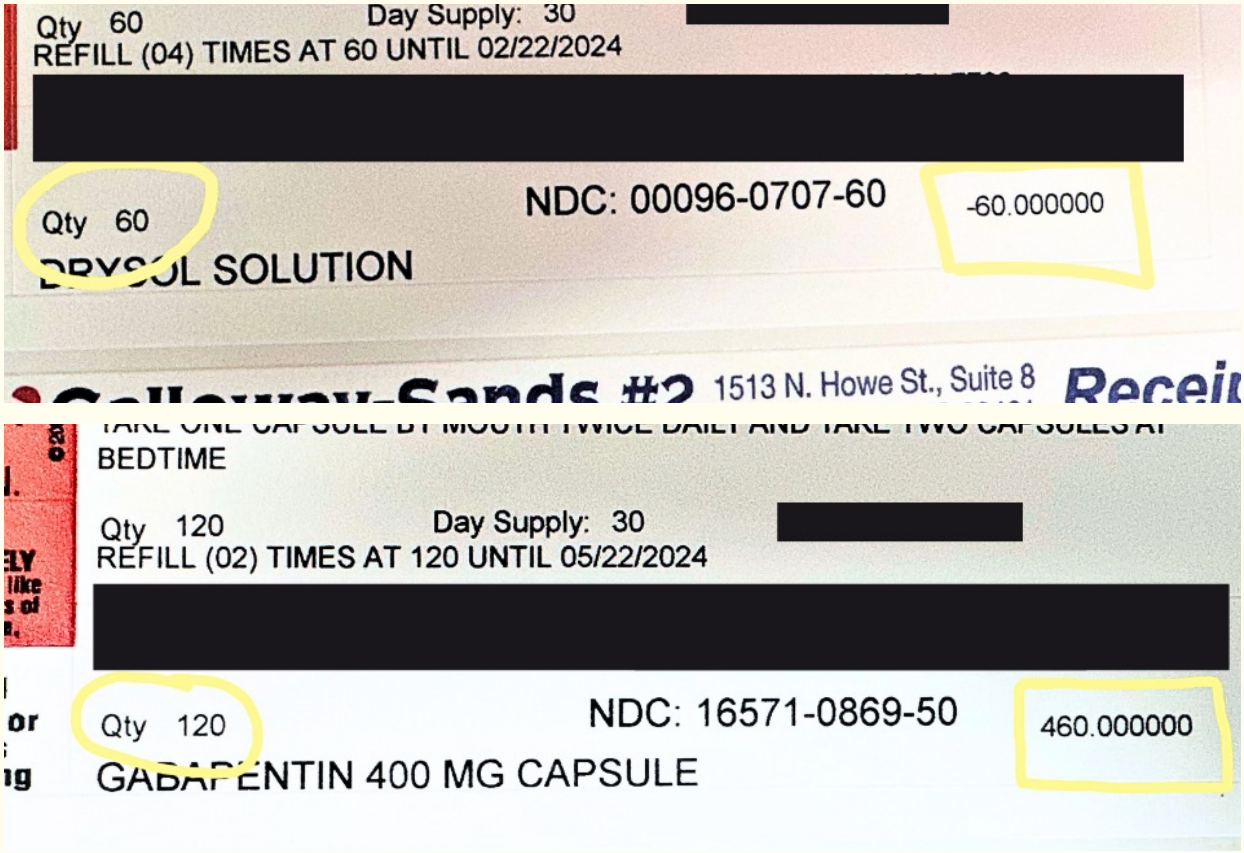
In the Med Sync process, the patient is called in advance and the pharmacy staff confirms the medications needed and the pickup date. Adjudicate the prescription claim(s), verify a paid claim, confirm which/each medication is needed and when the pickup date will be, then order any medications needed.

- **The Key:** Adjudicate sooner and order later.

Know the wholesaler return policies. Identify any stagnant shelf inventory to return. For high-cost items, verify that the patient has confirmed for pickup before labeling or opening the stock bottle. **Do not get stuck with a non-returnable high-cost item.**

Accurate on-hand inventory in the pharmacy management system saves valuable time. Set the prescription labels to print with the balance-on-hand print and quickly compare that to the quantity needed. Instead of running bay-to-bay, which is inefficient, to see if the item is in stock, inventory is known immediately without wasting time.

The graphics show quantity needed to fill the prescription on the left, balance-on-hand on the right:



This graphic, from 4 separate pharmacies, is a specific pharmacy example in inventory reduction before Med Sync and after:

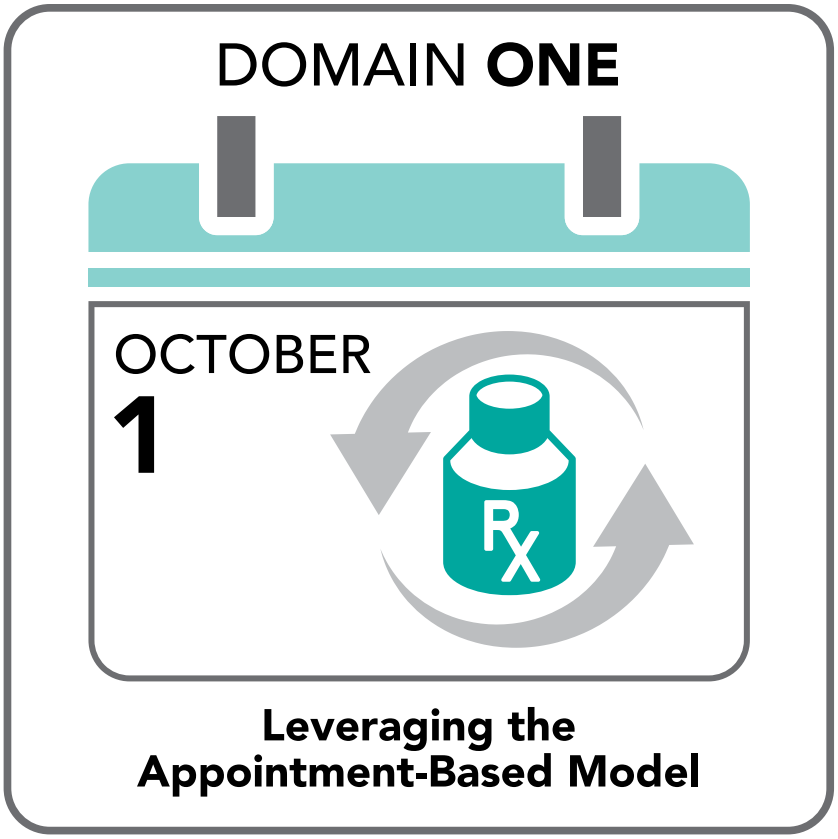
Pharmacy 1	Rx Inventory $ On Hand	Pharmacy 2	Rx Inventory $ On Hand	Pharmacy 3	Rx Inventory $ On Hand	Pharmacy 4	Rx Inventory $ On Hand
Jan 2017	$319,000	Jan 2018	$432,000	Jan 2019	$300,000	Jan 2021	$355,000
April 2024	$79,000	April 2024	$98,000	October 2023	$110,000	October 2023	$143,000
Difference $	**$240,000**		**$334,000**		**$190,000**		**$212,000**
Difference %	**75%**		**77%**		**63%**		**60%**

Med Sync Terminology:

Sync Date: this is the date that the patient ***begins*** that month's medications. Think of this as the "patient start date" for that fill (i.e when the patient will be out of the previous fill and start on the newest fill). It is okay for a patient to pick up prior to that sync date, but not after.

Anchor Medication: this is the medication that establishes the sync date and the prescription that you are going to sync the other prescriptions to ***align around***.

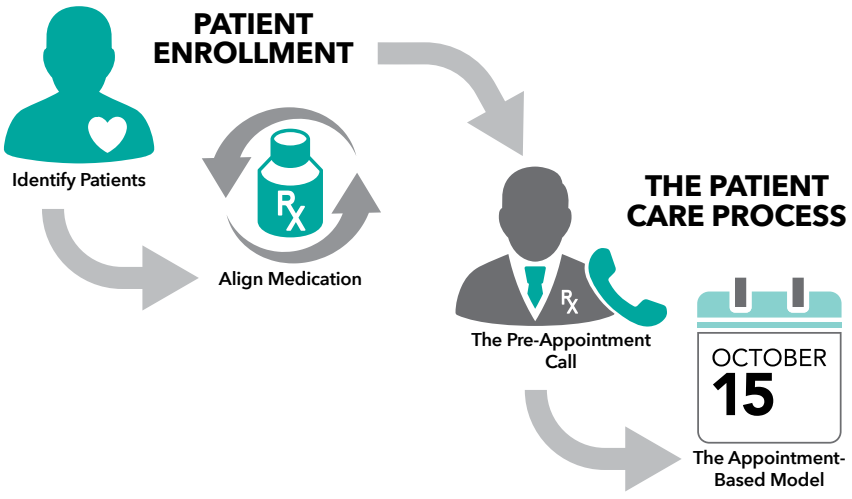
Short-Fill: a short-fill is when you are dispensing a quantity ***less than*** the typical supply. This is the amount needed for the patient to reach their sync date (aligning that prescription with all medications already in sync).



Domain 1 Change Package

Goals for this Domain:

- Identify nonadherence
- Enroll patients into Medication Synchronization (Med Sync)



Are You Optimizing Medication Synchronization?

Assess your Medication Synchronization

Remember: Medication Synchronization creates more time for pharmacists to engage in Patient Care—including documentation of eCare Plans.

ACTION → **Complete the Medication Synchronization Assessment on the following page.**

The quick, five-question **Medication Synchronization Assessment** on the following page will help you determine where to focus your workflow innovation for the month. **Share this with each of the pharmacy's team members, compare and discuss results.**

After assessing the pharmacy's utilization (or lack thereof) of Med Sync, page 13 begins discussing ways to implement or improve.

Medication Synchronization Self-Assessment Quiz

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

1. How does your pharmacy recruit patients into Medication Synchronization? Please check all that apply and add in anything else you do.

   ☐ We auto enroll all patients that are on a specific set of criteria

   ☐ Our in-window technician offers the service

   ☐ All staff know how to enroll

   _____

   _____

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

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

   _____

   _____

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

   ☐ Yes ☐ No

   _____

   _____

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

   ☐ Confirm medication to be filled

   ☐ Review any changes to medications

   ☐ Review any new medications

   ☐ Ask if the patient has seen a provider since their last medication pick up

   ☐ Review for potential medication therapy problems?

   ☐ Review for needed services?

   ☐ Do you address medication related problems prior to dispensing medications?

   ☐ Do you assess the need for enhanced services? (e.g., immunization, home delivery)

   _____

   _____

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

   _____

   _____

   _____

   _____

ACTION → Review and Discuss your Team Results

Use the results of the Medication Synchronization Self-Assessment to create your Top 3 List: What 3 things will your team **focus on this month** to identify nonadherence, enroll patients into Medication Synchronization, and document the patient encounter? Med sync processes beginning on page 13 may need to be reviewed first prior to listing focus areas.

Medication Synchronization

Below are the 3 changes we will be implementing this month.

Post this list at your pharmacy so everyone on the team is clear about your focus for the month.

Driving ***Change*** Top 3 List

1 _____

_____

_____

_____

_____

_____

2 _____

_____

_____

_____

_____

_____

3 _____

_____

_____

_____

_____

_____

Key Components to Building an Introductory Med Sync Process

Selecting a Med Sync Project Lead and Getting Team Buy-in

- Having someone on the team that will implement and lead the practice transformation is critical, but just as important is making sure that the entire team is trained and ready to contribute to the needed change.
  - **Max My Sync Recording:** ***Training a New Med Sync Technician*** – **Click HERE** to view.

Creating a Standard Operating Procedure (SOP) and Determining Your Sync Workflow

- An SOP ensures consistency in processes and documentation for pharmacy staff. Setting up workflow properly will maximize efficiency and output.

SOP Resources:

- **SOP – What it is AND example templates. Click HERE** to view resources.
- **SOP – Med Sync Call. Click HERE** to view resources.

Identifying Eligible Patients and Implementing an Opt-Out Enrollment Model

The opt-out model maximizes enrollments by reinforcing the tone that "Med Sync is not just a service offered, **Med Sync is the way you do business**."

- Identify eligible patients and determine the order and timing of when to enroll.

Note: The opt-out model **is NOT auto-enrolling** all patients at once. It is a controlled approach—meaning the pharmacy decides the pace and growth of enrollment based on experience/comfort/capacity in the sync.

Selecting the Anchor Med to Establish a Patient's Sync Date

- This includes reviewing a patient's profile to determine which medication will serve as the "anchor" for which all other prescriptions will be synced up to.

Using Short Fills to Align All Prescription Fill Dates to Sync Date

- A short fill will be needed on all other chronic, maintenance medications to align with the anchor medication. Short fills are fills that have an adjusted quantity (for a less than typical day supply) necessary to "catch up" to the determined sync date.

Non-Pharmacist Support Staff Resources

Med Sync with short fills: Click **HERE**.

Adjusting sync dates with short fills: Click **HERE**.

Simple short fill examples to an anchor: Click **HERE**.

Calling Med Sync Patients Monthly *(or every 90 days depending on patient sync interval)* to check-in and confirm the Med Sync appointment date.

- This is a proactive comprehensive review of the patient's medications, discussion of any potential changes in medication regimen, identification of therapeutic or compliance issues, verifying patient pick-up date, and opportunity to discuss additional service offerings and recommendations.

Processing The Med Sync Cycle and Ordering Medications

- Prescriptions are processed and any rejected claims or refill issues are resolved. Medications are ordered from the wholesaler "just in time" to fulfill the Med Sync order and prepare for pick-up. This frees up your cash flow rather than have it tied-up in inventory that sits on your pharmacy shelves.

Patient Picks up or Receives Delivery Each Month *(or every 90 days depending on patient Med Sync interval)*

- The prescriptions are ready in one singular pickup or delivery. The patient knows when to pick up or anticipate home delivery based on the scheduled date from your Med Sync check-in call.

Conduct the Med Sync Orientation/Intro Meeting With the Entire Pharmacy Team

- After the planning and preparation is complete, it's time to go live with Med Sync. You should start small with a soft launch, "pilot" program. Using the gradual rollout strategy will allow the Med Sync Lead to become comfortable with the Med Sync process and routines. As you gain confidence in the process, work out any 'kinks' in integrating the workflow, and start building a Med Sync SOP – you will be equipped to expand the program, enroll more patients, and begin cross-training the entire team to leverage workstations and establish routines.

Tips for Patient Enrollment

Get Started:

Pick 5-10 "*patient* patients," who are easy going and who will be understanding. Consider starting with patients with an existing relationship or even family or friends. This is an easy way to get started and gain confidence.

Explain the Med Sync service and all of the benefits. Also, be transparent with them, communicate that staff is learning too and thank them for being willing to help in the process (this takes some of the pressure off and tends to work when the patient thinks they are doing the Med Sync lead a favor).

- **The Key:** Choose a few **"easy" patients** (1-2 generic meds) and pick a few **patients whose prescription profile looks somewhat "easy,"** more like 3-5 generic meds or 3-4 generic meds + 1 brand anchor or even a patient who organically is already almost synced with just an outlier or two. Whatever the Med Sync lead is comfortable and confident with.
- Make sure these patients' profiles are clearly marked to indicate they are a Med Sync patient and let the entire staff know how/where to find it.
    - The Med Sync Lead should communicate with the pharmacy team the basic soft launch plan and let everyone know that once the kinks are worked out, then the entire team will start learning the processes and helping to scale it). This is where the Orientation Introductory meeting is key.

The following is an overview of ways to get started, which pairs with the Med Sync Process that begins on page 16.

1. **Identify patients who are nonadherent**
    - The pharmacy can choose choose to start with patients who take particular medication(s) in order to build proccesses and start to become more comfortable. Options to begin synchronizing include
        - **Hypertension medication(s):** follows the FtP focus on chronic conditions.
        - **Oral Contraceptive:** one single medication to start to learn the process before starting to align additional medications.

MUST SEE VIDEO

Improve Proportion of Days Covered (PDC) and Adherence Measures with Med Sync: Click HERE.

- Patients that would benefit from being followed-up each month.
- Patients that call the pharmacy multiple times per month for medication refills.
- Patients taking high cost brand name items, which will assist with inventory management.
- If you're ready to tackle some of the more challenging patients, which ultimately saves you the most time, then identify the most complex, high risk patients in the pharmacy. These patients may include:
  - Patients with at least 3 chronic condition medications
  - Patients with frequent emergency department visits or hospitalizations
  - Patients with many different prescribers involved in their care

2. **Align medication**
   - Determine the Med Sync interval.
     - 30- or 90-day intervals depending on patient or pharmacy preference
     - 28-day intervals allow for prescriptions to consistently be filled on the same day of the week each month (which helps in managing delivery schedules)
   - Select the anchor medication and Med Sync or appointment date.
     - The Med Sync pick up date will be the date all the refills will be aligned to
   - Considerations for which med to choose for the anchor med:
     - Unbreakable packages
     - Expensive, unit of use, or special order medications
     - Patients on restricted budgets
     - Most refills already aligned
     - Farthest refill date

3. **Pharmacy technician calls the patient for the Pre-Appointment (e.g., Med Sync call)**
   - Assess adherence to chronic medications, assess and note barriers to taking medications.

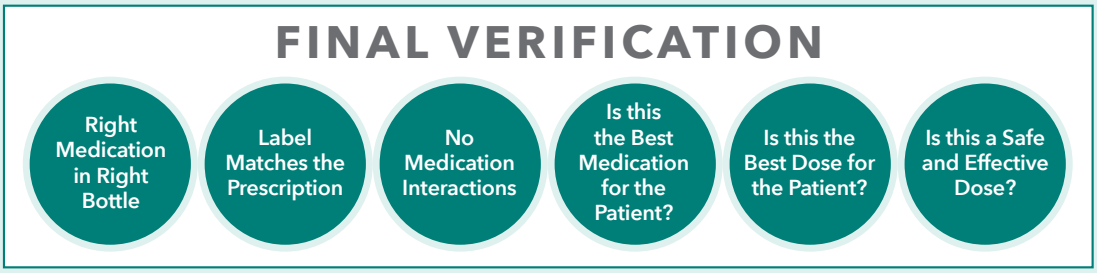
Preparing Prescriptions

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

Beyond these three questions, the pharmacist should also assess for:

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

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



4. **Appointment Date (e.g., Med Sync call pick-up or delivery date)**
   - During the pick-up, the pharmacist educates, counsels and discusses findings during the the pre-appointment evaluation.

> **eCare Plan Documentation Can Improve the Med Sync Process.** Click **HERE** for more information on **eCare Plan** documentation and to access the **Patient Encounter Documentation Form.**

The Med Sync Process

The following is a suggested program design and timeline for how the core components of the Med Sync model can be successfully sequenced. We encourage customization of the model to fit the pharmacy and patients.

If more information is needed on Selecting a Sync Date, Anchor Meds, Short Fills, and Handling the Possibility of Multiple Copays, refer to Non-Pharmacist Support Staff Resources on page 13.

1. **Identify and Enroll Patients (Ongoing)**
   - Structured approach - start small to gain confidence and practice syncing
   - Implement the opt-out model
2. **Identify and Enroll Patients (Ongoing)**
   - Determine Sync Date based on Anchor Medication and Synchronize prescriptions using Short-fills (Ongoing, for newly enrolled patients)
3. **Conduct the routine Med Sync Call (5-7 days prior to Med Sync pick-up/appointment date)**
   - Proactively reach out to the patient with a phone call
   - Review medications and select Med Sync prescriptions for fill
   - Use the Med Sync call checklist and identify any intervention opportunities
   - Consider scheduling appointment for any additional services
   - Confirm the Med Sync pick-up date with the patient
   - Document any relevant information obtained during the call in the patient's "sync notes"
4. **Fill and Prepare Selected Sync Medications (2-6 days prior to Med Sync pick-up/appointment date)**
   - Fill the Med Sync prescriptions that were selected on the Med Sync call
   - Review any Med Sync notes documented on the Med Sync call
   - Resolve any issues (send refill requests to the doctor, resolve any insurance rejections, etc.)
   - Order inventory as needed using the just-in-time ordering strategy to ensure Med Sync prescriptions are filled prior to appointment date
   - Pharmacist to check Med Sync prescriptions, resolve any clinical issues etc.
5. **Complete the Med Sync Pick-up/Appointment (scheduled sync date)**
   - Set up automated reminder calls or text (if possible)
   - Provide any scheduled additional services
   - Follow through on any indicated intervention opportunities
   - Document completed opportunities
   - If patient uses delivery, complete home delivery
6. **Routine Maintenance and Continuous Quality Improvement**
   - Reinforce established routines in place for Med Sync tasks
   - Create a Med Sync SOP for step-by-step guide for staff to follow
     - Remember "if it's left to memory, it won't happen consistently." Consistency is key!
     - The Med Sync Monthly Check-in Guide may be helpful (pages 17-18)

Medication Synchronization Monthly Check-in Guide

Med Sync Monthly Check-in Guide		
Before calling the patient, review the most recent care plan. In particular, note medication therapy problems that are not yet resolved or interventions that have been planned but not completed, as you will want to follow up on those. Also, review the open patient-centered goals, as you should be asking the patient for an update on their goals at least monthly.		
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? If it was your asthma that caused you to go to the hospital, do you know what happened that made your asthma symptoms get worse? 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, ask the following: How many doses of [medication name] have you missed each week? What is causing you to miss your medications? ☐ Cannot afford them ☐ Concern about side effect(s) ☐ Doesn't help me feel better ☐ Makes me feel worse ☐ Don't believe the medication works ☐ Forget to take it ☐ Lost the prescription ☐ Out of refills ☐ 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.***

Red = Recommended for pharmacist review

Please note that the thresholds/responses that are listed as needing pharmacist review are general guidance. Your pharmacy should review the responses in red and change them, if necessary, to align with the comfort level of your pharmacist staff before using the form.

Click HERE to access a printable version of this document.

Advancing Medication Synchronization

Once the current system is running smoothly, the pharmacist and technician should choose to start incorporating new disease state specific change plans (one example listed below) or interventions specific to their site. There will also be time to build upon the current model in the coming months and find a form of the system that runs better in each pharmacy.

Preparing to Offer a Way For Patients to Fill Out an Immunization Consent Form Online and/or Schedule an Appointment

STEP ONE: Choose a HIPAA Compliant Platform to Use For Scheduling and/or to Schedule Appointments.

- Two options are Acuity and JotForm.
- For this example, we will use JotForm (this is what is used at Duvall Family Drugs).

STEP TWO: Obtain Access to the Survey/Appointment Scheduling Tool (i.e., JotForm).

STEP THREE: Create Your Personalized Immunization Consent Form and/or Appointment Availability.

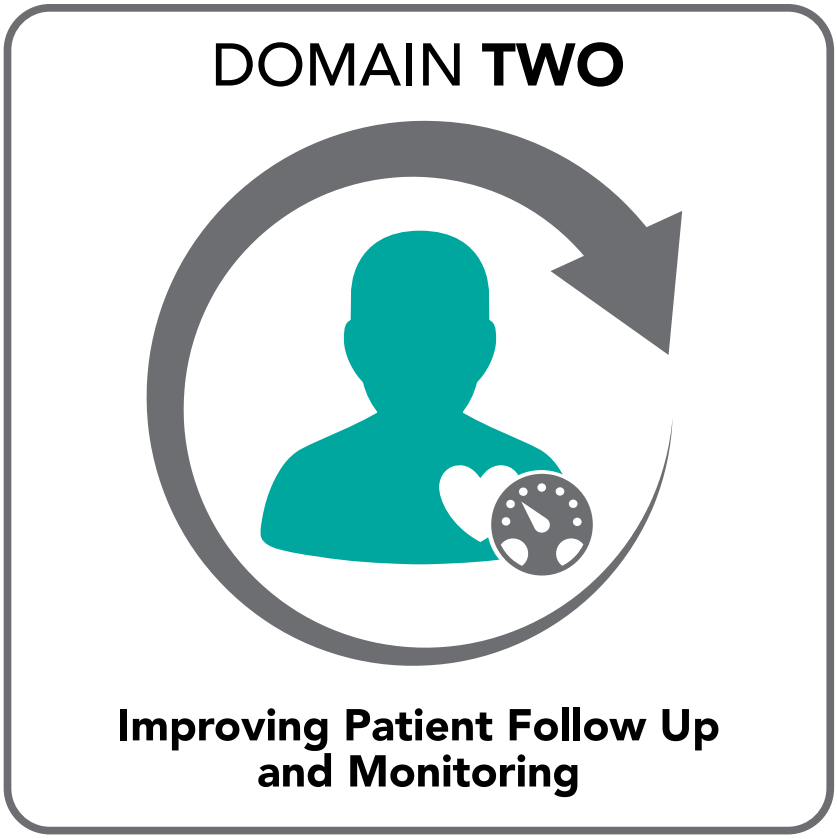
- Duvall Family Drugs has offered their Immunization Consent Form within JotForm.
  - **Click HERE** to view the template that you can edit and customize for your pharmacy (or search for CPESN within JotForm Templates).

STEP FOUR: Create a Workflow Process For Your Pharmacy.

- Duvall Family Drugs has shared their process.
  - **Click HERE** to download and edit for your workflow.

STEP FIVE: Get the Word Out About the New Service!

- Create a handout with a QR Code and provide to patients in advance so they can fill out the Immunization Consent Form/Schedule an Appointment
  - **Click HERE** to view the PDF Example from Duvall Family Drugs
  - **Click HERE** to download the document and edit for your pharmacy
  - You can create a free QR code with your logo using this website: **https://www.qrcode-monkey.com**



Domain 2 Change Package

Goals for this Domain:

- Now that the Med Sync processes for the pharmacy are operational, the overall goal within Domain 2 is to begin collecting more clinical information on patients in order to provide comprehensive, longitudinal care. This is what payers are interested in paying pharmacies to do. By having processes and familiarity with how to do this, your pharmacy will be well-equipped to maximize a service-based payer program.
- Continue identifying patients who are nonadherent and would benefit from being enrolled into medication synchronization
- Prepare non-pharmacist support staff to obtain readings and monitor patients

Workflow Innovation: Identify Patients Who Are Nonadherent and Would Benefit From Being Enrolled Into Medication Synchronization

STEP ONE: Find Your Patients!

1. Run a report within the pharmacy management system to determine high cost drugs, packaged meds that cannot be broken, and patients with multiple chronic condition medications.
2. Review your **Medication Synchronization eCare Plans** from last month. Continue expanding Med Sync eligibility criteria based on the pharmacy's needs or preferences.
   - Gather the **Patient Encounter Documentation Forms** completed last month
   - Review Med Sync calendar or run a report regularly to ensure patients are continuing Med Sync into Month 2.
3. Expand operations by identifying additional patients to begin syncing in month 2 as to continue expanding and ensuring more percentage of patients are on Med Sync.
   - Review the report and identify patients who have filled a prescription for a particular medication (i.e., hypertension medication) at your pharmacy over the last 30-60 days

STEP TWO: Collect Information!

ACTION → **Conduct Follow-Up Encounter During Month 2 Utilizing the Med Sync Monthly Check-in Guide.** For the guide shown on pages 17-18, **Click HERE to view and print. If you're still not ready for a more intensive follow-up encounter, utilize an abbreviated version to collect more information about a patient to ensure comprehensive care, Click HERE to view and print the Med Sync Monthly Check-in Follow-up Guide.**

1. **Assign a staff member** (Pharmacist or Pharmacy Technician, if trained) to call each patient on the list and obtain the at home readings or information needed. This should ideally be done during the pre-appointment phone call for medication synchronization.
2. If the patient is not yet enrolled, this is a good time to enroll them into your medication synchronization.
3. Document information in the patient's eCare Plan to collect information for follow up.
   - Once you and your staff feel more comfortable asking for this type of information, consider adding questions to Med Sync calls asking patients for recent readings or labs drawn.
     - For example, if you are using the **Med Sync Monthly Check-in Guide** (pages 17-18) provided in Domain 1 or a similar tool, add a few questions related to monitoring parameters:
       - *"How is this medication working for you?"*
       - *"Have you had any labs drawn in the past month?"*
       - *"Do you monitor your blood pressure at home?"*
       - *"What was your most recent blood pressure reading?"*
     - If the patient has had labs but doesn't know the results or is a poor historian, request them from their physician during the Med Sync process.

- Depending on what is easiest for your workflow, you could also use the Patient Encounter Documentation Form for eCare Planning as a bag tag to flag and to remind staff to discuss with the patient when they are in the pharmacy to pick up their prescriptions
- The easiest way to get started with in-pharmacy services is to offer blood pressure monitoring because most of us already have a cuff and offer the service, even if not regularly. Use this opportunity to start routinely offering blood pressure checks to your patients.
- Consider how this will impact your workflow. Who normally takes the blood pressures? Is it the pharmacist? If so, have you thought of involving your support staff? This would free up pharmacist time and allow for this valuable service to be offered more routinely.
- Document labs along with the date of the test so that you can follow up at the appropriate time (e.g. 12 months from last lipid panel)

Workflow Ideas:

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

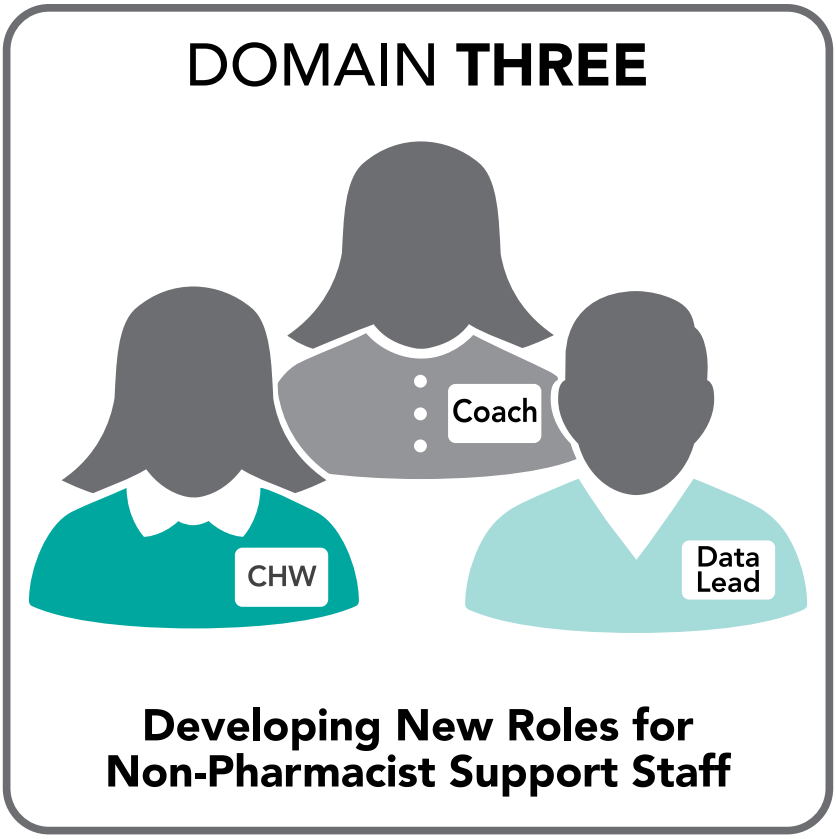
STEP THREE: As You Begin Collecting More Information, Document Information in the eCare Plan or System of Record.

1. Document the patient at home readings and responses within the eCare Plan or system of record. For common conditions (diabetes, hypertension), information to assist in focusing on certain aspects of conditions can be viewed in each change package linked below.
   - Diabetes change package, **Click HERE**
   - Hypertension change package, **Click HERE**
2. If readings were taken at the pharmacy, document them along with the at home readings being sure to note where each reading came from.

Advancing Patient Monitoring

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

Click HERE for more information on **eCare Plan** documentation and to access the **Patient Encounter Documentation Form.**



Domain 3 Change Package

Goals for this Domain:

- Continue developing roles and responsibilities for pharmacy support staff as allowed per state regulations.
- Identify ways the pharmacy workflow can be improved
- Enhance non-pharmacist support staff roles within the pharmacy

Ideas to Involve Your Entire Pharmacy Staff Team

- **Designate a Champion:** This person will lead the change and handle team questions.
- **Team Huddles:** Join the team together for a short 5-minute team huddle to share information.

Reengineering your staffing model to support the Patient Care Process in the Community Pharmacy Setting will take time to evolve. Hear from peers about what they are doing to evolve and maintain their progressive, transformational staffing models.

MUST SEE VIDEO

Click HERE to listen to a 30-minute podcast titled ***Progressive Staffing Models in Community Pharmacy Practice***

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. Podcast includes:

- 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 patient's 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.*

Non-Pharmacist Support Staff

Domain 3 was created to ensure that **Non-Pharmacist Support Staff** are being utilized optimally at your pharmacy practice. Pharmacists need to free themselves up from the technical tasks that reduce or prevent their abilities to provide enhanced services. Non-pharmacist support staff includes technicians, clerks, delivery drivers, and other personnel (slack resources) needed to free up pharmacists to focus on patient care/clinical/enhanced services.

Slack resources are defined as those individuals needed in a practice to achieve efficient workflow, improve patient care processes, and optimize practice opportunities. In more recent years, pharmacy has made great strides to "enhance" the role of pharmacy technicians from the technical aspects of filling prescriptions to technician product verification (TPV), to triaging patients and overseeing the medication synchronization program, and providing some focused clinical services such as immunizations. Now there are opportunities to even train one of your staff members (technician, clerk, or delivery driver) to become a community health worker (CHW) to help connect patients with social determinants of health (SDoH) issues to community resources.

Many resources for Non-Pharmacist Support Staff are included in Domain 1

Workflow Innovation: Improve Pharmacy Workflow By Identifying and Utilizing Your Non-Pharmacist Support Staff

STEP ONE: Define and Describe Non-Pharmacist Support Staff Roles

- When advancing initiatives that either bring forth a new pharmacy task or make a change to an existing task, it is important to include the non-pharmacist support staff member who will be responsible for the task completion in the discussion.
- Some technicians may feel more comfortable or driven to help patients with certain disease states. Have a discussion to see if their high interest is a match for the patient demographic the pharmacy serves. Consider, is this interest in a disease state an opportunity for expanded patient care business.
- Your pharmacy probably has a technician who serves in a leadership role. Someone who is able to serve in several capacities of workflow, perhaps the pharmacy business operations. **Click HERE** to listen to ***PS3 Tips for Technician Team Leaders***.

STEP TWO: Implement the Appointment Based Model Based on an Active Medication Synchronization Program

Click HERE to listen to ***PS3 Tips for Technician Team Leaders***

- We suggest the pharmacist and non-pharmacist support staff listen to the **Max My Sync Introductory webinars** to review the points used to assess your medication synchronization program and where potential growth lies. **Click HERE** to access the webinars.
- Once you have assessed the status of your medication synchronization program, the next step will be to assess your Appointment Based Model for providing enhanced, clinical services.
- Invest in your non-pharmacist support staff member who is engaged with these programs by providing the time to listen to the webinars so they can improve and grow your program.

STEP THREE: Workflow Efficiencies through Staff Development

- As the pharmacists, technicians and other support staff become more comfortable with the Medication Synchronization program, it is important to continue adding advanced facets to your workflow.
- Have all staff develop a mindset to understand the clinical view for Patient Care. If you would like to know a recognized explanation for the support of this professional skill. Supplemental materials that demonstrate the benefits for every team member to participate in the practice transformation are located on the website ***www.FlipThePharmacy.com***, which is **OPEN ACCESS to ALL community pharmacies and their team members.**

STEP FOUR: Moving Forward

- Technicians play a vital role in pharmacy. They can be an integral member of your patient care team. There are increasing needs for technicians to complete tasks that are new to both technicians and pharmacists. It is important to keep technicians up to date on expectations that they can complete as well as helping them to reach any goals in the workflow they might have for themselves.
- Be open to non-pharmacist support staff members pursuing related healthcare training that serves as companion care opportunities for your patients and best serves the Practice Transformation goal you desire.
- Seek opportunities to bring your non-pharmacist support staff member into the patient care process. Their transformation may take time. Everyone responds to change differently, at their own pace, and to their own level of achievement. Be prepared for stages of transformation but be persistent in your expectation of the desired goal.

Click HERE for more information on **eCare Plan** documentation and to access the **Patient Encounter Documentation Form.**

DOMAIN **FOUR**

Optimizing the Utilization of Technology and electronic Care Plans

Domain 4 Change Package

Goals for this Domain:

- Complete the technology checklist
- Maximize your technology tools to increase efficiency in workflow

Workflow Innovation: Optimizing the Use of Technology Including the Integration of eCare Plans

Reengineering the pharmacy to optimize the use of technology will take time to evolve. Technology can add efficiencies to your workflow, but it can also be costly so it is important to prioritize your needs and purchase those technology solutions that you will utilize as soon as possible within your practice. Technology should be used to improve pharmacy operations and workflow, assist in patient care activities, and provide a way to document your patient care or care planning (eCare Plan platforms). This Change Package, the podcast, and the checklist are tools to help you better integrate technology into your practice.

STEP ONE: Listen to the ThriveSubscribe Podcast Episode 14: *Optimizing the Use of Technology in Community Pharmacy Practice* (Vol 2-1) 1/1/20

- Listen to this 45 minute podcast, ***Optimizing the Use of Technology in Community Pharmacy Practice***, to hear from your peers about what they are doing to maintain and evolve their technology.
  - This podcast includes pharmacy staff members discussing the need for technology considerations.

ACTION → The Pharmacy Champion should listen to the podcast and share with other members of the team. The Podcast is available on ThriveSubscribe which is available via iTunes and Soundcloud. Click HERE for direct access.

STEP TWO: Complete the Technology Checklist

How do you implement, utilize and optimize technology within your practice to improve practice efficiencies? **Your goal is to create an efficient practice so you can flip your workflow to be patient focused vs. prescription focused.**

Check off each item on the list below to create your plan:

- ☐ Review the list of Technology best practices on page 29.
- ☐ Evaluate which items you can implement in your pharmacy and the impact they will have to create workflow efficiencies allowing more time for patient care.

Technology Check List

Work With Your Technology Vendor(s) to Optimize Your Current Technology Tools

- ☐ **Medication Synchronization Platforms.** Although many of the current pharmacy management systems have incorporated a medication synchronization function—some may be more robust than others. Review the options available for medication synchronization whether it be integrated within a pharmacy management system or it is a stand-alone platform. The use of a robust, automated, technology solution for medication synchronization cannot be understated, as a good system can add tremendous efficiencies to your workflow and patient care activities.
  - Call your PMS representative or the helpdesk. Request a demonstration on how to manage Med Sync within their software. Be contemplating how you foresee this process integrating into your pharmacy's workflow.
  - Request that a representative assist in "turning on" any sync functions necessary. **Don't be afraid** to keep calling the PMS representative along the way! If issues or roadblocks appear, it's okay to ask for help.
  - Reach out to other pharmacies using the same software. Re-inventing the wheel doesn't have to occur. Many resources exist to help you get started.
  - If the PMS does not have Med Sync capabilities or has limited functionality, consider utilizing third-party technology vendors. Reach out to your PSAO or any third-party vendors that the pharmacy has a relationship, there may be solutions already available to your pharmacy that you can leverage.
- ☐ **Review automation options.** Even if you can't yet secure automation, review existing options and prioritize which is right for your pharmacy. Automation can range from a tablet counter to a robot that counts packages, into med bottles to a med packaging system for compliance packaging. Talk with the staff of other pharmacies that have incorporated technology, perform your own research, and make an informed decision on what may work best for you, your practice, and your patients.
- ☐ **Pharmacy management systems**

  Maximize the ability to toggle between various resources
  - Use keyboard short cuts
    - **"Alt-tab"** will allow you to quickly toggle between the current window and your last viewed window
    - **"Ctrl-alt-tab"** will allow you to display an overlay screen with all windows programs. You can hit tab to toggle between them
  - Add a screen at the pharmacist station so there are 2 monitors. This helps with the number of tabs you need to have open at all times
- ☐ **Implement a messaging system for staff communication.** Much like other the other technology platforms mentioned earlier, there are multiple messaging systems that pharmacies have used. Research, discuss with current users, and make a determination on what is best for your employees and your practice.

- ☐ **Review appointment scheduling options if you do not have one in place.** This will help to streamline workflows, such as immunization scheduling and other clinical services. There are different vendors for patient scheduling. Do your research to determine which platform fits the needs of your practice and your patients.
    - **Click HERE for Messaging Tools to Aid Communication between Your Team, Patients, and Other Providers.**

Moving Forward

It is important that technology is always used to its fullest in the pharmacy to decrease workflow strain and optimize patient care. Pharmacies should look for new innovative ways to make the systems work best for them and their stores.

Click HERE for more information on eCare Plan documentation and to access the Patient Encounter Documentation Form.

Evaluating Your Clinical Documentation System

The Community-Based Pharmacy Patient Clinical Record Rubric, developed by peers and support provided by the Community Pharmacy Foundation (CPF), is a practical tool designed to help pharmacies assess the effectiveness of their patient care documentation systems.

The rubric outlines key elements that support high-quality clinical documentation, including capturing patient information, tracking interventions, and enabling follow-up over time. These elements are essential to ensuring that documentation supports both workflow efficiency and meaningful patient care.

Click HERE to view the Community-Based Pharmacy Patient Clinical Record Rubric.

How to Use the Rubric

The pharmacy champion or designated team lead should use this rubric as an evaluation tool for the pharmacy's current documentation system.

- ☐ **Step 1: Review Current Capabilities**
    - Go through each section of the rubric and identify which documentation elements are currently supported within your pharmacy's system.
- ☐ **Step 2: Identify Gaps**
    - Determine which elements are missing, inconsistently used, or difficult to document within your workflow.
- ☐ **Step 3: Prioritize Improvements**
    - Focus on the documentation gaps that have the greatest impact on workflow efficiency, care consistency, and communication across the care team.

Domain 5 Change Package

Goals for this Domain:

- Practice care coordination in communicating with providers
- Identify medication related problems and make interventions

Care Coordination: Hear From Your Peers

ACTION → **Listen to the ThriveSubscribe Podcast** – *Care Coordination Vol 2-7*
Click **HERE** to listen to the podcast.

The **Pharmacy Champion** is encouraged to listen to the podcast. The Podcast is available on the ThriveSubscribe podcast channel on both iTunes and Soundcloud.

Key Podcast Points

- **Prescriber relationships**
  - We discussed how the pharmacy worked to build relationships with local prescribers.
  - Learn more about how to ensure prescribers know that you, your pharmacy and your staff take care of patients through medication management and don't only dispense prescriptions.
- **Prescriber communication methods**
  - Learn more about the various ways pharmacies communicate information to physician practices. Examples are shared!
- **The Pharmacist eCare Plan**
  - Details on this, and specifically, how the care coordination notes are used within the care plan.
  - Guests spoke about how they were able to document and share care coordination notes that worked to help their pharmacies.

GUESTS

Trista Pfeiffenberger, PharmD, MS
Previous CPESN® USA staff

Randy McDonough, PharmD, MS, BCGP, BCPS, FAPhA
Owner, Town Crest Pharmacy, Iowa City, IA
Director of Practice Transformation, Flip the Pharmacy

David Figg, BS, MEng
COO of Rice's Pharmacy, Beaver Dam, KY

Workflow Innovation: What is Care Coordination?

Care Coordination is defined by the National Institutes of Health as the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services.

In other words, we are part of the health care team and have a professional responsibility to ensure that our patient's medications are optimized. **This requires working collaboratively with providers**, sharing our "work- ups" of mutual patients, identifying and resolving medication-related problems (MRP), and making appropriate clinical interventions.

What is a Care Coordination Note?

The intent of a care coordination note is to document the status of coordination with providers, it's NOT meant to go to providers. The status may include what, when and whom.

Example Care Coordination Note:

2/1/21: Sent note to Dr. Wellness to notify him that DKA received her first shingles vaccine.

The act of coordinating care can include various types of care plans, including **prescriber communication**. As you are beginning to implement care coordination and documentation of that care through notes, pay attention to the following considerations for documentation of care plan coordination.

- Each pharmacy has different practices in place, so use what you have that works well for your pharmacy team in your current capacity. This may evolve over time and that is both okay and expected!
- Consider how to send communication to prescribers.
  - Leverage the variety of technology partners you work with to use tools you already have in place.

Create a Process Within Your Workflow for Care Coordination With Other Providers.

Many community pharmacists are care coordinators throughout the day as they call provider offices, caregivers and patients to resolve a medication-related problem or other issues that affect the patient.

How Do You Currently Communicate with Providers?

Do you make phone calls and send faxes as needed or do you have a process in place that your entire staff follows consistently? Care coordination and communication with providers should happen in a systematic fashion for ease and consistency. Communication to providers regarding immunization recommendations and administration is likely the easiest place to start if you do not currently have a system in place because pharmacy is typically notifying a provider that an intervention took place, rather than asking for feedback.

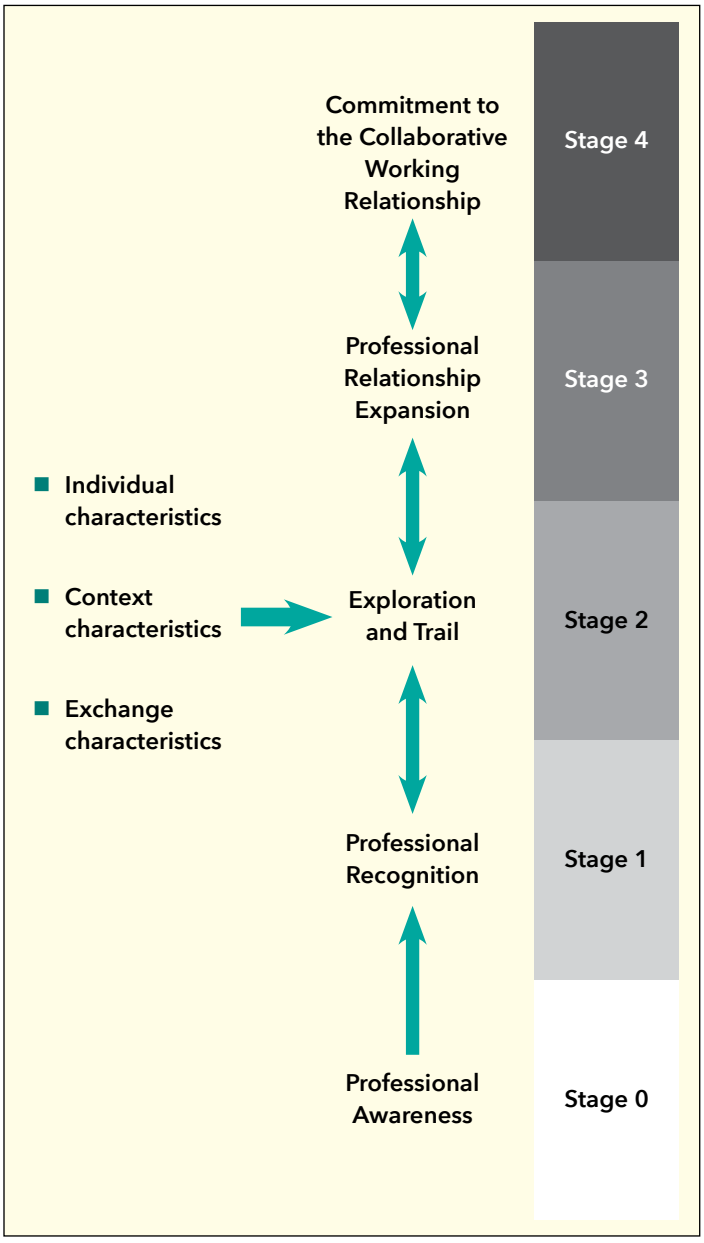
What are other considerations when communicating with prescribers?

- Keep patient focused.
- Provide the physician with any meaningful background information.
- Clearly and concisely outline the problem the patient is experiencing with medication therapy (i.e. needs medication therapy = immunization).
- Propose a solution (i.e. pharmacist's intervention = immunization administered).

Click HERE to access: ***Improving Communication Skills of Pharmacy Students Through Effective Precepting.***

Developing Collaborative Working Relationships with Prescribers

- Collaboration is a staged approach that is impacted by individual, contextual, and exchange characteristics.
- Pharmacists can apply specific strategies to move from one stage to the next.
- Progressing up and maintaining the different level of stages requires continual proof of competence, trust, and managing expectations as stage movement can happen in both directions.
- The goal is to reach Stage 4 which is the commitment to Collaborative Working Relationship (CWR) stage between pharmacists and prescribers (other health care providers).



Pharmacists actions to continue CWR

- Keep communicating and maintain quality
- Streamline the care process
- Improve the efficiencies of the patient care process
- Quality assurance meetings with the provider and their staff as necessary
- Comprehensive documentation of outcomes attained
- Report generation and sharing with physician

Pharmacists actions to advance

- Inform physician on how your actions are affecting patient outcomes
- Documentation will be important
- Consistency of the quality of the service is important
- Processes used for patient care should remain relatively stable
  - Except when the process needs to be streamlined or communication needs to be changed/improved
- Report generation
- Follow-up meeting with physician to discuss service and his/her thoughts about the service
  - May need to meet with nurses, receptionist, and other personnel who are working with the physician

Pharmacists actions to advance

- Make high quality, high priority interventions to create expectation of value added
- Good and consistent communication
- Outstanding service to both the patient and the physician
- Follow-up and follow through as indicated

Pharmacists actions to advance

- Face to face visits
- Demonstrate competence
- Get to know each other professionally and move from awareness to recognition
  - "You can't trust what you don't know"
- Go above and beyond expectations

McDonough RP, Doucette WR. Building working relationships with providers. *J Am Pharm Assoc* (2003). 2003 Sep-Oct;43(5 Suppl 1):S44-5. doi: 10.1331/154434503322612447. PMID: 14626530.

Workflow Innovation: Communicating with Providers

Communication with prescribers is key to transforming your pharmacy practice to moving beyond filing prescriptions at a moment in time to caring for patients over time. Below is a simplistic overview of a **3 step process** to developing a collaborative working relationship. This month, we will focus on ensuring you have tools to complete steps 1 and 2. While we won't visit prescribers as part of this month's change package, that will be a goal for next month so it is important to follow through with steps 1 and 2 below.

STEP ONE: Complete an introductory conversation with prescribers.

STEP TWO: Start sharing interventions and monitoring with prescribers.

STEP THREE: Visit the prescriber.

STEP ONE: Complete an Introductory Conversation with a Prescriber

Select one prescriber to have an initial conversation with

KEY → Focus On Shared Patients with Hypertension

How to select a provider?

- Run report of patients on anti-hypertensives by prescriber
- Select one you know well/comfortable with and have shared patients

Call and explain the "new" role of your pharmacy and discuss shared patients

- Be sure to **quantify the number of patients you share** with the prescriber or practice.
- **Ask what you can do to better** help the prescriber manage patients.
  - **Share** measured Blood Pressure Logs.
  - **Teach proper technique** to patients using home blood pressure monitoring.
  - **Share** an up-to-date patient medication list and/or adherence summary.

Example Phone Conversation: Introductory Call

Hi, Dr. Smith this is the Pharmacist from ABC123 Pharmacy on Main Street in town. We see over 60 of your patients with hypertension at our pharmacy each month. Over the past month, we have been able to review their blood pressure logs – which include both self-reported and pharmacy reported measures. We'd like to begin faxing these records to you each month. What is the best way to ensure you are able to review these and the documents are not just filed in the patient charts?

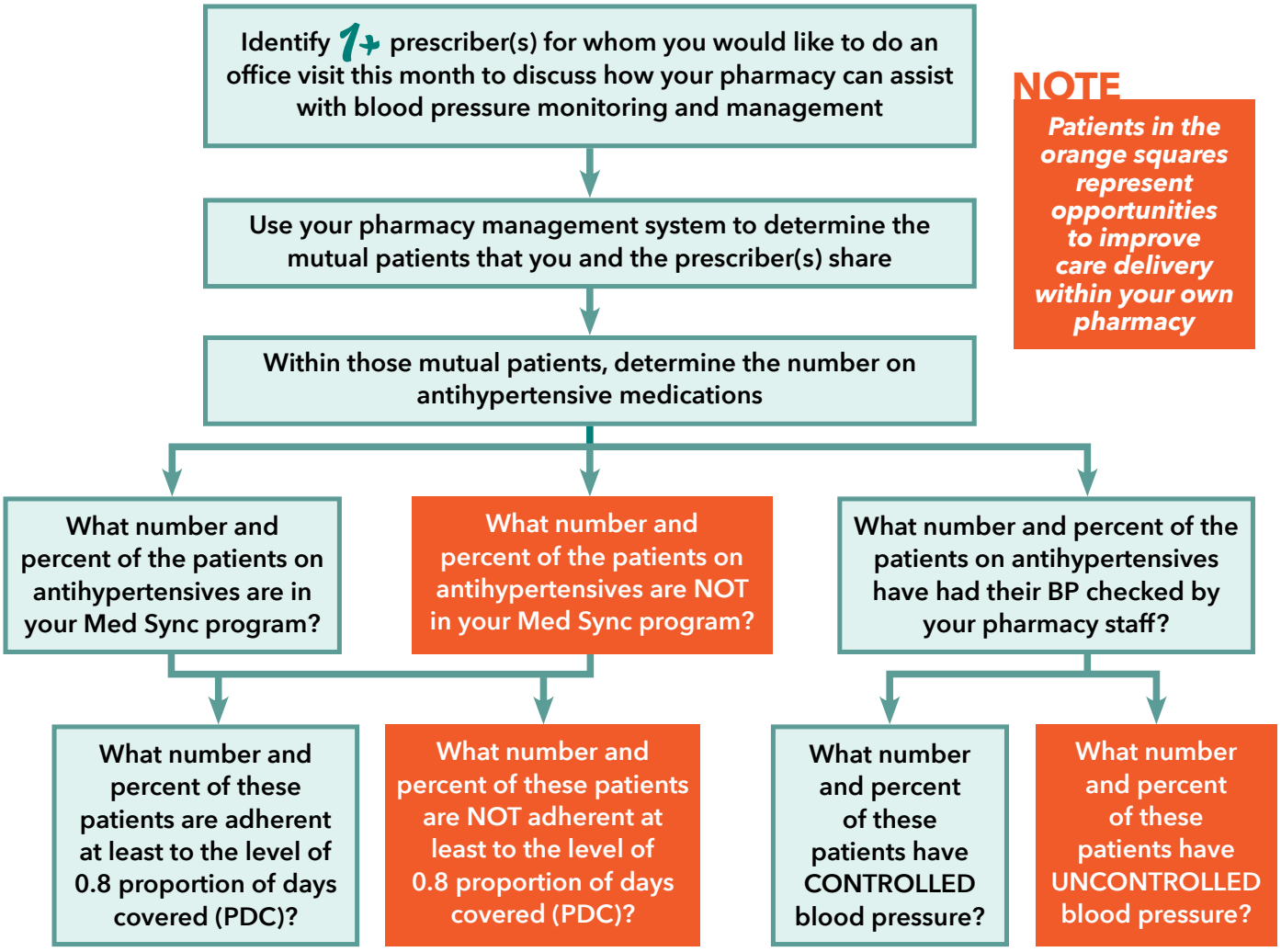
STEP TWO: Start Communicating with Prescribers

- **Begin faxing or calling prescribers on mutual patients.** You may do this to share BP logs, adherence summary reports, medication lists or intervention notes related to identified medication-related problems.

STEP THREE: Visit the Prescriber

Know Your Data Before the Practice Visit

Before you approach your local prescribers with whom you share a lot of common patients about how you can work together, it is best to make sure you know your own data – and specifically how your pharmacy is performing on all measures related to blood pressure care, since that is your current focus.



Consider the following for use for the practice visit:

Share Your Prescriber Visit Data – Mutual Patients Template

TALKING POINTS: We wanted to take a look at how we are doing managing our patients who take antihypertensive medications, and how these new services might allow us to assist your practice. (Explain the mutual patients that you share and highlight the data showing how Med Sync helps to maintain high levels of medication adherence. Then show how your recent initiation of blood pressure monitoring has slowly started to incorporate patients at the practice.)

Click **HERE** for an editable **Blood Pressure Log** to download, print, and keep on hand at the pharmacy.

Share the Enhanced Services Prescription Pad

(Click **HERE** to access the Enhanced Services Prescription Pad template)

TALKING POINTS: We'd like to incorporate more of our mutual patients with hypertension into our blood pressure monitoring program and even consider doing this for other patients of yours that are not currently using our pharmacy. This is an **enhanced services prescription pad** that you can use to communicate the need for pharmacy services to us. It can be used for existing patients that we share, or for new patients who are willing to fill their prescriptions at our pharmacy in addition to having us monitor their blood pressure and provide education about optimal self-management.


HILLCREST PHARMACY

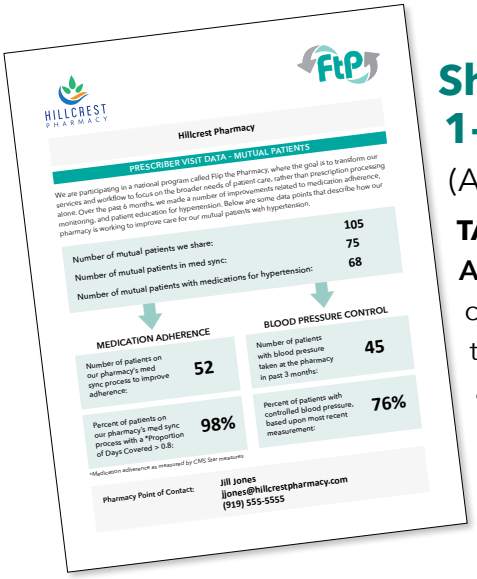
Hillcrest Pharmacy
Phone: 919-555-5555
Fax: 919-555-0000

PRESCRIPTION FOR SERVICES

Patient Name _____ Date _____
Phone # _____ DOB _____
☐ Medication Synchronization ☐ Blood Pressure Monitoring
☐ Adherence Report Card ☐ Other Service: _____
Supporting Notes: _____
☐ Follow-up with Prescriber Office Needed by _____
Follow-up Contact _____
Phone _____ Fax _____
Email _____
Prescriber Name _____ (please print)
Prescriber Signature _____

Prescription-Level Moment-In-Time FtP Patient-Level Care Plan-Over-Time

TIP → **Inform the prescriber's practice that they can have the patient bring the enhanced services prescription to the pharmacy, or it may be better for the practice to fax it to the pharmacy so that pharmacy staff will not have to depend on the patient to bring it to the pharmacy.**


HILLCREST PHARMACY

Hillcrest Pharmacy

PRESCRIBER VISIT DATA - MUTUAL PATIENTS

We are participating in a national program called Flip the Pharmacy, where the goal is to transform our services and workflow to focus on the broader needs of patient care, rather than prescription processing alone. Over the past 6 months, we made a number of improvements related to medication adherence, monitoring, and patient education for hypertension. Below are some data points that describe how our pharmacy is working to improve care for our mutual patients with hypertension.

Number of mutual patients we share:	105
Number of mutual patients in med sync:	75
Number of mutual patients with medications for hypertension:	68

MEDICATION ADHERENCE

Number of patients on our pharmacy's med sync process to improve adherence:	52
Percent of patients on our pharmacy's med sync process with a "Proportion of Days Covered > 0.8:	98%

*Medication adherence as measured by CMS Star measures

BLOOD PRESSURE CONTROL

Number of patients with blood pressure taken at the pharmacy in past 3 months:	45
Percent of patients with controlled blood pressure, based upon most recent measurement:	76%

Pharmacy Point of Contact: Jill Jones jjones@hillcrestpharmacy.com (919) 555-5555

Share a Patient Adherence Summary for 1-2 of Your Mutual Patients

(Access the Patient Adherence Summary template **HERE**)

TALKING POINTS: We have started producing these **Patient Adherence Summaries** and providing them to the patient's primary care physician. The feedback they have gotten is that physicians find this adherence data very helpful, because it is not otherwise readily available to them. Is this something that would be useful to you? If so, how can we coordinate the timing of the information relative to the patient's appointment with you?

Questions to Consider Asking the Practice

- If we were going to share blood pressure values with your practice, what is the best way for us to share them with you?
- If our blood pressure monitoring shows that a patient's medication dose or regimen might need to be changed, what is the best way for us to send that to you?
- How is your practice currently doing with the hypertension performance measures? Is there a way our pharmacy could help using the services I've described?

→ **Click HERE** for more information on **eCare Plan** documentation and to access the **Patient Encounter Documentation Form.**

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:____________
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Date:____________ ____________mmHg

How reported (circle one; internal use):

Pharmacy-Reported Patient-Reported

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Patient Name:	**Medication:**
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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:

DOMAIN **SIX**

Developing the Business Model and Expressing Value

Domain 6 Change Package

Goals for this Domain:

- Continue to ensure the pharmacy's inventory is being managed appropriately to decrease overhead and then begin focusing on clinical service offerings that can be offered during the Med Sync process or additional services that may be performed separately because the pharmacy has more time!
- Share the value that your community-based pharmacy brings.
- Evaluate and implement opportunities to generate revenue related to clinical services.

Workflow Innovation: Developing the Business Model and Expressing Value: Putting It All Together.

STEP ONE: If You Haven't Done So Recently, Analyze Your Community and Patient Population.

- **Determine what patient care services may be needed in your market area.**
  - Here are some resources previously shared to help you better understand the population you serve and their unique needs.
    - Look at your county statistics for health behaviors and social and economic factors **Click HERE**
    - Census data – **Click HERE**
    - City data – **Click HERE**
  - Your own data from your pharmacy management system is a great tool for analyzing your current patient population.
  - Review your state's pharmacy practice act to see about the ability to bill as medical provider.
- **Create a list of providers and services currently offered in your area to determine potential practice partners and competitors.**
- **If you haven't already done so, identify and connect with community-based organizations (CBOs) and other community resources such as your social services and public health departments for bi-directional referrals.**
- **Discuss how patients can be referred to your pharmacy who are in need of medication management and/or other pharmacy services and how you can refer back to them** (including the best way to communicate between organizations).
  - Perhaps there is an opportunity to partner with a prescriber's practice either through a Direct Primary Care (DPC) model or other partnership in which payment for services is included.
- **From the research done, create a list of services that you want to develop and implement that will provide new, non-dispensing revenues.**

STEP TWO: Assess How Your Pharmacy Team Can Continue To Be Successful With Implementing Workflow Innovations and Be Sustainable.

- **As a team, reevaluate the "why" you decided to offer enhanced services to your patients.**
  - Beyond the great care you are providing to your patients, come up with a few reasons it is important to stay engaged in your practice transformation efforts.
    Here are some examples from participating pharmacies:
    - Keep the momentum to continue evolving our practice
    - Payer program readiness
    - Even if you aren't actively participating in a payer program right now, it is crucial to have the processes in place to be successful in any program.

      NOTE → **Many payers are looking for solutions to SDoH, so make sure you have a system in place to identify SDoH and referral sources.**

    - Support for participation in a current payer program
    - Best practice sharing to bring innovative ideas back to our community

STEP THREE: Evaluate Payer Opportunities That Are Available Now.

- **Determine any payer programs that are already existing in your area.**
- **As a practice and team, meet regularly to review payer program metrics to determine if you are meeting the requirements of the program and optimizing your opportunity.**
- **Ensure that staff are trained and prepared to maximize the payer program.**

STEP FOUR: Identify An Opportunity That Would Be a Good Fit For Your Pharmacy Team To Pursue.

- **Evaluate the options presented from the market analysis.**
- **Consider what additional opportunities may be available in your area.**
  - Does your state allow you to have a Collaborative Practice Agreement (CPA) with another provider?
  - Are there billing opportunities (e.g. incident-to-billing or provider status billing opportunities)?
    - **Click HERE** for the CDC's Collaborative Practice Agreement Resource and Implementation Guide for Pharmacists.
    - **Click HERE** for information about how to get started with a Hypoglycemia Awareness Program provided by FtP Team Iowa.
      - Consider using for provider outreach with the potential for establishing a CPA for dispensing glucagon.
  - **Cash-based POCT services**
    - This could also be an opportunity to trial approaching patients about cash-based POCT services.
      - Ask them if they would be interested in the service if you were to offer it in the pharmacy.
  - Remember that there are opportunities tied to payment in your pharmacy right now. Make sure you are maximizing these potential revenue streams.
    - Part D
    - Comprehensive Medication Reviews
    - Targeted Interventions related to adherence and gaps in care
    - EQuIPP scores tied to STAR ratings
    - Immunizations
- **Pick one opportunity to focus on for this month (and potentially the next several months as you build the service).**

STEP FIVE: Create a Business Plan.

- **Click HERE to review *Writing a Business Plan for a New Pharmacy Service*.**
  - This document addresses the core components of a business plan and will aid in creating your own business plan.
  - Use this as a starting point to create a basic business plan for the opportunity you plan to focus on.

STEP SIX: Implement Your New Service!

- **Set a timeline for implementation and evaluation of the services.**
  - For example, if implementing cash POCT services, you may have a goal to begin marketing and offering the service the following month with monthly reviews of revenue, expenses, and effects on operations.
  - Likewise, if you are starting to offer services based on a CPA with a provider, it will be important to evaluate the number of patients seen, medication adjustments made, track labs, etc. (in addition to financials and operations) so that you evaluate the effectiveness of the program and potentially use it to market the service to other providers.

STEP SEVEN: Don't Forget to Evaluate the Service and Refer Back to Your Business Plan.

- ***Like a road map, the business plan can be reviewed regularly to help the management team stay focused on key goals and assess their progress.***

Workflow Innovation: Getting Started with Medical Billing

1. Determine if your pharmacy has an existing medical billing intermediary (e.g. if currently billing Medicare Part B claims or certain durable medical equipment claims). If not, consider which medical billing intermediary might best fit your medical billing needs.
2. Assess which health plan provider networks you may be able to enroll and contract with for commercial and Medicaid billing opportunities. Contracting opportunities can be considered at an organization level (e.g., Clinically Integrated Network) or at a pharmacy level. Generally, pharmacy level opportunities and requirements will be state and plan dependent. Some states have a centralized enrollment and/or credentialing process while others do not. Some medical billing intermediaries can assist with contracting and credentialing.
3. Determine what type of credentialing you may need to complete. Credentialing refers to the review process of a provider's qualifications by the health plan or payer. Some states have their own centralized credentialing process. Many health plans use CAQH's (Council for Affordable Quality Healthcare) credentialing process.
   - CAQH credentialing is one of the most widely accepted credentialing sources nationwide. CAQH ProView is their FREE online provider data-collection solution. It streamlines provider data collection by using a standard electronic form that meets the needs of nearly every health plan, hospital and other healthcare organization. To get started, refer to the *CAQH Guide for Community Pharmacists* **HERE** created by CPESN Tennessee, CPESN Northeast Tennessee, and the Tennessee Pharmacists Association.

     NOTE → The credentialing process is for ***individual providers*** and will require a Type 1 NPI specific to the pharmacist as an individual provider. This is different from your pharmacy's Type 2 NPI, specific to the organization. If you don't have a Type 1 NPI, **Apply HERE**.
4. Research and review resources and organizations that may support medical billing efforts.
5. When ready, start providing care and bill medical claims.