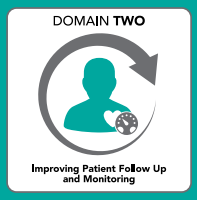
Hypertension Progression Change Package
Month 2

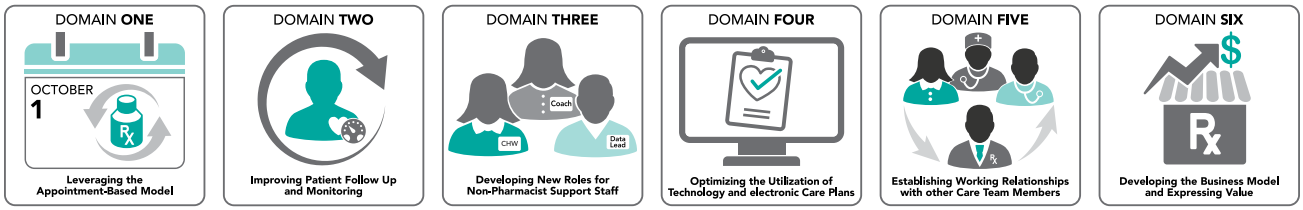


Flip the Pharmacy: Champion Checklist

- ☐ Continue identifying patients who are nonadherent and would benefit from being enrolled into medication synchronization.
- ☐ Incorporate longitudinal follow-up with patients and document within their patient care record (eCare Plan)
- ☐ Document and submit an eCare plan for **at least 5-10 patients** that are enrolled into med sync and have hypertension.
- ☐ Prepare to monitor blood pressure by identifying a non-pharmacist staff member to do an online training (< 60 min) on how to take blood pressure.

A Look Ahead with the Hypertension Progression

Caring for the Patient with Hypertension Road Map



DOMAIN ONE
Appointment-Based Model
- Identify nonadherence
- Enroll patients into medication synchronization

DOMAIN TWO
Follow up and Monitoring
- Incorporate longitudinal follow-up
- Prepare to monitor blood pressure

DOMAIN THREE
Non-Pharmacist Support Staff
- Enhance non-pharmacist support staff roles within the pharmacy
- Collect and document blood pressure measurements

DOMAIN FOUR
Utilization of Technology and eCare Plans
- Maximize your technology tools to increase efficiency in workflow
- Continue to collect and document blood pressure measurements

DOMAIN FIVE
Other Care Team Members
- Practice care coordination in communicating with providers

DOMAIN SIX
Developing the Business Model and Expressing Value
- Share the value that your community-based pharmacy brings

Workflow Innovation: Identify Patients with Hypertension in order to Begin Monitoring

STEP ONE: Find your patients!

ACTION → **Use the following methods to identify patients with hypertension** (for eCare Plan documentation)

1. Review your **Medication Synchronization eCare Plans** from last month. Identify any patients who are taking anti-hypertensive medications.
   - Gather the **Patient Encounter Documentation Forms** completed last month
   - Review each patient's medication profile to identify any patients taking an anti-hypertensive medication
2. Run a report of one anti-hypertensive medication (ex: ACE inhibitor).
   - Review the report and identify patients who have filled a prescription for this medication at your pharmacy over the last 30-60 days
3. If your eCare Plan documentation system or pharmacy management system allows, run a report of patients who have been diagnosed with hypertension.
   - Review this list and select patients for follow up

STEP TWO: Collect information!

ACTION → **Conduct a patient interview using the Hypertension Follow Up Guide**

1. **Review your list of patients with hypertension** and determine how you will follow up with the patient.
   - **For patients enrolled in medication synchronization that have an eCare Plan from last month:**
     - Implement the guide during the during the pre-appointment phone call
     - Use the guide to counsel at the medication pickup
   - **For patients identified by a report:**
     - Assign a staff member (Pharmacist or Pharmacy Technician, if trained) to call each patient on the list and ask the questions on the Hypertension Follow Up Guide. This should ideally be done during the pre-appointment phone call for medication synchronization.
     - If the patient is not yet enrolled, this is a good time to enroll them into your medication synchronization.

     TIP → Add the **Hypertension Follow Up Guide** to your medication synchronization process
2. Use the **Hypertension Follow Up Guide** to start your Conversation.
   - Depending on your workflow and staff training – this form may be completed by a Pharmacist or a Pharmacy Technician.
3. Document information in the patient's **eCare Plan** to collect information for follow up.

Hypertension Follow Up Guide

Patient Name:_____ DOB: _____ Today's Date:_____

At each medication pick up, assess:

1. In the past 14 days, how many days have you missed at least one dose of any medication?

2. Are you having any issues with your medications?

3. What target goal blood pressure did your doctor tell you?

4. How often are you monitoring your BP? Do you write your measurements down?

5. How often do you consume foods high in sodium, sugar, animal fat, sugary drinks, and alcohol?

6. How often per week do you exercise or engage in a physical activity?

Check in on the following at the initial assessment and also, every 3 months:

1. How often do you smoke or use tobacco/are you exposed to any secondhand smoke?

2. Do you have a family history of high blood pressure?

Click **HERE** to view and download the **Hypertension Follow-Up Guide** to print and keep at your **Medication Synchronization Station**.

Training on Blood Pressure Measurement

- Identify and assign a non-pharmacist staff member to complete the **American Heart Association Training**, *The Importance of Measuring Blood Pressure Accurately*. This should be someone who will likely take blood pressure measurements in the future.
  - At least one staff member should complete the training
  - During the next month, the focus will be on blood pressure measurement in the pharmacy by a pharmacy staff member
- This course is provided online for free and takes about an hour to complete
- Click **HERE** to take the course
- For Pharmacies that have a FtP Coach, you may want to provide your FtP Coach with the notification of course completion or at least be prepared to inform the FtP Coach that someone at the pharmacy has completed the training.

eCare Plan

On the next couple of pages, the Patient Encounter Documentation Form is reviewed. The intention of this form is to help you document the medication synchronization encounters and the hypertension follow-up encounters within the eCare Plan. Over the next few months, we will build upon this form.

For more information on the **Test/Sample eCare Plan** case for this month, click **HERE** to review

Patient Encounter Documentation Form How-To Guide

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

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

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
DOB:	**Rx #:**
Medication Related Problem Date Identified:_____	**Intervention** Date Resolved:_____
☐ Noncompliance with medication regimen	☐ Medication synchronization or synchronization of repeat medication
☐ Deficient knowledge of disease process	☐ Recommendation to monitor physiologic parameters
Goal: Monitor BP at least 3 different times/week and record on provided paper. Overall goal is for readings to be <130/<90 mmHg.	

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

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

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

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

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

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

For your reference:

Medication Related Problem	SNOMED CT Code
Noncompliance with medication regimen	129834002
Deficient knowledge of disease process	129864005
Intervention	**SNOMED CT Code**
Medication synchronization (may be found as synchronization of repeat medication)	415693003
Recommendation to monitor physiologic parameters	432371000124100

HOW TO DOCUMENT CARE PLANS USING THE ENCOUNTER FORM FOR THIS MONTH'S FOCUS:

1. Document the follow up from last month by selecting *deficient knowledge of disease process* (as the MRP) and select *recommendation to monitor physiologic parameters* as the intervention.
2. Document the patient is noncompliant and enrolled into medication synchronization, as this may be the first care plan for the patient.
3. If this is the patient's first care plan for medication sync, follow steps 1 and 2 to document as appropriate.

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

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
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
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
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
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
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
Goal:	