

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: <i>If a patient refuses any CHRONIC medications, the pharmacist should be notified and given any explanation the patient offers for not taking the medication.</i> 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. <i>If any problems, changes, non-compliance, etc are found, the pharmacist should be notified. Consider notifying other care team members as well.</i>

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.