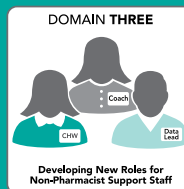
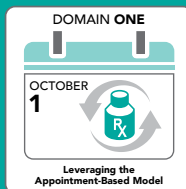


Immunizations Month 2 TRACK 1



Flip the Pharmacy: Champion Checklist

- ☐ Understand the importance of leveraging the appointment-based model
- ☐ Consider what additional resources you need to help you feel more comfortable screening for and providing immunizations
 - Review NCPA Innovation Center's "No Excuses" Immunization Program over the course of this progression
 - Become familiar with the CDC's immunization schedules: Click [HERE](#)
- ☐ Determine what you want to implement for the month
 - Track 1: Pharmacies **NOT** part of the COVID-19 Vaccine Program
 - **Baseline (2 Workflows):**
 - A. Identify and enroll patients in med sync.
 - B. Proactively assess patients for immunizations by using age, health condition, and the immunization registry. Document and track vaccine status to allow for patient monitoring and follow up.
- ☐ As the pharmacy champion, decide on how you want to proceed and share specific information that will be valuable to your pharmacy staff
- ☐ Continue documenting eCare Plans as shown throughout the change package. View the eCare Plan information on Page 8.

Pivot in the Upcoming Change Packages: Immunizations Only

The Community Pharmacy Foundation has granted a pivot in the current FtP progression so that the main focus for the next few months (through March) is **only immunizations**. This will allow pharmacies to really focus on transforming their practice during a time when immunizations provided by community pharmacies are critical to public health and the COVID-19 Vaccination Program information is evolving. Additionally, CPESN USA has been named a Federal Pharmacy Partner (network administrator) with the CDC for the COVID-19 Vaccination Program. The FtP Change Packages will be focused on 2 tracks moving forward: 1) regular immunization innovations and 2) preparing pharmacies to offer COVID-19 Vaccines. We will move to diabetes and social determinants of health in the next progression.

Please note, even if you are not administering immunizations, there is still plenty of work to be done. Ensuring that you have a robust medication synchronization program and leveraging the appointment-based model is the foundation for practice transformation. Optimizing your non-pharmacist personnel and technology to improve workflow efficiencies allows the pharmacists to be freed up to provide enhanced services—identifying vaccination needs and developing a care plan to ensure that patients' needs are met. Care coordination, collaboration with other providers, and providing clinical recommendations to prescribers ensures that our patients are optimizing their medications.

New Addition to the Flip the Pharmacy Coordinating Center



Alison Haas, PharmD, RPh
Owner of Jackson Pharmacy & Wellness Center
CPESN Ohio

I am so excited to be assisting with the upcoming change packages! My pharmacy has been participating in Flip the Pharmacy since the beginning, and we have found the information to be tremendously helpful in transforming our practice. Whether it is implementing something totally new or building on an existing service, the resources and best practices provided have made changing the way we do things less intimidating. Knowing that we are part of a larger transformation of community pharmacy has made the experience even more impactful. I am looking forward to growing my role in the transformation process!



Workflow Innovations

- **Baseline Workflow A:** Identify and enroll patients in med sync
- **Baseline Workflow B:** Proactively assess patients for immunizations using age, health condition, and the immunization registry. Document and track vaccine status to allow for patient monitoring and follow up.

NCPA Innovation Center is offering the FREE “No Excuses” Immunization Program to help pharmacies implement or expand immunization services in the pharmacy. With the possibility of a COVID-19 vaccine soon to be approved combined with the influenza season, community pharmacies have an opportunity to play a critical role in public health.



Guest speakers, many CPESN Pharmacy staff members, review a variety of topics: regulations, inventory management, workflow considerations, billing and reimbursement, and marketing strategies.

Click [HERE](#) to view bullet points about each topic, quickly sign up to receive the past webinars, and register for the remaining webinars in the series, or see *Appendix A*.

Considerations for Implementing Track 1 Workflows



Think about how you want to approach the baseline workflow innovations in your pharmacy this month. Hundreds of pharmacies are participating in Flip the Pharmacy, but we are all at different stages of transformation. Here are some scenarios to consider when determining where to start:

1. You are ready to jump in and focus on BOTH workflow innovations at the same time (med sync and immunizations).
 - Whether you are growing your med sync program or just starting, at the time of patient enrollment or next med sync call, screen for at least one immunization. “Have you had your flu shot yet this year?” Technicians can ask and document so don’t forget to involve your support staff.
2. You want to focus on med sync only
 - Especially applicable for Cohort 2 pharmacies just starting their “flip.”
 - Utilize information provided for the med sync workflow innovation and revisit immunizations at a later time (more immunization info will be provided over the following 3 months).
3. You want to start with just immunizations regardless of med sync enrollment
 - This may make the most sense if your focus is already on immunizations during flu season and/or you signed up to be a COVID-19 vaccine provider).
 - Are you connected to your state immunization registry? This is a great place to start as a screening tool. If you aren’t connected, individual state contacts for registries can be found [HERE](#).
4. Your pharmacy is not currently administering immunizations, but you can refer patients to another provider
 - ➔ **Reminder:** it is a requirement that all CPESN pharmacies are actively screening patients and administering OR REFERRING to another provider.
 - NCPA No Excuses Training provides great resources on how to get started. Review the applicable material during the course of this progression alongside the change packages.

Workflow Innovations

Baseline Workflow A: Identify and enroll patients in med sync

Whether you are just starting your med sync program or not at your med sync goal, follow these steps to strive towards an appointment-based model in your pharmacy.



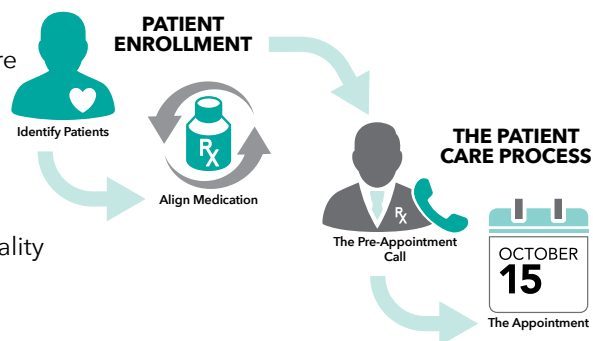
Transformation does not happen overnight!

Pharmacy practice is always evolving. The changes you make may not be perfect the first time around – we must continually refine our processes along the way. Feel free to revisit past change packages during the month as you are working on transforming your pharmacy.

Create More Time to Do More



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. 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.



STEP ONE: Determine if you are providing medication synchronization or autofill.

- Use the 5-questions in the example at right, or view Appendix B to determine if you offer med sync or autofill.
- If you don't know the answers to the questions, you should work toward a med sync process or improving your current process.

CPSN® USA Medication Synchronization Process Service Set Standard:
Click [HERE](#) to view (see Appendix C).

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 drug 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

STEP TWO: Set a goal for how many patients the pharmacy wants in med sync.

- Overall goal is at least 30-50% of your prescription fills within med sync. This allows you to control much more of your workflow.
- Ideas to consider for setting goals:
 - Number of patients you want to enroll into med sync each week
 - Number of patients that you want to enroll into med sync by end of January 2021



We focused on med sync enrollment on the slowest day of the week. Then, expanded to every patient as the staff become more comfortable.

STEP THREE: Identify and Discuss with your Patients

- You can use the **Patient Form** (see *Appendix D*) as the bag tag for patients to talk about med sync (and also document the eCare Plan for patients enrolled) - same form as used for immunizations.

Patient Name: _____ DOB: _____ Age: _____																					
Screening for Immunization(s) Immunization(s) _____ Based on Age, Condition & Immunization Registry	Immunizations Provided Any adult patient <input type="checkbox"/> Annual influenza vaccine Patient 50 years or older <input type="checkbox"/> Shingles vaccine (Shingrix) Patient 65 years or older <input type="checkbox"/> Pneumovax® 23 (PPSV23) <input type="checkbox"/> Prevnar 13® (PCV13) if appropriate Patient with Diabetes (Type 1 or 2) <input type="checkbox"/> Hepatitis B vaccine series <input type="checkbox"/> Pneumovax® 23 (PPSV23)																				
eCare Plan Documentation List medication(s) [if needed for med sync]: _____ <table border="1"> <thead> <tr> <th>Medication Related Problem or Problem Observation</th> <th>Intervention</th> </tr> </thead> <tbody> <tr> <td>Date Identified: _____</td> <td>Date Resolved: _____</td> </tr> <tr> <td><input type="checkbox"/> Noncompliance with therapeutic regimen</td> <td><input type="checkbox"/> Medication synchronization (synchronization of repeat medication)</td> </tr> <tr> <td><input type="checkbox"/> Polypharmacy</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Not up to date with immunizations</td> <td><input type="checkbox"/> Administration of substance to produce immunity, either active or passive</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Influenza vaccination</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Pneumococcal vaccination</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Vaccine refused by patient</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Immunization status screening</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Immunization education</td> </tr> </tbody> </table>		Medication Related Problem or Problem Observation	Intervention	Date Identified: _____	Date Resolved: _____	<input type="checkbox"/> Noncompliance with therapeutic regimen	<input type="checkbox"/> Medication synchronization (synchronization of repeat medication)	<input type="checkbox"/> Polypharmacy		<input type="checkbox"/> Not up to date with immunizations	<input type="checkbox"/> Administration of substance to produce immunity, either active or passive		<input type="checkbox"/> Influenza vaccination		<input type="checkbox"/> Pneumococcal vaccination		<input type="checkbox"/> Vaccine refused by patient		<input type="checkbox"/> Immunization status screening		<input type="checkbox"/> Immunization education
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	<input type="checkbox"/> Immunization education																				



Target - 5 or more prescriptions

We have a laminated card we can toss in that says "med sync" which lets us know to talk to patient about med sync.

Patient Conversation Starter

Using current circumstances helps you have a more natural conversation.

"Would you like to avoid partial fills and decrease the number of trips to the pharmacy each month? Let me tell you about an option to pick up or have delivered all of your monthly prescriptions at one time through a quick appointment with the pharmacist."

"We have basically told people, 'Hey with the COVID-19 pandemic, we can line up all your refills so you only have to make one trip to the pharmacy (or we only have to deliver once a month) and this also helps us ensure supply of your medications' (in the beginning patients were concerned about shortages). People are getting groceries and everything else delivered now and shopping as infrequently as possible so I think this conversation is more natural and favorable. We have had a lot of success increasing med sync enrollment during COVID-19."

"Would you like to pick up (or have delivered) all of your medications for the month at one time?"

➔ Avoid these phrases:

These phrases (in grey) are not descriptive. Mentioning "the program" instead of the value it offers or the problem it solves for the patient (or caregiver), will likely not result in successful enrollments.

"Do you want to enroll in our new pharmacy program?"

"Do you want to enroll in our new Medication Synchronization program?"

STEP FOUR: Document an eCare Plan for patients enrolled into med sync.

Baseline Workflow B: Proactively assess patients for immunizations by using age, health condition, and the immunization registry. Document and track vaccine status to allow for patient monitoring and follow up.

STEP ONE: Determine your process for screening patients for immunizations (if you haven't already) and continue to build upon the process. Consider involving additional support staff (med sync technician if pharmacist has been leading or train an additional technician or student pharmacist).

Print out the **Patient Form** and place at the appropriate workstation. This will serve as the form for the immunization screening, a "vehicle" for eCare Plan documentation, and a bag tag (Click [HERE](#) or see Appendix D)

**For this workflow innovation, you can ignore the first row of choices for the Medication Related Problem*

Patient Name: _____		DOB: _____		Age: _____									
Screening for Immunization(s)¹ <i>Based on Age, Condition & Immunization Registry</i>		Immunizations Provided		eCare Plan Documentation									
Any adult patient <input type="checkbox"/> Annual influenza vaccine Patient 50 years or older <input type="checkbox"/> Shingles vaccine (Shingrix) Patient 65 years or older <input type="checkbox"/> Pneumovax® 23 (PPSV23) <input type="checkbox"/> Pevnar 13® (PCV13) if appropriate Patient with Diabetes (Type 1 or 2) <input type="checkbox"/> Hepatitis B vaccine series <input type="checkbox"/> Pneumovax® 23 (PPSV23)				List medication(s) [if needed for med sync]: <table border="1"> <thead> <tr> <th>Medication Related Problem or Problem Observation</th> <th>Intervention</th> </tr> </thead> <tbody> <tr> <td>Date Identified: _____</td> <td>Date Resolved: _____</td> </tr> <tr> <td> <input type="checkbox"/> Noncompliance with therapeutic regimen <input type="checkbox"/> Polypharmacy </td> <td> <input type="checkbox"/> Medication synchronization <i>(synchronization of repeat medication)</i> </td> </tr> <tr> <td> <input type="checkbox"/> Not up to date with immunizations </td> <td> <input type="checkbox"/> Administration of substance to produce immunity, either active or passive <input type="checkbox"/> Influenza vaccination <input type="checkbox"/> Pneumococcal vaccination <input type="checkbox"/> Vaccine refused by patient <input type="checkbox"/> Immunization status screening <input type="checkbox"/> Immunization education </td> </tr> </tbody> </table>		Medication Related Problem or Problem Observation	Intervention	Date Identified: _____	Date Resolved: _____	<input type="checkbox"/> Noncompliance with therapeutic regimen <input type="checkbox"/> Polypharmacy	<input type="checkbox"/> Medication synchronization <i>(synchronization of repeat medication)</i>	<input type="checkbox"/> Not up to date with immunizations	<input type="checkbox"/> Administration of substance to produce immunity, either active or passive <input type="checkbox"/> Influenza vaccination <input type="checkbox"/> Pneumococcal vaccination <input type="checkbox"/> Vaccine refused by patient <input type="checkbox"/> Immunization status screening <input type="checkbox"/> Immunization education
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Screening all patients at one time will be difficult as you begin, so start small and continue to work your way up this month.

- **Option 1:** Less busy day of the week - implement the process on this day
 - Get the process consistent and move to other days.
 - **Example:** Friday is our slowest day. For all med sync patients: work ahead on some patients and make calls and check immunization registry.
- **Option 2:** Another option to narrow down who you are screening is to *begin with med sync patients with Diabetes - they are a very vulnerable population and it is one of the health conditions that require additional immunizations.*



Each pharmacy has different personnel with different expertise and capabilities. Evaluate staff, their expertise, and who has room on their plate. It's important not to over burden but share the load.

Example of roles for Medicap Pharmacies:

- **Pharmacy Technician:** "paperwork" steps (Consent Forms provided to patient, enter into pharmacy management system and process through insurance, fax to PCP, enter into immunization registry)
- **Pharmacist:** Screening and Education, Provide Vaccination
- **Student Pharmacists:** Screening, Educating, Administering

STEP TWO: Put a check mark by the immunizations the patient appears to need within the “Screening for Immunization(s) based on Age, Condition, and Immunization Registry” on the Patient Form

- **Who can do this?** The pharmacy technician or pharmacist
 - This can be performed by a pharmacist first to get the process down and then pass off to the pharmacy technician who does med sync and/or who is at data entry.
- The **Patient Form** should remain with the patient’s prescriptions/label throughout workflow.



Print out the patient’s immunization registry information and keep this with the Patient Form. Showing this to the patient, along with having the prescription processed, will increase the likelihood of the patient getting the immunization(s).

If possible in your state, help your technicians and student pharmacists get logins for the immunization registry so they can take a lead role in screening.

STEP THREE: The **Patient Form** and Immunization Consent Form should be put with the bag after prescription verification

- When the patient comes into the pharmacy, the pharmacist talks with the patient about which immunizations the patient needs and the reason why.
- In case the immunization registry is not up to date, confirm with the patient that they have never had the immunization before. Then proceed with having the patient complete the immunization consent form while in the pharmacy.



As long as you have a standing order or collaborative practice agreement for immunizations, consider having the prescription already ran for the patient so cost is available for the patient. This will increase the likelihood of the patient receiving the immunization.

Note: You must be really careful with this and pharmacy audits. If the immunization prescription is not input on the same date as it was administered, it is recommended you re-process the prescription for the day the immunization is provided to the patient.



Inform Customer Service Person or Cashier of the bag tag and to get the pharmacist when they see it on the patient’s medication bag.



For delivery patients, it’s really important to leverage the med sync process for screening the patient and ask them if they’d be willing to come in this month/next month to pick up their prescriptions.

STEP FOUR: Pharmacist/Pharmacy Technician* provides immunization, writes immunization information on the Consent Form, and documents immunization in the **Patient Form** (Immunizations Provided Column)

- **Patient Form Tips**

- You may write the immunization given in the “Immunizations Provided” Column.
- Check the box with the immunization services provided within the eCare Plan Documentation section (this will be used to document the immunization).
 - The “Administration of substance can produce immunity, either active or passive.” Intervention may be used for any immunization, especially for the shingles vaccine or any other vaccine that is not listed.
 - In the event the patient does not get an immunization, you can still document the immunization education that was provided.



When you are comfortable with eCare Plan documentation without a form, consider using the immunization consent form as your reminder to document an eCare Plan

STEP FIVE: Document the immunization within the Immunization Registry and Document the eCare Plan using the Patient Form

➔ **See the “Workflow Wednesdays” email from CPESN® USA for the eCare Plan Vendor demonstrations of how to document within your eCare Plan technology.**

Documentation of immunization recommendations (even if they aren’t accepted by the patient) will allow for follow up at a future date. Likewise, if patient does accept a recommendation and you administer a vaccine that is given in a series, you’ll have a method to track and follow up with the patient to ensure they complete the series. **This will be critical for COVID-19 vaccinations.**

In case you are unsure or struggling with eCare plan documentation, **review the sample/test case from last month and submit a test eCare Plan** if you haven’t already. Each one gets easier! If you know how to submit a care plan for immunizations – no need to re-watch the videos!

eCare Plan Documentation

Pharmacies do not have to meet the eCare Plan Requirement of 10 eCare Plans by December 31

New eCare Plan Baseline Milestones:

- Q1 2021
 - Submit 10 eCare Plans
- Beginning April 2021
 - 10 eCare plans/month minimum

Month 1 & 2 Immunization Persona & Sample (Test Case Overview): Click [HERE](#)

Reminder for FtP Participants:

No matter which Track you are following (not offering COVID-19 Vaccination or you plan to offer), continue to submit eCare Plans for patients receiving immunizations or patients you are newly enrolling into Med Sync!

PERSONA - IMMUNIZATION/DIABETES #1
Diane Ketone Anderson
 Initial Screening for Immunizations using the Appointment Based Model

DATE OF BIRTH: July 13, 1962
RACE: White
GENDER: Female
OCCUPATION: Office Assistant for an elementary school
ADDRESS: 1 Metabolic Syndrome Way, Sugar City, CO 83448
PROBLEM LIST: Hypertension, post-menopausal vasomotor symptoms

HISTORY OF PRESENT ILLNESS
 DKA is a 58 yo Caucasian woman who comes to your pharmacy to receive her annual flu shot. She normally receives her "flu" vaccine at her physician's office, but due to COVID-19 her physician office hours have been reduced and she did not want to wait to receive her vaccination. She is new to your pharmacy and has asked that her prescriptions be transferred to your pharmacy.

PAST MEDICAL HISTORY
 Hypertension X 3 years
 Post-menopausal vasomotor symptoms X 5 years

ACTIVE MEDICATIONS
 Lisinopril 25 mg QD
 Paroxetine 10 mg QD
 Calcium 500mg + Vitamin D 800 IU
 Multivitamin QD

ALLERGIES
 Penicillin-Acetylcholine, Codeine-Stomach upset

SOCIAL HISTORY
 Married with 3 adult children. DKA has worked at her local elementary school for the past 10 years. She is a non-smoker. She admits that she doesn't exercise regularly, but she does take a 1.5 mile walk 3 times weekly.

FAMILY HISTORY
 Father passed away with lung cancer 20 years ago. Mother lives in Assisted Living Center due to early dementia and difficulty controlling her type 2 diabetes (now using insulin).

VITALS
 Height: 5'3, Weight = 155 lbs, BMI 27.45, Waist 35 inches, BP = 140/88 mmHg

LABS
 DKA had a health screening done at her place of business and brought her results with her to share with you. It was a random (non-fasting) finger stick stick on 10/15/20: TC = 250, HDL = 35, blood glucose 112.

MEDICATION RELATED PROBLEMS
 None specifically, except that DKA is in need of a flu shot and her medications transferred to the pharmacy.

INTERVENTIONS AND EDUCATION (RECOMMENDATIONS)
 • DKA received counseling on flu vaccine and VIS
 • Flu shot administered
 • Medication reconciliation completed and transfer of medications initiated
 • Patient accepts your recommendation to have her medications sync'd

GOAL
 Pharmacy will be calling 5 days prior to DKA's next medication refill. DKA will pick-up her medications at the same time next month.

MONITORING PLAN AND FOLLOW-UP
 • DKA expected to call the pharmacy if she experiences an adverse reaction from the flu shot. She was informed that a sore arm is possible.
 • Medications are sync'd and the appointment-based model initiated for next fills in 1 month.

Sample Care Plan Case

Encounter Reason: Administration of substance to produce immunity, either active or passive

Patient Demographics:
 Patient First Name: Diane
 Address: 1 Metabolic Syndrome Way
 City: Sugar City
 State: CO
 Patient Last Name: Anderson
 Patient DOB: 7/13/62
 ZIP: 83448
 Phone: 719-111-1111

Active Medication List:

Medication Name	Dosage	Frequency	Directions	Prescriber
Lisinopril 25 mg	1 tablet daily	QD	1 tablet daily	Dr. Becton
Paroxetine 10 mg	1 tablet daily	QD	1 tablet daily	Dr. Becton
Calcium 500 mg + Vitamin D 1000 IU	1 tablet twice daily	QD	1 tablet twice daily	Self
Multivitamin	1 tablet daily	QD	1 tablet daily	Self

Medication-Related Problems (MRPs) and Interventions:

- MRP (11/2/2020): Not up to date with immunizations
- Intervention (11/2/2020): Administration of substance to produce immunity, either active or passive
- Intervention Note: Flu/Varicella Counseling and VIS provided

Goal (Free-Text):
 Goal (11/2/2020): Pharmacy will be calling 5 days prior to DKA's next medication refill. DKA will pick-up her medications at the same time next month.

Appendices



NCPA Innovation Center “No Excuses” Immunization Program

NCPA developed a new program designed to help pharmacies implement or expand vaccine services in their pharmacy. With the possibility of a COVID-19 vaccine soon to be approved combined with the upcoming influenza season, community pharmacies have an opportunity to play a critical role in public health.

During the webinars, attendees can expect to start up or expand their immunization program. This hands-on approach with guest speakers will involve recommendations for practice change as well as time to ask tough questions. Pharmacists now have "No Excuse" for not offering vaccine services in their pharmacy.

If you would like to participate in NCPA’s “No Excuses” Immunization Program, please follow these steps:

1. **Click [here](#) to access previous webinars by completing a quick sign-up form**
(**< 1 min to complete**)
 - a. Once you complete the form, you will receive the recorded webinar links.
2. **[Register here](#) to sign-up for the upcoming webinars.**
3. Browse through the “No Excuses” [immunization toolkit](#), to find additional resources for your immunization program.
 - a. This resource center houses useful links from APhA, CDC, and the Immunization Action Coalition (IAC) along with several other organizations to help you tackle your toughest immunization challenges, whether it be clinical or business related.

Updated 10.26.2020

Outline of Previous Webinars and Upcoming Webinars

Regulatory Topics [Guest Speaker: Allie Jo Shipman, PharmD - Director of State Policy at NASPA]

- Age Restrictions
- Certifications
- CPR Certification
- OSHA Training/Bloodborne pathogen training
- Reporting Requirements
- IIS Registry
- Collaborative Practice Agreements

Inventory Management [Guest Speaker: Justin Wilson, PharmD - Community Pharmacy Owner]

- Storage considerations
- VIS
- Emergency Kits
- Suggested Supplies
- Ordering Methods
- Ordering Timelines

Workflow Considerations [Guest Speaker: Erica Mahn, PharmD - Pharmacist at Alps Pharmacy]

- Models: appointment v. walk-in v. event
- Technician and student utilization
- Preparing a space Training staff
- Identifying patients- Shared clinical decision making
- Documentation COVID-19 considerations

Billing and Reimbursement [Guest Speaker: David Pope, PharmD, CDE -Chief of Innovation and Co-Founder of OmniSYS]

- Medical billing and reimbursement
- Submitting medical claims
- Credentialing and contracting
- Documentation

Marketing Strategies [Guest Speaker: Tana Kaefer, PharmD]

- Patient strategies
- Provider strategies
- Employer strategies
- Social media utilization
- COVID-19 considerations

Growth Opportunities (Scheduled for 11/20)

- Vaccine portfolio expansion
- Immunization events/clinics
- Mass immunization effort
- Travel vaccinations
- Partnerships with local health departments

Brainstorming/Focus Groups (Scheduled for 12/18)

- Q&A
- Sharing pain-points
- Sharing progress

Preparing for 2021 (Scheduled for 1/15)

- Preparing for the upcoming year (timelines)

Updated 10.26.2020

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 drug 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?



Review and Discuss your Team Results

	CPESN USA Enhanced Service Set Standard		Medication Synchronization Process
	Original Implementation Date		December 17, 2019
	Revised Date		N/A
Medication Synchronization Process Service Set Standard			
Definition			
<ul style="list-style-type: none">The process of coordinating patients’ prescriptions to be filled/refilled on the same day each cycle after speaking with the patient about possible medication therapy changes while monitoring adherence. Patients pick-up the medications in the pharmacy or delivery is arranged.			
Description			
<ul style="list-style-type: none">The Medication Synchronization Process Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Medication Synchronization Program as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Medication Synchronization Process standards for their network.			
Medication Synchronization Process Enhanced Service Set Prerequisites and Services			
Prerequisite(s)*			
<ul style="list-style-type: none">Maintain competency in medication synchronization process(es), including workflow aspects.			
Minimum Requirements			
<ul style="list-style-type: none">Identify and target patients who might benefit from medication synchronizationConduct an adherence assessment of patient’s current medication adherence and potential barriers to adherence prior to enrollmentEducate patients on the requirements and benefits of medication synchronization prior to enrollmentReconcile all medications to develop a complete list of medications for patient prior to enrollmentAlign refills by having pharmacy personnel and patient work together to select a synchronization date around which selected medications will be regularly filledSchedule a specific date for patient to pick up their medications or have the medications deliveredRequest new prescriptions as needed from prescriber(s) in order to initially and continually synchronize medicationsReview medications with patient prior (e.g., between 3-7 days) to a patient’s pick-up or delivery date to confirm the medication(s) to be filled or refilled and that the patient is taking the medications as prescribed. Note any changes in medications and follow-up with prescribers as necessary.Prior to patient’s pick-up or delivery date, address medication therapy problems and resolve any issues, including coordinating care with other members of the patient’s care team as appropriate. Additionally, order any drugs not in stock.Inform patient or care giver that medications are ready to pick up in the pharmacy or confirm delivery for a certain time period prior to medication start dateContact patients who do not receive their medications on their synchronization date to remind them to pick up their medications at the pharmacy or schedule delivery.			
Related-Optional Services			
<ul style="list-style-type: none">Adherence PackagingHome DeliveryPersonalized Medication DeliveryProvide comprehensive medication review prior to enrollmentAssess the need for additional enhanced services (immunizations, home delivery, etc.)Inform primary care provider that patient is enrolled into medication synchronization and provide a complete medication list			
Revision History			
Board of Manager Approval Date		Summary of Revisions	
12/17/2019		Approved by the CPESN USA Board of Managers upon the Service Sets Workgroup’s recommendation	

*Prerequisite(s): Skillset of the pharmacist(s) and pharmacy staff members in order to perform the minimum requirements of the service set standard.

The Minimum CPESN Network Service Set creates a single standard for enhanced services provision across all local CPESN networks and pharmacies participating in CPESN USA. Six minimum standards offered by all pharmacies across all networks include the following: Comprehensive Medication Review, Medication Synchronization Process, Immunizations, Medication Reconciliation, Personal Medication Record, and Face-to-Face Access.



Patient Encounter Documentation Form

Patient Name: _____		DOB: _____	Age: _____				
Screening for Immunization(s) ¹ Immunization(s) ¹ <i>Based on Age, Condition & Immunization Registry</i>	Immunizations Provided	eCare Plan Documentation					
Any adult patient <input type="checkbox"/> Annual influenza vaccine Patient 50 years or older <input type="checkbox"/> Shingles vaccine (Shingrix) Patient 65 years or older <input type="checkbox"/> Pneumovax® 23 (PPSV23) <input type="checkbox"/> Prevnar 13® (PCV13) if appropriate Patient with Diabetes (Type 1 or 2) <input type="checkbox"/> Hepatitis B vaccine series <input type="checkbox"/> Pneumovax® 23 (PPSV23)		List medication(s) [if needed for med sync]:					
		<table border="1"> <tr> <th>Medication Related Problem or Problem Observation</th> <th>Intervention</th> </tr> <tr> <td>Date Identified: _____</td> <td>Date Resolved: _____</td> </tr> </table>		Medication Related Problem or Problem Observation	Intervention	Date Identified: _____	Date Resolved: _____
		Medication Related Problem or Problem Observation	Intervention				
		Date Identified: _____	Date Resolved: _____				
<input type="checkbox"/> Noncompliance with therapeutic regimen <input type="checkbox"/> Polypharmacy							
<input type="checkbox"/> Not up to date with immunizations <input type="checkbox"/> Administration of substance to produce immunity, either active or passive <input type="checkbox"/> Influenza vaccination <input type="checkbox"/> Pneumococcal vaccination <input type="checkbox"/> Vaccine refused by patient <input type="checkbox"/> Immunization status screening <input type="checkbox"/> Immunization education							

Patient Name: _____		DOB: _____	Age: _____				
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