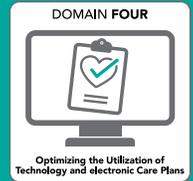
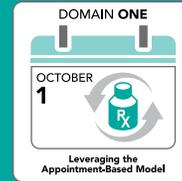


Immunizations/Diabetes Progression - Month 1



Flip the Pharmacy: Champion Checklist

- Understand the importance of leveraging the appointment-based model
- Determine what additional resources you need to help you feel more comfortable providing immunizations and other processes
- Determine what you want to implement for the month
 - The “Baseline Innovation:” The main 2 workflows to focus on this month
 - The “Advanced Innovation:” Available if you want to have patients complete the immunization consent form prior to coming to the pharmacy, with an option of making an appointment.
- As the pharmacy champion, decide on how you want to proceed and share specific information that will be valuable to your pharmacy staff

➔ **Goal: Submit at least 5 eCare Plans during November**
(with a total goal of 10 by the end of the year)

Note: If you are used to submitting eCare plans, strive for 25 eCare Plans!

Why are we initially focused on the Workflow Innovations for the Immunizations/Diabetes Progression? (Listed on Page 2)

1. Now, more than ever, **community pharmacies are in the best position to help protect public health** – starting with existing immunizations that patients need AND to prepare for being on the front-lines of administering COVID-19 Vaccinations.
2. In order to be successful at any new service or enhancing an existing service, **pharmacy staff MUST be able to control their workflow as much as possible.** Ways to do this:
 - Enroll patients into Medication Synchronization
 - Have patients fill out the immunization consent form online using a HIPAA-compliant tool. Also, you can schedule immunization appointments, whether utilizing medication synchronization pick-up/delivery date or scheduling appointments for non-med sync patients.

According to the [CDC Playbook](#), patients will need an appointment to receive a COVID-19 Vaccination.

If you want to review the current overview for the Immunization/Diabetes Progression, click [HERE](#) or see *Appendix A*.

Month	Domains Reviewed	Workflow Innovations		
1 November	 	Proactively assess patients for immunizations by using age, health condition, and the immunization registry	Fill out immunization consent forms ahead of time/make appointment to get immunization	Enrolling into med sync

Workflow Innovations Overview:

The workflow innovations outlined are what we will focus on this month for transforming your community pharmacy, including documenting the care you provided through the eCare Plan.

Ultimately, the pharmacy champion has to decide what/how to implement these innovations and what modifications need to occur for the pharmacy.

We have partnered with **Subject Matter Experts** (SMEs) each month to produce these workflow innovations. Get to know our SMEs on the next page and look for the  for workflow tips provided by the SMEs

Determine which baseline workflow innovation, you want to start with: immunization screening and/or medication synchronization.

- **Cohort 1 Pharmacies:** Baseline and/or Advanced Immunization Innovation may be best
- **Cohort 2 Pharmacies:** Baseline Innovation for Med Sync may be best and then focus on Immunizations, depending on your current pharmacy needs.

BASELINE INNOVATION:

Proactively assess patients for immunizations by using fill history and the immunization registry



Increase immunizations provided at the pharmacy (improves patient's immunity and is good for the pharmacy/profession)

1. Determine if you need more education on immunizations or the basic immunization processes (*resources on page 4*).
2. Identify the immunizations you want to provide - time to expand or keep providing the ones you have prior to COVID-19.
3. Make sure you have the immunizations on hand by ordering through your supplier/wholesaler.
4. Consider additional safety measures needed during COVID-19.
5. Review step-by-step instructions for this innovation on pages 5-7.

NOTE: If you are ready to take your immunization to the next level, outside of assessing/screening patients for immunizations, review the following **Advanced Workflow Innovation**.

ADVANCED INNOVATION:

Utilizing an appointment based model for scheduling immunizations to improve workflow



Keep the number of people in the pharmacy to a minimum with the ongoing COVID-19 Pandemic and to improve workflow. Pharmacy Controlled vs. Patient Controlled Workflow.

- In the past it was not uncommon to have 10 people in the pharmacy at one time just to get flu shots. Appointments or at the least filling out the consent form online has helped. Keeping this workflow post-COVID will help keep things spread out and allow for a less stressful work environment.
- Review page 7.

BASELINE INNOVATION:

Identify and enroll patients into med sync (*focused on more in future months*)



You need to be able to control your workflow and medication synchronization (the appointment-based model) is a way to do it.

1. The overall goal is 30-50% of prescription fills processed through med sync. Remember, bit size goals are more attainable. This allows for a measurable goal and will allow you to get to a point where you realize the workflow benefit and notice the extra time you have to provide other services/care.
2. Med sync will continue to be a focus throughout the change packages.
3. Review some tips on pages 8-9.



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.

Get to know the Subject Matter Experts for this Change Package



Deborah D. Bowers, PharmD, RPh, Owner at Yorkville Pharmacy with CPESN South Carolina is passionate about improving workflow efficiencies with med sync and screening patients for immunizations. Also, she started doing an appointment-based model as an option for her patients wanting immunizations.

Comments from Deborah:

With the addition of med sync and Flip the Pharmacy last year, we transitioned to looking at the registry for each sync patient so we can make the recommendations when the patient comes in to pick up medications. I had been doing immunizations for years through a collaborative practice agreement with a provider. Then our state (who also seems to adopt things on the slower level as a whole) finally got statewide immunization protocols after the H1N1 issue. My thoughts were "I am now going to really show them what pharmacists can do to increase immunization rates."



I started with flu season and would look on the state registry to see what other vaccines the patient might need when they came in for their flu shot. That worked well so during the summer when business was slower we focused specifically on the shingles vaccine.



Cheri Schmit, RPh, Director of Clinical Pharmacy at Medicap Pharmacies with CPESN Iowa, loves being on the front lines to provide immunizations and to help Medicap Pharmacies be prepared to provide all ACIP recommended immunizations.

Comments from Cheri:

Immunizations are my passion and I am the nerd that reads the Pink Book and ACIP Recommendations and even watch ACIP meetings from time to time. Several years ago, I had the opportunity to provide a continuing education program jointly with a physician to a mixed audience of pharmacists and physicians. The topic was new ACIP recommendations for pneumococcal and zoster vaccines. At the end, there were a lot of questions. What I quickly learned was that while the physician was very knowledgeable and prepared, the specific and nitty-gritty questions were hard to answer; but I knew the answers to every single question! And this is in no way a reflection on this physician. It is a reflection on their training and "everyday" practice. Vaccines are like medications. Pharmacists have a much deeper knowledge of the "specifics." Combine this knowledge and training with the fact that pharmacists are the most accessible health care provider, and we SHOULD be a hub and destination for immunizations for patients. This is not just a way to make profit for a pharmacy. This is a public health issue and pharmacists should be held accountable for immunization metrics. This means not just offering immunizations to patients that walk in and ask for a specific vaccine; but, rather, actively screening ALL patients for vaccines based on not just age but disease and other comorbidities. Then educating patients on needed vaccines and finally administering or referring.



But how do you work this into a busy pharmacy? How do you have time to identify patients and work the vaccinations into everyday workflow when you barely have time to use the restroom. Or maybe you are offering some vaccines or vaccines on certain days. How do you expand? The goal of this change package is to help you learn where you are on this path, and then help you move closer to the goal of screening all patients for vaccines and expanding your immunization practice both with numbers and types of vaccines offered.

Resources Available:

CPESN® USA minimum required services is related to Adult Immunizations: Click [HERE](#) to review the service set standard, or see *Appendix B*.

- Review the Service Set Standard. Does your pharmacy meet the minimum required services? If not, utilize these change packages to help you get there.

Determining what vaccines pharmacist and other team members can offer within your state

- Click [HERE](#) to view a slide deck provided by APhA & NASPA

If you are in one of the 6 states (listed on the next to last slide), pharmacy technicians may administer vaccines. Determine who should become certified, what training is required, and begin to expand the Pharmacy Technician Role!

Visit the [FTP BEST PRACTICES WEBSITE](#) for more information regarding the recent information about HHS's recent guidance for Pharmacy Technicians being allowed to provide immunizations.

Determine if your state allows pharmacy technicians to have access to the immunization registry or can utilize the Pharmacist's information to review.

Helpful Links for Recommended Immunization Schedules and Workflow Tools

CDC Recommended Adult Immunization Schedule: Click [HERE](#)

Recommended Child and Adolescent Immunization Schedule for ages 18 years and younger: Click [HERE](#)

Order a FREE Immunization Schedule Trifold from CDC to have in your pharmacy: Click [HERE](#)
(takes 2-4 weeks to receive)

Website to download the app for iOS or Android: Click [HERE](#)

PneumoRecs VaxAdvisor Mobile App or Web Tool: Click [HERE](#)

- Input the patient's information to determine which pneumonia vaccine is appropriate (easy tool to help with the changing pneumonia guidelines)

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 C*.



➔ TIP: Ask your FtP Coach for assistance in determining if you should look more into the training

1

BASELINE WORKFLOW INNOVATION: Proactively assess patients for immunizations by using fill history and the immunization registry

STEP ONE: Determine how you want to begin screening patients and which staff member takes the lead



Screening all patients at one time will be difficult as you begin, so start small and work your way up throughout this month and December

- **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.*



After the pharmacist is comfortable with the process, the lead med sync pharmacy technician could be the next one who starts this process.



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



If your workflow has a workstation that has a pre-verification queue, the pharmacist can check the immunization registry at this point and begin the **Patient Form (OR) the pharmacy technician can do this at data entry**

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> 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)		Immunizations Provided		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 (<i>synchronization of repeat medication</i>)</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 (<i>synchronization of repeat medication</i>)	<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																								

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”

- **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).

Also, you may consider using a slip of paper that’s not the patient form - whatever works best for your workflow.

Consider having pharmacy technicians begin checking the immunization registry this month or during December.

If you’re interested in additional questionnaires/assessments for immunizations instead of just the simple way shown in the **Patient Form**, view these additional assessment/screening tools:

- **Adult Vaccine Online Assessment Tool:** Click [HERE](#)
- **CDC Vaccine Questionnaire:** Click [HERE](#)

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.**

ADVANCED WORKFLOW INNOVATION: Filling out immunization consent forms ahead of time/make appointment to get immunization

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).

- JotForm is offering their platform for free to healthcare providers from now through Dec 31, 2020.
 - Click [HERE](#) to apply (takes ~2 hours to receive approval).

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>

Ideas for Using this Advanced Workflow Innovation during Med Sync (Appointment-Based Model)

STEP ONE: When calling patients about their monthly med sync (leveraging the appointment-based model), review the immunizations already identified within the Basic Immunization Workflow Innovation.

STEP TWO: If the patient agrees, tell the patient to go online and complete the consent form (pin to the top of your Pharmacy's Facebook page or have the form available on your website).

- If they want to come in earlier than when they are picking up their med sync prescriptions, they can make an appointment.
- If they want to get the immunization when they come in to get their med sync prescriptions, they can select the option of not doing an appointment.



Workflow Tip from Yorkville Pharmacy: Click [HERE](#) to view the pharmacy website

I have two appointment slots every 15 minutes. This allows for husband and wife to come at the same time which is a common occurrence.

We also only have appointments from 9am-12:30pm and 2pm-5:30pm because we close from 1-1:30pm for lunch and that allows for any catch up time to get the last people out before lunch and before closing. After they make the appointment then it takes them to the forms to fill out. We have not had as much success with patients filling out the forms electronically so we still have some that need to fill it out in person. Baby steps at least the scheduling is going well. Next year maybe the forms will come. It is about half and half with who fills out the forms electronically. We are trying to meet people where they are since this is a new concept for both employees and patients.



Workflow Tip from Medicap Pharmacy:

Those less technological, we deliver or send paper consent forms they can fill out & return. Some even pick up consents in the drive up & fill out in the parking lot.

Once we receive the consent form, we can contact patients to see what immunizations they want, clarify any screening questions & set appointments if we wish. (some of our sites use appts, some do not & some do for certain days/times).

2

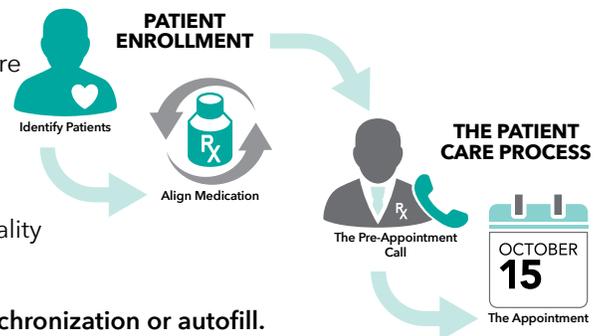
BASELINE WORKFLOW INNOVATION: Medication Synchronization (Med Sync)

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 you providing medication synchronization or autofill.

- Use the 5-questions in the example at the top of page 9, or view Appendix E 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.

CPESN® USA Medication Synchronization Process Service Set Standard:
Click [HERE](#) to view

BASELINE WORKFLOW INNOVATION: Medication Synchronization (Med Sync) continued

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
 - **Focus on one health condition, like Diabetes, and enroll patients taking a medication for diabetes.**



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

When I decided to get serious about sync, I decided to get 50% of my patients on sync. I already had 10% so that left only 40% to achieve. I set a goal of 10% per quarter. I had a number on the side of the shelf and when each employee got a patient to agree they came and marked the number out and wrote the next number. It was very motivating for them and everyone like being able to reduce the number.

Medication Synchronization Self-Assessment Quiz
Medication Synchronization vs. Autofill: Which are you?

- 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
- About what percentage of your patients are enrolled in Medication Synchronization?
 - 85% or more
 - 50-85%
 - 30-50%
 - 30%
 - 10%
- Do you document each patient that is enrolled into Medication Synchronization?
 - Yes
 - No
- 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)
- 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 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.



Target - 5 or more prescriptions

Run a report to see which patients have a medication for diabetes.

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

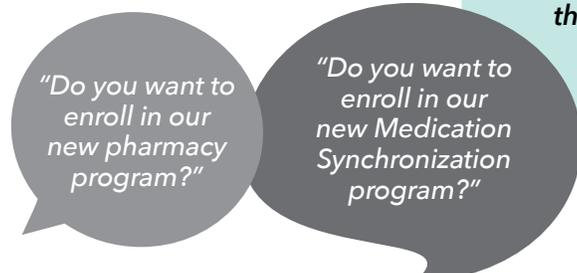
Patient Name: _____		DOB: _____	Age: _____																				
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Patient Conversation Starter

Using current circumstances helps you have a more natural conversation. →

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.



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.

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

- Use the **Patient Form** mentioned in STEP THREE.

eCare Plan Documentation

➔ **Reminder for FtP Participants: 10 eCare Plans submitted between Oct - Dec 2020**

STEP ONE: Determine which type(s) of eCare Plans you are documenting this month (Immunizations and/or Med Sync).

- Use the **Patient Form** (see Appendix D) to help you with documenting the type of encounter.

STEP TWO: Document the eCare Plans in your respective technology partner for the eCare Plan

Month 1 Immunization/Diabetes Persona & Sample (Test) Case Overview

Not required, but if helpful, you can document a test eCare plan first by reviewing the sample/test case. Then you can do it for your real patients.

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

Terms

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

Sample/Test Case: The information from the persona (text in green under MRPs and Interventions) is what is being translated as able to be documented in the eCare Plan using the structured terminology (SNOMED CT Codes).

Medication Related Problems (MRPs) and Interventions: Categories of SNOMED CT Codes. SNOMED CT codes allow CPESN USA to receive the data from your technology partner in a standardized way.

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

Month 1 IZ/DM Persona & Sample Case: Click [HERE](#)

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, ID 83448
PROBLEM LIST: Hypertension, Post-menopausal vasomotor symptoms

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)
• Flu shot administered
• Medication reconciliation completed and transfer of medications initiated
• Patient accepts your recommendation to have her medications sync'd

GOALS
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 instructed 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.

HISTORY OF PRESENT ILLNESS
DKA is a 38-yr 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
Lasiphan 25 mg QD
Paroxetine 10 mg QD
Calcium 500mg + Vitamin D BID
Multivitamin QD

ALLERGIES
Penicillin-Anaphylaxis, 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).

Sample Care Plan Case November 2020

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

Patient Demographics:
Patient First Name: Diane
Address: 1 Metabolic Syndrome Way
Allergies: Penicillin-Anaphylaxis, Codeine-Stomach upset

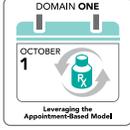
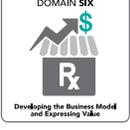
Patient Last Name: Anderson
City: Sugar City State: CO
Patient DOB: 7/13/62
Zip: 83448 Phone: 719-111-1111

Medication Name	Directions	Prescriber
Lasiphan 25 mg	1 tablet daily	Dr. Bentus
Paroxetine 10 mg	1 tablet daily	Dr. Bentus
Calcium 500 mg + Vitamin D 1000 IU	1 tablet twice daily	Self
Multivitamin	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,Level Quadivalent: Counseling and V/S provided

Goals (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

Month	Domains Reviewed	Workflow Innovations		
<p>1 November</p>	 	<p>Proactively assess patients for immunizations by using age, health condition, and the immunization registry</p>	<p>Fill out immunization consent forms ahead of time/make appointment to get immunization</p>	<p>Enrolling into med sync</p>
<p>2 December</p>	   	<p>Continue to refine & focus on immunization processes reviewed in Month 1</p>	<p>Getting techs to assist with screening and immunization registry input</p>	<p>Secondary point for month 2: getting to know the pharmacy's patients from a pop health standpoint with a focus on Diabetes patients and all the standard of care type of metrics that go along with it.</p>
<p>3 January</p>		<p>Proactive Approach: Reviewing patients profiles for therapies that follow standards of care (i.e., patient has a statin if appropriate and document if not, patient has an ACE-I or ARB)</p> <p>Mainly focus on building out med sync for the pharmacy focusing on diabetes patients and enrolling them</p>	<p>Reactive Approach: Have MTM TIPS integrating into workflow process so that statin and ACE-I or ARB is recognized during the sync process and a pharmacy staff member is following up with the patient and prescriber</p>	<p>Utilize technicians with identifying diabetes patient gaps of care regarding the above so that they are identifying and the pharmacist is the one taking action</p>
<p>4 February</p>		<p>Assess and monitor patients with diabetes for their comorbid conditions (e.g., cardiovascular event risk assessment)</p>	<p>In addition to asking blood glucose / A1c Control, asking the patient about blood pressure control during med sync</p> <p>Checking blood glucose at the pharmacy</p>	<p>Point of Care Testing (cash or private pay) offering for A1c, lipids</p>
<p>5 March</p>		<p>Sharing eCare plan notes/progress notes with diabetes medication prescriber</p> <p>Start making clinical recommendations to patient and prescriber if previous findings of uncontrolled blood glucose</p>	<p>Sharing an adherence summary (with or without gaps of care) with the diabetes medication prescriber</p>	<p>Sharing A1c and blood glucose as objective information with the diabetes medication prescriber</p>
<p>6 April</p>		<p>Offer Diabetes Self Management Education (DSME)</p> <p>Engaged in a payer opportunity for diabetes management (not including DSME or DPP)</p>	<p>How to continue to care for patients with diabetes in anticipation for payer opportunities (regardless of offering DSME & DPP)</p>	<p>Offer diabetic shoes and billing</p>

	CPESN USA Enhanced Service Set Standard	Adult Immunizations
	Original Implementation Date	September 15, 2020
	Revised Date	N/A
Adult Immunization Service Set Standard		
Definition		
<ul style="list-style-type: none"> Screening and/or administering immunizations for adult patients based upon Advisory Committee on Immunization Practices (ACIP) recommended immunizations, educating the patient/caregiver about needed immunizations, and communicating when appropriate. 		
Description		
<ul style="list-style-type: none"> The Adult Immunizations 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 Adult Immunizations 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 standards for their network. 		
Adult Immunizations Enhanced Service Set Prerequisites and Services		
Prerequisite(s)*		
<ul style="list-style-type: none"> Successful completion of immunization training course based on state requirements <ul style="list-style-type: none"> Ensure proper administration technique for intramuscular and subcutaneous immunizations Knowledge of the adult immunization schedule from the Centers for Disease Control, including the catch-up schedule Ability to provide emergency anaphylaxis care if needed to adult patients (epinephrine protocol) Current basic life support or cardiopulmonary resuscitation certification Liability insurance provided by the pharmacist and/or pharmacy 		
Minimum Services		
<ul style="list-style-type: none"> Evaluate patient vaccination status (e.g., immunization registry), recommend and/or administer needed immunizations via appropriate anatomical route Screen all patients for contraindications and precautions prior to the administration of vaccine(s) Provide corresponding Vaccine Information Sheets (VIS) and education for each vaccine When appropriate, complete comprehensive immunization needs assessment, if unable to administer vaccination due to state regulation/law, inform primary care provider(s) (PCP) of needed immunizations, and refer to PCP or health department for immunization administration. Incorporate workflow processes to ensure receipt of follow up doses of immunizations to complete immunization series Document immunization(s) administered in state and/or regional immunization information system when available and communicate with individual healthcare providers as required by state regulation/law. Provide updated immunization record to the patient and/or caregiver(s) Report any clinically significant adverse event that occurs following vaccine administration to the Vaccine Adverse Event Reporting System (VAERS), even if it is not certain that the event was caused by the vaccine. 		
Revision History		
Board of Manager Approval Date	Summary of Revisions	
9/15/2020	Approved by the CPESN USA Board of Managers upon the Quality Committee recommendation to include in the consent agenda.	

*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.



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.

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
- Credentialing and contracting
- Submitting medical claims
- 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)



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					
<p>Any adult patient</p> <input type="checkbox"/> Annual influenza vaccine		List medication(s) [if needed for med sync]:					
		<table border="0" style="width: 100%;"> <tr> <th style="width: 50%; text-align: left;">Medication Related Problem or Problem Observation</th> <th style="width: 50%; text-align: left;">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"/> Medication synchronization <i>(synchronization of repeat medication)</i>							
<input type="checkbox"/> Polypharmacy <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							
<p>Patient 50 years or older</p> <input type="checkbox"/> Shingles vaccine (Shingrix)							
<p>Patient 65 years or older</p> <input type="checkbox"/> Pneumovax® 23 (PPSV23) <input type="checkbox"/> Prevnar 13® (PCV13) if appropriate							
<p>Patient with Diabetes (Type 1 or 2)</p> <input type="checkbox"/> Hepatitis B vaccine series <input type="checkbox"/> Pneumovax® 23 (PPSV23)							

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					
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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**