

# FtP Community Pharmacy Self-Assessment



**Directions:** It is important that we have an accurate baseline of your practice so that we can develop an practice change plan to accomplish your goals and objectives for practice transformation. Please answer the questions below, being critical and truthful about your site. The questions are based on these are regularly recurring (occurs daily multiple times) events within your practice. This Self-Assessment is complementary to the On-Site Practice Assessment performed by the Practice Transformation Team Coaches (PTT-C).

## DOMAIN 1: LEVERAGING THE APPOINTMENT-BASED MODEL

1. Does your current medication synchronization process follow the minimum requirements of the **CPESN® USA Medication Synchronization Service Set Standard** [Note: pending CPESN USA Board of Managers approval]? *see Appendix A*  
 Yes (1)    No (0)
2. Do you currently offer and recruit patients into a medication synchronization program (NOT an auto-refill program)?  
 Yes (1)    No (0)
3. How many patients have you have enrolled in your medication synchronization program?  
 None    0 to 25    26 to 50    50 to 100    100 to 250    250 to 500    >500
4. Does your pharmacy contact the patient prior to their synchronization date to confirm each medication to be refilled AND if the patient is taking as prescribed?  
 Yes (1)    No (0)
5. Does your pharmacy use the Appointment-Based Model to schedule patients to perform clinical medication reviews?  
 Yes (1)    No (0)
6. Do you utilize the Joint Commission of Pharmacy Practitioners (JCPP) five steps of the patient care process to ensure patients mediations are being optimized?  
 Yes (1)    No (0)
7. Do you have a systematic process similar to the **“Pharmacists Work-up of Drug Therapy Problems”** to identify and resolve medication therapy problems? *see Appendix B*  
 Yes (1)    No (0)
8. Are you familiar with the seven categories of medication therapy problems?  
 Yes (1)    No (0)

**DOMAIN 2: IMPROVING PATIENT FOLLOW-UP AND MONITORING**

- 1. Does your pharmacy have a systematic process within work-flow (e.g., continuous medication monitoring) to regularly review patients, at the point of care, to assess if:
  - a. They have reached a therapeutic outcome
  - b. Their medications are safe
  - c. Their medications are effective Yes (1)    No (0)
  
- 2. Does your pharmacy have a process to flag when a pharmacist needs to talk with a patient?  
 Yes (1)    No (0)
  
- 3. Does the staff have a system (electronic platform or paper-based) to keep track of patients in need of follow-up?  
 Yes (1)    No (0)
  
- 4. Does the pharmacy regularly request/receive labs from other providers/laboratories to appropriately assess patients?  
 Yes (1)    No (0)
  
- 5. Does your pharmacy regularly receive physician/other provider progress notes on your mutual patients?  
 Yes (1)    No (0)
  
- 6. Does your pharmacy team offer to take blood pressure readings in your pharmacy?  
 Yes (1)    No (0)
  
- 7. Does the pharmacy team request OR measure A1c readings from prescribers or patients regularly?  
 Yes (1)    No (0)

---

---

---

---

---

---

---

---

**DOMAIN 3: DEVELOPING NEW ROLES FOR NON-PHARMACIST SUPPORT STAFF**

1. Is your staff trained to properly deliver enhanced patient care services?  
 Yes (1)    No (0)
  
2. Is the dispensing process driven by technicians?  
 Yes (1)    No (0)
  
3. If allowed by board rules does the pharmacy utilize technician final product verification (e.g., Tech Product Verification)?  
 Yes (1)    No (0)
  
4. Do you utilize your technicians to manage (lead) medication synchronization?  
 Yes (1)    No (0)
  
5. Do you utilize your technicians to triage patients prior to the pharmacist seeing them?  
 Yes (1)    No (0)
  
6. Do your technicians document in the patient record (eCare plan) for the pharmacist to review and sign-off on?  
 Yes (1)    No (0)
  
7. Are any staff members trained as Community Health Workers?  
 Yes (1)    No (0)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**DOMAIN 4: OPTIMIZING THE UTILIZATION OF TECHNOLOGY AND ELECTRONIC CARE PLANS**

1. Does your pharmacy use an electronic platform, exclusively, to synchronize your patients medications?

Yes (1)  No (0)

2. Does the pharmacy have the ability, through the use of technology tools, to identify/flag patients who are candidates for a clinical work-up/intervention?

Yes (1)  No (0)

3. Do you use automation (robots/electronic pill counters/etc) in your dispensing process to improve workflow, reduce medication errors, and free-up your pharmacists?

Yes (1)  No (0)

4. Do you believe you have adequate technology in your pharmacy to support your patients and your practice (pharmacy management system, IVR, eCare Plan platform, dispensing technology, etc.)?

Yes (1)  No (0)

5. Do you use an electronic platform (technology partner for eCare Plan documentation) to document your clinical work-up of patients?

Yes (1)  No (0)

6. Do you regularly submit eCare plans (at least 5 per month) via a CPESN USA approved vendor?

Yes (1)  No (0)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**DOMAIN 5: ESTABLISHING WORKING RELATIONSHIPS WITH OTHER CARE TEAM MEMBERS**

- 1. Does your pharmacy have access to shared electronic health records?  
 Yes (1)    No (0)
  
- 2. Do you regularly request and receive patient information from prescribers/other providers (e.g., patient progress notes, labs/vitals, discharge summaries, etc.) in order to assess your patients' medications?  
 Yes (1)    No (0)
  
- 3. Does the pharmacy regularly send clinical recommendations to prescribers when medication related problems are identified?  
 Yes (1)    No (0)
  
- 4. Do you regularly receive responses back from prescribers from your clinical recommendations?  
 Yes (1)    No (0)
  
- 5. Do providers in your area know about your enhanced services that your pharmacists provide to mutual patients?  
 Yes (1)    No (0)
  
- 6. Do you have shared protocols/collaborative practice agreements/clinical services agreements (between the community pharmacy and prescribers; not including statewide protocols) to manage mutual patients with chronic conditions?  
 Yes (1)    No (0)
  
- 7. Do prescribers in your area regularly refer patients to your pharmacy to receive enhanced services?  
 Yes (1)    No (0)

---

---

---

---

---


---

---

---

**DOMAIN 6: DEVELOPING THE BUSINESS MODEL AND EXPRESSING VALUE**

1. Do you have sufficient space to deliver all aspects of enhanced patient care services?  
 Yes (1)    No (0)
  
2. Is there adequate privacy for providing enhanced patient care services activities?  
 Yes (1)    No (0)
  
3. Do you have "slack human resources" (extra staff pharmacists and technicians) to handle patient needs outside of normal workflow?  
 Yes (1)    No (0)
  
4. Do you or does someone on your staff routinely check your EQuIPP performance measures to manage patients in order to reduce DIR fees?  
 Yes (1)    No (0)
  
5. Does your pharmacy participate in medication therapy management (MTM) services through OutcomesMTM and Mirixa and complete at least 90% of your eligible patients?  
 Yes (1)    No (0)
  
6. Does your pharmacy participate in a payer program that pays you for services performed outside of product dispensing fees?  
 Yes (1)    No (0)
  
7. List the other sources of non-dispensing revenue or projects in which your pharmacy is currently participating/offers:  
 Our pharmacy does not have any current non-dispensing revenue (0)  
 CPC+ Contract (1)  
 Chronic Care Management (CCM) (1)  
 Annual Wellness Visits (1)  
 Diabetes Prevention Program (1)  
 HIV Screening Program (1)  
 Clinic/Community Collaboration Program (1)  
 Transition of Care Program (1)  
 Long-Acting Injectable Administration (1)  
 Medroxyprogesterone Injections (1)  
 Pharmacogenomics Testing (1)  
 Point-of-Care Testing (1)  
 Other (please list) \_\_\_\_\_ (1)

	<b>CPESN USA Enhanced Service Set Standard</b>	Medication Synchronization Process
	<b>Original Implementation Date</b>	<b>DRAFT FORM FOR FTP</b>
	<b>Revised Date</b>	N/A
<b>Medication Synchronization Process Service Set Standard</b>		
<b>Definition</b>		
<ul style="list-style-type: none"> <li>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.</li> </ul>		
<b>Description</b>		
<ul style="list-style-type: none"> <li>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.</li> </ul>		
<b>Medication Synchronization Process Enhanced Service Set Prerequisites and Services</b>		
<b>Prerequisite(s)</b>		
<ul style="list-style-type: none"> <li>Maintain competency in medication synchronization process(es), including workflow aspects.</li> </ul>		
<b>Minimum Requirements</b>		
<ul style="list-style-type: none"> <li>Identify and target patients who might benefit from medication synchronization</li> <li>Conduct an adherence assessment of patient’s current medication adherence and potential barriers to adherence prior to enrollment</li> <li>Educate patients on the requirements and benefits of medication synchronization prior to enrollment</li> <li>Reconcile all medications to develop a complete list of medications for patient prior to enrollment</li> <li>Align refills by having pharmacy personnel and patient work together to select a synchronization date around which selected medications will be regularly filled</li> <li>Schedule a specific date for patient to pick up their medications or have the medications delivered</li> <li>Request new prescriptions as needed from prescriber(s) in order to initially and continually synchronize medications</li> <li>Review 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.</li> <li>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.</li> <li>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 date</li> <li>Contact 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.</li> </ul>		

## MTMPEARLS

## The pharmacist's 'patient work-up'

At a recent meeting I attended, one of my colleagues said the problem with pharmacy practice is that pharmacists do not have a standardized way to work up patients, compared with the physicians' medical work-up. My response was that there *is* a standardized process, one that I first read about when it was published in 1988 and that I have used for more than 20 years: the Pharmacist's Workup of Drug Therapy (PWDT).<sup>1</sup>

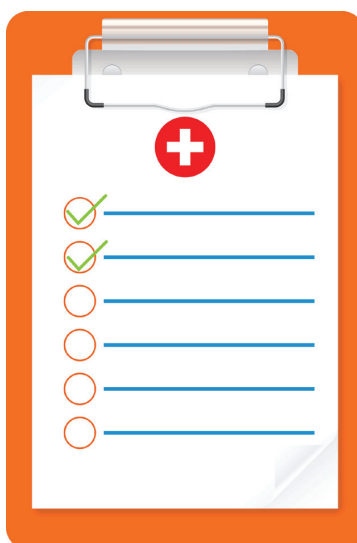
I use this process whether I am performing continuous medication monitoring (CoMM)<sup>2</sup> activities or a comprehensive medication review (CMR). In both situations, it is imperative that I have a consistent process so that I can gather information efficiently and effectively, identify any actual or potential medication-related problems, and develop an intervention plan to resolve the problems, including ongoing monitoring and follow-up.

### Key points

- The PWDT thought process provides a systematic strategy to work up a patient's drug therapy similarly to the medical work-up, except it is relative to the patient's drug therapy.
- The PWDT includes a standardized strategy to collect patient information (including review of systems) and pertinent laboratory values to create a medication-related problem list.
- The information gathered, which is documented by the pharmacist and becomes part of the patient record, is used to identify issues associated with the patient's drug therapy.
- Using a problem-solving process, the pharmacist identifies possible solutions to the patient's medication-related problems, develops an intervention plan, and then creates the therapeutic monitoring plan.

### MTM pearls

I have trained my students, residents, and staff on how to use the PWDT. By using this process, pharmacists can become more efficient in patient work-ups, ensure that patient records are complete, and gather the informa-



Pharmacists who are focused and follow a standardized process may be surprised by how much information they can collect from patients.

tion needed to identify and resolve medication-related problems. If used routinely, the PWDT becomes part of the pharmacist standard thought process, helping to focus pharmacists' discussions with patients and standardize their communication to other providers.

As I mentioned, the PWDT is a very effective process for pharmacists providing CoMM activities during the dispensing functions, wherein effi-

cient use of time is of absolute importance. In this setting, pharmacists need to make the most of brief encounters with their patients. Pharmacists who are focused and follow a standardized process may be surprised by how much information they can collect from patients.

It's not that the pharmacist needs to collect the same information with each encounter, but that the information collected depends on the clinical situation and the pharmacist's concerns about the patient's medications. Over time, by collecting information during each patient encounter, a pharmacist creates a comprehensive patient record. This patient record provides a clearer clinical picture so that pharmacists can confidently and competently provide clinical recommendations to prescribers.

### No need to reinvent the wheel

There is no sense in reinventing the wheel when we already have a viable process. I know that the PWDT process works, and I am convinced we have been successful at Towncrest Pharmacy because we have used it. At each encounter with patients, we collect clinical information and routinely make clinical interventions. Our CMRs are standardized on the basis of the PWDT process, our work-ups of patients are sent to other providers along with our clinical recommendations, and our response rate remains high. This has led to referrals to our practice by other providers and expansion of our clinical service offerings.

Ultimately, though, it is our patients who have benefited the most, because we are ensuring that they achieve their therapeutic outcomes with safe and effective medications.

### References

1. Drug Intell Clin Pharm. 1988;22:63-7
2. <http://dx.doi.org/10.1016/jsapharm.2016.12.008>

**Randy P. McDonough, PharmD, MS, CGP, BCPS, FAPhA**, column coordinator ([mcdonough9@mchsi.com](mailto:mcdonough9@mchsi.com)), and co-owner and director of clinical services, Towncrest and Solon Towncrest Pharmacies, Iowa City; [www.thethrivingpharmacist.com](http://www.thethrivingpharmacist.com)