Moving beyond Filling Prescriptions at a Moment in Time, to **Caring for Patients** over Time

Change Package

February 2020

Community Pharmacy Foundation

www.flipthepharmacy.com

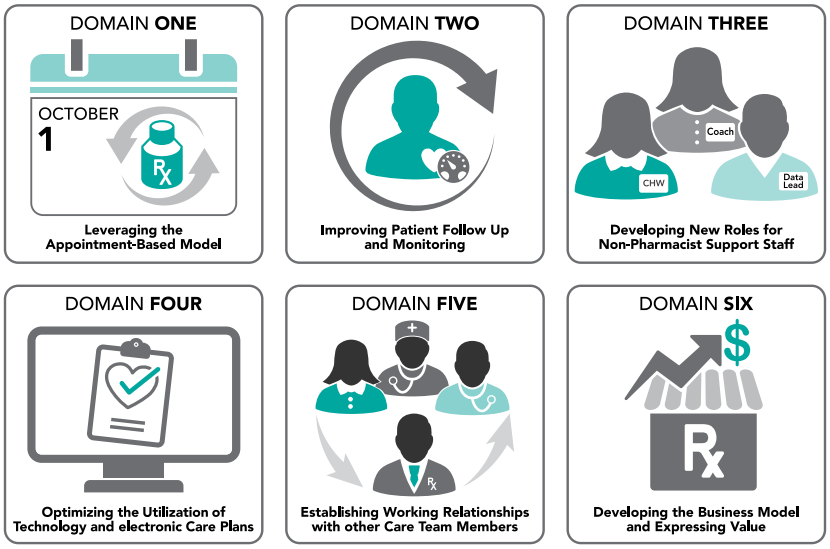
CPESN

Welcome to the **Flip the Pharmacy** Change Package

Pharmacy practice transformation requires big changes. This **Change Package** is your guide for practice transformation. This **Change Package** is designed to offer you a stepwise approach to help you transform 3 key areas of your pharmacy:

1. Your Workflow
2. Your Patient Care Processes
3. How you lead your Business

The **Change Package** will provide you focused practice transformation activities to develop each of the 6 Domains.



Each month, the **Change Package** will prescribe specific steps to help your team implement workflow innovations designed to assist your pharmacy with implementing patient care processes.

Here's how to make it work:

- **Each month:**
  - Review and lead team through the **Change Package**
  - Keep your entire team engaged in the Domain focus of the month
  - Complete your **Change Package** monthly requirements, if you are part of the flip the pharmacy cohort
- **As needed:**
  - Check in with your coach for near-real time feedback, if you are part of the flip the pharmacy cohort

DOMAIN **FIVE**

Establishing Working Relationships with other Care Team Members

Domain 5: ***Establishing Working Relationships with other Care Team Members*** – Results from CCNC's CMMI innovation project showed that pharmacies who built and maintained meaningful working relationships with other care team members.

Domain 5: *Establish Working Relationships with other Care Team Members*

Progression 1

In progression one you will work to **introduce the "new" role of the pharmacy to one local provider**. The workflow intervention will help you start to create habits associated with completing and documenting interventions. You'll also begin the step of delivering care notes to prescribers.

The first progression of Domain 5 prompts you to work through these steps so you are aware of the practice changes you'll need to create to make this happen in your pharmacy on a regular, consistent basis.

Monthly Focus: Communicating Care Plans to Prescribers

- Disease state focus: Hypertension

TIP → **Focus on one provider**

Flip the Pharmacy Monthly Required Goals:

- ☐ Complete *1* **prescriber-pharmacy introduction**
- ☐ Document *25* **e-care plans,** *10* **with care coordination notes**
- ☐ Send *5* **documentation notes** to providers

Glossary of Terms

There are many terms referenced in relation to coordination of care. Below is a working glossary of common terms.

Care Coordination

Care Coordination is defined by the National Institutes of Health as the deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services. *Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities, and is often managed by the exchange of information among participants responsible for different aspects of care.*

The act of coordinating care can include various types of care plans, including prescriber communication. As you being to implement care coordination notes, pay attention to the following considerations for documentation of care plan coordination.

- Each pharmacy has different practices in place: so use what you have that works well for your pharmacy team in your current capacity. This may evolve over time and that is both ok and expected!
- Consider how to send communication to prescribers outside your documentation platform (when needed)
- Leverage the variety of technology partners you work with to use tools you already have in place

Types of Notes

We encourage you to attend the workflow webinars and review the Workflow Wednesday communications. Both will help provide a strong understanding how notes are used and vary across the different platforms. This is also a great time to ask questions on your specific platform and share feedback and experiences with your platform.

Care Coordination Note: The intent of the platform's care coordination notes field is to document status within the Pharmacy. This is not a communication field for prescribers. Care coordination note is to document status of coordination with providers NOT meant to go to providers. The status may include what, when and whom.

Example Care Coordination Note:

- **2/6/20:** Sent the recommendation to Dr. Wellness on 2/6/20 to increase amlodipine 5 mg to amlodipine 10 mg. New prescription received and filled on 2/10/20.

MRP Note: This is where the medication related problem is identified and described based on the interaction with the patient or medication.

Example MRP Note:

- **MRP (2/6/20):** Medication not effective (SNOMED CT: 435501000124106)
  - **MRP Note:** Amlodipine 5 mg one time daily is not effective dose for FF

Intervention Note: An intervention note shares the plan of action for the identified medication related problem.

Example Intervention Note:

- **Interventions (2/6/20):** Medication dose increased (SNOMED CT: 432761000124108)
  - **Intervention Note:** Based upon FF's current medication therapy regimen and guidelines, recommendation is increase Amlodipine 5 mg one time daily to Amlodipine 10 mg one time daily.

Prescriber Note: This must be done at your pharmacy in your own way. Remember this is not the care coordination note of your platform's documentation.

On the next 2 pages, you'll see an example note from Towncrest Pharmacy. This is meant to serve as an example of what you may want to consider and can adjust this to make it work for your location. The document is available in a word document on the collaboration site if you'd like to use as a template to format.

TOWNCREST PHARMACY

2306 Muscatine Avenue
Iowa City, IA 52240
Phone (319) 337-3526
Fax (319) 337-5271

Physician Communication Form

Physician: Dr. Wellness Fax: 999-999-9990

☐ Initial ☐ Follow-up ☒ New Problem ☐ Preventative ☐ Other

Patient Name: French Fry Race: White

Birthdate: 01/13/1979 Sex: Male

Pharmacist: Randy McDonough, Pharm.D, M.S, CGP, BCPS, FAPhA Date: 02/10/20

Subjective Findings: Received response back from Dr. Wellness to increase FF's amlopine from 5 to 10 mg QAM
Allergies: Penicillin
PMH: HTN, hypokalemia, Right ankle-torn ligaments, multiple episodes, Left knee torn meniscus X 3
SH: FF works as a college professor. He has never smoked and, on average, has 2 alcoholic drinks/week. FF has started to eat healthier including eliminating table salt from his diet and adding more vegetables and fruits. He began walking 1 to 1.5 miles each morning before going to work. His weight has decreased by 3 lbs (from 195 to 192 lbs) as of 2/6/20

Objective Findings: See the attached medication list. Pharmacy reported BP = 158/88 (2/6/20) and 128/84 (12/16/19). Patient reported BP (2/6/20): 162/92 (average reading for a week). Prescriber reported BP (1/10/20): 144/90.

Assessment/Plan:

1. Received new order from Dr. Wellness to increase FF's amlodipine from 5 to 10 mg QAM. New Rx initiated.
    a. FF was called to inform him that we have a new Rx to increase his amlodipine. He asked that we fill his new mediation and synch it up with his other medications. He will take two of his 5 mg tablets until gone (this will last him another 5 days).
    b. We will continue to monitor FF's blood pressure and response to medications and continue to encourage his lifestyle changes.
    c. We will follow up with FF in 1 week to determine if dose increase was effective in improving his BPs

Recommended Pharmacist Follow-up Assessment: ☐ 4 weeks ☐ 8 Weeks ☐ 6 months ☒ Other: 1 week

Pharmacist Signature: Randy McDonough Date: 2/10/20

☐ I agree with the above recommendations:
☐ Proposed modified plan:

Physician Signature: _____ Date: _____

This form will serve as a 30 day prescription if recommendations are accepted by the physician.
Information on this fax is confidential. If received in error please call 319-337-3526 or Fax to: *319-337-5271*

TOWNCREST PHARMACY

2306 Muscatine Avenue
Iowa City, IA 52240
Phone (319) 337-3526
Fax (319) 337-5271

Current Medication List

Patient Name: French Fry **Birth date**: 1/13/79 **Date**: 2/10/20

Medication	Directions	Indication	Physician	Comments
Lisinopril/HCTZ 20/12.5	2 tablets QAM	HTN	Dr. Wellness	Adherent & tolerating
Amlodipine 5 mg	1 tablet QAM	HTN	Dr. Wellness	Discontinued
Potassium Chloride 20 mEQ	2 tablets QAM	Hypokalemia	Dr. Wellness	Adherent & tolerating
Amlodipine 10 mg	1 tablet QAM	HTN	Dr. Wellness	Initiated new dose on 2/10/20

OTC Medications

Medication	Directions	Indication	Comments
Calcium 500 mg/Magnesium 500 mg/Potassium 99 mg Combined	1 tablet QAM	Supplement for blood pressure support	

Physician Signature: _____ Date: _____

I have reviewed this patient's medical record, and the medications prescribed by me or my practice are current.

Care Coordination: Hear from your Peers

ACTION → **Listen to the ThriveSubscribe Podcast** – *Care Coordination Vol 2-6*, available here:

CLICK HERE TO LISTEN TO THE PODCAST

The **Pharmacy Champion** is encouraged to listen to the podcast as one of the February requirements. The Podcast is available on the ThriveSubscribe podcast channel on both iTunes and Soundcloud

Key Podcast Points

- Prescriber relationships
  - We discussed how the pharmacy worked to build relationships with local prescribers
  - Learn more about how to ensure prescribers know that you, your pharmacy and your staff take care of patients through medication management and don't only dispense prescriptions
- Prescriber communication methods
  - Learn more about the various ways pharmacies communicate information to physician practices. Examples are shared!
- The Pharmacist Care Plan
  - Details on this, and specifically, how the care coordination notes are used within the care plan
  - Guests spoke about how they were able to document and share care coordination notes that worked to help their pharmacies

GUESTS

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GOAL 1: *Communicating with Prescribers*

Communication with prescribers is key to transforming your pharmacy practice to moving beyond filing prescriptions at a moment in time to caring for patients over time. Below is a simplistic overview of a **3 step process** to developing a collaborative working relationship. This month, we will focus on ensuring you have tools to complete steps 1 and 2. While we won't visit prescribers as part of this month's change package, that will be a goal for next month so it is important to follow through with steps 1 and 2 below.

STEP ONE: Complete an introductory conversation with prescribers

STEP TWO: Start sharing interventions and monitoring with prescribers

STEP THREE: Visit the prescriber

STEP ONE: Complete an Introductory Conversation with Prescribers

Select one prescriber to have an initial conversation

KEY → Focus on shared patients with hypertension

How to select a provider?

- Run report of patients on anti-hypertensives by prescriber
- Select one you know well/comfortable with and have shared patients

Call and explain the "new" role of your pharmacy and discuss shared patients

- Be sure to **quantify the number of patients you share** with the prescriber or practice
- **Ask what you can do to better** help the prescriber manage patients?
  - **Share** measured Blood Pressure Logs
  - **Teach proper technique** to patients using home blood pressure monitoring
  - **Share** an up-to-date patient medication list and/or adherence summary

Example Phone Conversation: Introductory Call

Hi, Dr. Smith this is the Pharmacist from ABC123 Pharmacy on Main street in town. We see over 60 of your patients with hypertension at our pharmacy each month. Over the past month, we have been able to review their blood pressure logs – which include both self-reported and pharmacy reported measures. We'd like to being faxing these records to you each month. What is the best way to ensure you are able to review these and the documents are not just filed in the patient charts?

STEP TWO: Start Communicating with Prescribers

- Being faxing or calling prescribers on mutual patients. You may do this to share BP logs, adherence summary reports, medication lists or intervention notes related to identified drug therapy problems
- More information is found in the workflow innovation section of this **Change Package**

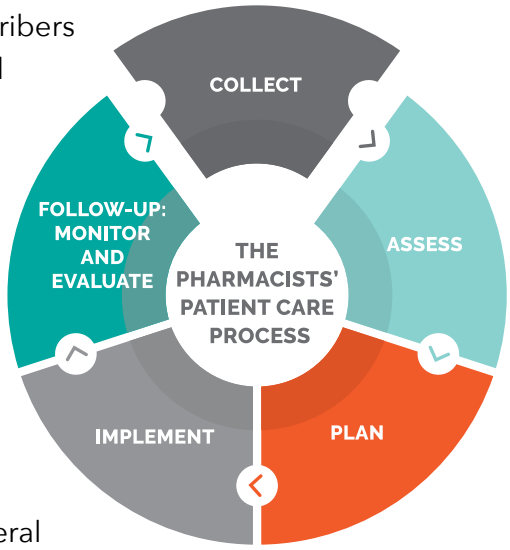
STEP THREE: Visit the Prescriber

Looking ahead: Scheduling prescriber visits is not required but you may want to consider creating a list of local prescribers to visit for a meeting. This will be used next month in the change package.

Workflow Innovation:
Identifying a Medication Related Problem and Creating an Intervention

Your Goal this month is to send 5 documentation notes to prescribers related to hypertension management. This can be accomplished through identifying a medication related problem (MRP) and sharing your recommendation or intervention.

The *eCare Plan Documentation Guide for Commonly Used Medication Related Problems and Interventions* can be used to help you classify problems and subsequent interventions (see page 20-21).



Identifying a MRP and Creating an Interventions

When you share prescriber recommendations, you can take several approaches. Decide what is best for your pharmacy and integrate this practice into workflow.

- Make prescriber aware of the MRP
  - This can be done via a phone call or sharing of information over fax

    EXAMPLES: Sharing a BP log or adherence summary report

- Offer a recommendation to the prescriber
  - This can be done via a phone call or sharing of information over fax.

    TOOL: The Practical Clinical Process: Blood Pressure Measurement tool helps you to follow a process for monitoring a patient's blood pressure management

Patient Blood Pressure Log

Patient Name:_____ Date of Birth: _____

Pharmacy Name: _____ Pharmacy Phone: _____

Date	Time	Blood Pressure	Comments	Reporting method (circle or check one)
				Patient Pharmacy Provider
				Patient Pharmacy Provider
				Patient Pharmacy Provider
				Patient Pharmacy Provider
				Patient Pharmacy Provider
				Patient Pharmacy Provider
				Patient Pharmacy Provider
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				Patient Pharmacy Provider
				Patient Pharmacy Provider

PATIENT ADHERENCE SUMMARY

Date_____

Patient Name _____ Prescriber_____

DOB_____ Fax_____

Current Complete Medication List (including OTC, herbals, supplements)

Medication Name/Strength	Directions	Indication	PDC %**

***Proportion of Days Covered (PDC) measures the percentage of days covered by a prescription medication within the calendar year. PDC < 80% for a given medication is classified as "non-adherent."*

Adherence Summary of Non-Adherent Medications Listed Above (over the last 6 months)

Medication	Date(s) Filled	Quantity	Day Supply

Pharmacist Adherence Assessment and Patient-Reported Comments:

Pharmacist Name _____ Pharmacist Signature _____

(please print)

Practical-Clinical Process: Blood Pressure Measurement

This document was provided to FtP by Jeff Olson at Montross Pharmacy Inc. Thank you, Jeff!

- **Engage patient**
  - I.e. While they are waiting for med
- **Questions to ask?**
  - Have you had caffeine or tobacco products in the last 30 mins?
  - Have you taken your BP medication?
  - Were you rushing to get here or physically active right before this?
- **Have them sit and place BP cuff on them**
  - Make sure to use the appropriate cuff size for the patient
  - Tube should be toward the inside of the elbow and facing down
  - Patient's feet should be firmly on the ground (not crossed)
  - Arm with BP cuff should rest on the table at heart level
- **Start BP machine**
  - Patient should not talk once machine starts
  - Patient should limit movement
- **Reading and Documentation**
  - Document patient's name, systolic BP, diastolic BP, pulse, and arm used
  - Any readings that are Stage 1 or above should be reported to pharmacist

Process for BP Readings

Normal (<120/<80 mmHg)

- **Provide patient with positive reinforcement**
  - Congratulate patient on a great blood pressure
  - Promote optimal lifestyle habits
    - Healthy diet, Weight loss if needed, Exercise, Tobacco cessation, Moderation of alcohol consumption.
- **Reassess in 6 months**

The Practical-Clinical Process is not intended or designed as a substitute for the reasonable exercise of independent clinical judgment by pharmacist considering each patient's need on an individual basis.

Elevated (120-129/<80 mmHg)

- **Recommend Nonpharmacologic therapy**
  - Weight loss
  - Heart-healthy diet (such as DASH)
  - Sodium restriction
  - Potassium supplementation (dietary modification)
  - Increased physical activity
  - Limit alcohol to 1 (women) or 2 (men) standard drinks per day
- **Reassess in 3 months**

Stage 1 Hypertension (130-139/80-89 mmHg)

- **Recommend Nonpharmacologic therapy and BP-lowering agent**
  - See above
- **Assess patient's BP medication adherence**
  - I.e. How often do you miss doses during a month?
- **Reassess in 1 week**
  - If goal isn't met, consider intensification of therapy.

Stage 2 Hypertension (>140/90 mmHg)

- **Recommend Nonpharmacologic therapy and BP-lowering agent**
  - See above
- **Reassess in 1 week**
  - If goal isn't met, assess adherence and consider intensification.

Hypertensive Crisis (>180/>120 mmHg)

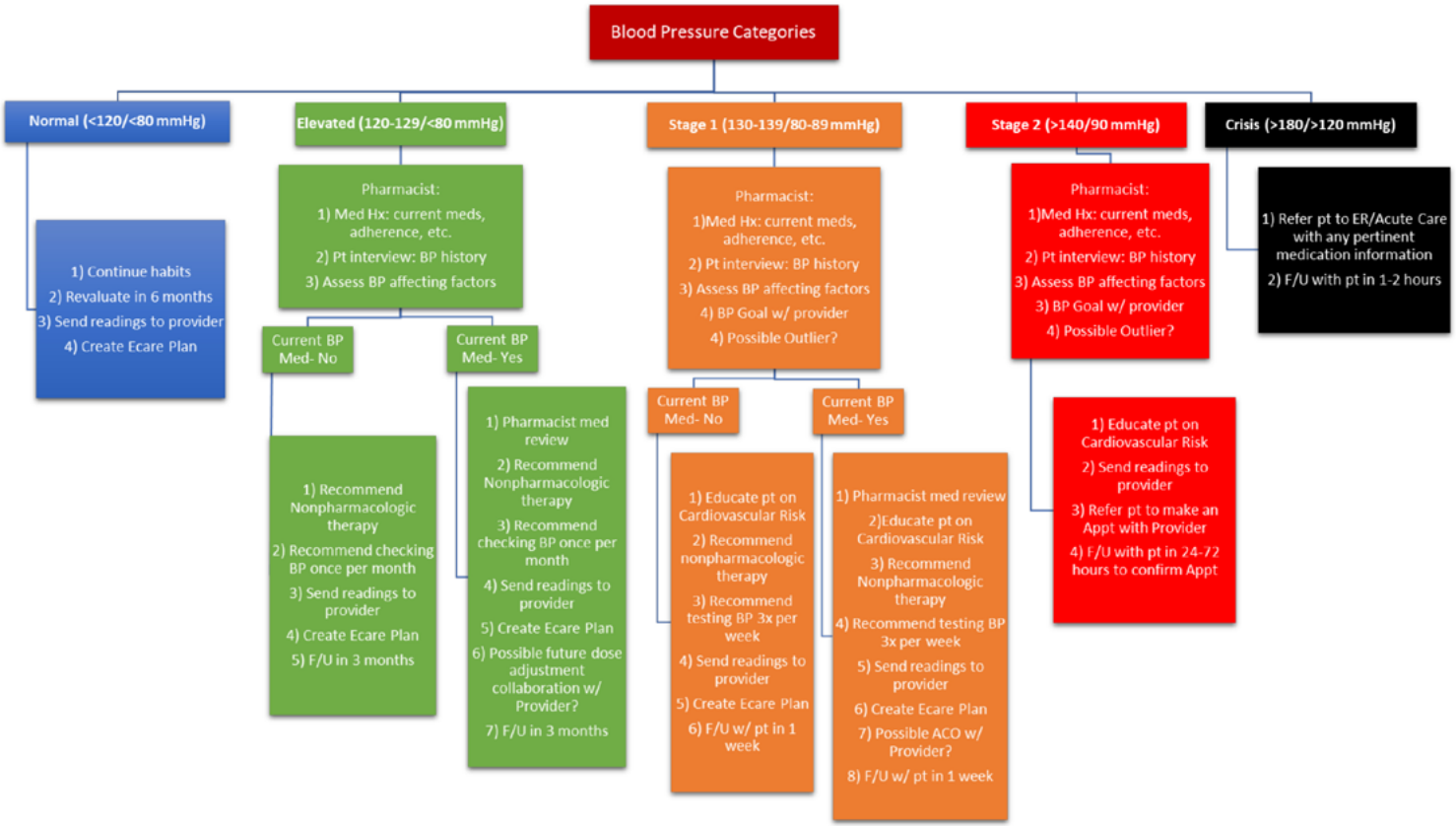
- Contact the patient's doctor IMMEDIATELY!
- Refer to nearest Emergency Room
- If patient is experiencing chest pain, shortness of breath, back pain, numbness/weakness, change in vision or difficulty speaking, Call 911.

Blood Pressure Categories

American Heart Association | American Stroke Association

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
HYPERTENSIVE CRISIS (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

heart.org/bplevels



CASE INSTRUCTIONS: Let's Practice!

Patient Case Materials

Step 1: Review the Persona for French Fry (next page)

- 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.
- Please note that the medication related problem (MRP), intervention, and goal sections have different color text. This particular information is reflective in the patient case. The intent is for you to realize the patient care aspects that you are performing can be correlated into the eCare Plan *(see Sample Care Plan Case)*.

Step 2: Complete the Sample Care Plan

Please document the sample patient case before moving on to documenting real patients.

- The case includes the pertinent information that will be included in the care plan documentation within your respective platform.
- The boxed text at the top of the case that review French Fry is information pulled from the persona that helps us to note the important information for the care plan.
- Goals Detail: The 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.

Step 3: CREATE your Pharmacy's Personalized Patient Encounter Documentation Form (see page 22-24)

- **Review the SNOMED Descriptions List*** for MRPs and Interventions that your pharmacy commonly encounters. Identify the four most common MRPs encountered at yourPharmacy.

  **List is not comprehensive for MRPs and Interventions. The list includes commonly used codes in Community Pharmacy Practice. If MPRs and Interventions are listed in your software for eCare plan documentation, you may also use those.*

- Once you have identified the most common MRPs encountered at your pharmacy, **create your pharmacy's personalized template of the Patient Encounter Documentation Form** by typing in the four MRPs into the check box section of the form.
- Print and distribute multiple copies of **your pharmacy's personalized Patient Encounter Documentation Form** and the **SNOMED Descriptions Key** to appropriate work stations.
- Use the **Patient Encounter Documentation Form** for quick on-the-go documentation of MRPs and Interventions. Check the box for the MRP and write in your intervention (you can classify this later).
- Use the SNOMED Descriptions List or eCare plan documentation codes to **document the MRP and Intervention into the patient's eCare Plan**.

PERSONA #1.5

French Fry

Establishing Working Relationships with Other Care Team Members

DATE OF BIRTH: January 13, 1979
RACE: White
GENDER: Male
OCCUPATION: College Professor
ADDRESS: 241 Cheeseburger Hwy, Pickle Junction, OH 00000
PROBLEM LIST: Hypertension. Overweight (calculated BMI = 29.2)

HISTORY OF PRESENT ILLNESS

FF was diagnosed approximately one year ago with essential hypertension following complaints of headaches that persisted for several days. **FF saw Dr. Wellness in January and he was informed to monitor his BP daily for a week because his BP was elevated at his appointment. The average BP reading for that week was 162/92 mmHg.**

PAST MEDICAL HISTORY

Right ankle–torn ligaments–multiple episodes, Left knee–torn meniscus X 3, hypokalemic

ACTIVE MEDICATIONS

Lisinopril/HCTZ 20/12.5–2 tablets every morning, Amlodipine 5 mg every morning, Potassium Chloride 20 mEQ–2 tablets every morning. **Calcium 500 mg/ Magnesium 500 mg/Potassium 99 mg Combined Supplement–1 tablet every morning**
Prescriber: Coach Wellness, MD

FILL HISTORY

All medications were synchronized and filled on the same day for a 30 day supply with a start day of 10/15/19. Even though previously nonadherent, FF continues to be adherent.

ALLERGIES

- Penicillin

SOCIAL HISTORY

FF works as a college professor. He has never smoked and, on average, has 2 alcoholic drinks/week. **FF has started to eat healthier including eliminating table salt from his diet and adding more vegetables and fruits. He began walking 1 to 1.5 miles each morning before going to work. Weight has decreased by 3 lbs: 195 lbs to 192 lbs as of 2/6/20.**

VITAL SIGNS AND LABS

- **Vital signs:**
  Pharmacy-Reported BP (2/6/20): 158/88 mmHg
  Patient-Reported BP (2/6/20): 162/92 mmHg (average reading for a week)
  Provider-Reported BP (1/10/20): 144/90 mmHg
  Pharmacy-Reported BP (12/16/19): 128/84 mmHg
- **Renal:** Blood work was completed, but not requested so unaware of lab results
- **Basic metabolic panel:** Completed (pharmacist unaware of results)

MEDICATION RELATED PROBLEM(S)

FF has been monitoring his blood pressure at home for suspected uncontrolled HTN. **FF's medication therapy regimen is not effective at controlling his BP.**

INTERVENTION(S) AND EDUCATION (RECOMMENDATIONS)

Provide Dr. Wellness with BP log. Given FF's current medication regimen and hypertension guidelines, the clinical recommendation is to increase amlodipine 5 mg one time daily to Amlodipine 10 mg one time daily.

CARE COORDINATION NOTES

Sent the recommendation to Dr. Wellness on 2/6/20 to increase amlodipine 5 mg to amlodipine 10 mg. New prescription received and filled on 2/10/20.

GOAL

Continue to monitor BP upon dose change. Document BP readings within BP Log. Maintain dietary changes and morning walks.

MONITORING PLAN AND FOLLOW-UP

Follow-up with FF in 1 week after dose change to determine if the therapy is effective and to ensure he is tolerating the dose increase. Continue encouraging FF to maintain dietary changes and morning walks.

Sample Care Plan Case

Encounter Reason (2/6/20): Hypertension medication review (SNOMED CT: 473225006)
Encounter Reason (1/10/20): Medication monitoring
Encounter Reason (12/16/19): Taking patient vital signs

Patient Demographics:

Patient First Name: French **Patient Last Name:** Fry **Patient DOB:** 1/13/79
Address: 241 Cheeseburger Hwy **City:** Pickle Junction **State:** OH **Zip:** 00000 **Phone:** 919-555-5555

Allergies: Penicillin

Prescriber Information:

Name: Coach Wellness, MD **Address:** 222 Healthy Shores Ln, Pickle Junction, OH 00000
Phone: 999-999-9999 **NPI Number:** 1234567890

Active Medication List:

Medication Name	Directions	Prescriber
Lisinopril/HCTZ 20/12.5 mg	2 tablets every morning	Coach Wellness, MD
Amlodipine 5 mg	1 tablet every morning	Coach Wellness, MD
Potassium Chloride 20 mEQ	2 tablets every morning	Coach Wellness, MD
Calcium 500 mg/Magnesium 500 mg/ Potassium 99 mg Combined Supplement	1 tablet every morning	Self

Medication Related Problems (MRPs) and Interventions:

- **MRP (10/15/19):** Noncompliance with medication regimen (SNOMED CT: 129834002) – (Status: COMPLETE)
  - **MRP Note:** Patient is about 15 days late filling lisinopril/hctz 20/12.5 mg. Amlodipine and potassium are filled on different days. FF doesn't seem to be consistent with timing and frequency of refills.
- **Intervention (10/15/19):** Medication synchronization/synchronization of repeat medication (SNOMED CT: 415693003) – (Status: COMPLETE)
  - **Intervention Note:** FF is being enrolled into our sync program and we will be aligning his medication fills on the same day each month with follow-up calls at least 5 days prior to next refills.
- **MRP (11/11/19):** Deficient knowledge of disease process (SNOMED CT: 129864005) – (Status: COMPLETE)
  - **MRP Note:** FF states that he does not know what his blood pressure (BP) goal is, and FF has not been monitoring his BP at home because he does not have a device.
- **Intervention (11/11/19):** Recommendation to monitor physiologic parameters (SNOMED CT: 432371000124100) (Status: COMPLETE)
  - **Intervention Note:** FF likes the idea of self-monitoring his blood pressure at home after further discussion and education. FF states he wants to purchase a blood pressure monitoring device and wants it delivered with his medications. The pharmacist asked if he would be willing to come into the pharmacy to get his blood pressure checked, but he says he doesn't have time this month. FF states that he will come into the pharmacy next month to get his blood pressure measured when he picks up his December medication fills and bring in his blood pressure log from November.
- **Intervention (12/16/19):** Blood Pressure Taking (SNOMED CT: 46973005) – (Status: COMPLETE)

- **MRP (1/10/20):** On examination – blood pressure reading raised (SNOMED CT: 163027005) – (Status: COMPLETE)
- **MRP (2/6/20):** Medication not effective (SNOMED CT: 435501000124106)
  - **MRP Note:** Amlodipine 5 mg one time daily is not effective dose for FF
- **Interventions (2/6/20):** Medication dose increased (SNOMED CT: 432761000124108)
  - **Intervention Note:** Based upon FF's current medication therapy regimen and guidelines, recommendation is increase Amlodipine 5 mg one time daily to Amlodipine 10 mg one time daily.

Vital Sign(s):

- **Blood Pressure (2/6/20; pharmacy-reported):** 158/88 mmHg
- **Blood Pressure (2/6/20; patient-reported average):** 162/92 mmHg
- **Blood Pressure (1/10/20):** 144/90 mmHg
- **Blood Pressure (12/16/19):** 128/84 mmHg

Care Coordination Notes:

- **2/6/20:** Sent the recommendation to Dr. Wellness on 2/6/20 to increase amlodipine 5 mg to amlodipine 10 mg. New prescription received and filled on 2/10/20.

Goals (Free-Text):

1. **Goal Note (10/16/19):** Set a reminder alarm on cell phone to take medications every day – (Status: COMPLETE)
2. **Goal Note (11/11/19):** Monitor BP at least 3 different times/week and record on provided paper. Overall goal is for readings to be <130/<90 mmHg – (Status: COMPLETE)
3. **Goal Note (1/10/20):** Over the next week, check blood pressure one time in the morning and one time in the evening. Document blood pressure and provide the updates to the pharmacy – (Status: COMPLETE)
4. **Goal Note (2/6/20):** Continue to monitor BP upon dose change. Document BP readings within BP Log. Maintain dietary changes and morning walks – **(Status: Active/In-Progress)**

Patient Encounter Documentation Form

Patient Encounter Documentation Form	
Patient Name: French Fry	**Medication:** Amlodipine
DOB: 1-13-1979	**Rx #:**
Medication Related Problem Date Identified: 2/6/2020	**Intervention** Date Resolved: 2/10/2020
☑ Medication not effective	☑ Medication dose increased to 10 mg, one time daily
☐	☐

Blood Pressure Measurement

Date: 2/6/2020 158/88 mmHg

How reported (circle one; internal use):

Pharmacy-Reported Patient-Reported

Goal: Continue to moitor BP and document in BP Log. Maintain dietary changes and morning walks.

Patient Encounter Documentation Form

editable

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
DOB:	**Rx #:**
Medication Related Problem Date Identified:___________	**Intervention** Date Resolved:____________
☐	☐
☐	☐
☐	☐
☐	☐
Goal:	

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
DOB:	**Rx #:**
Medication Related Problem Date Identified:___________	**Intervention** Date Resolved:____________
☐	☐
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Goal:	

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
DOB:	**Rx #:**
Medication Related Problem Date Identified:___________	**Intervention** Date Resolved:____________
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Goal:	

Patient Encounter Documentation Form	
Patient Name:	**Medication:**
DOB:	**Rx #:**
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Goal:	

eCare Plan Documentation Guide for Commonly Used Medication Related Problems and Interventions: SNOMED CT Descriptions

Medication Related **Problem**	Medication Related **Intervention**
Noncompliance with medication regimen (finding) Detailed Reasons for Noncompliance: Uses less medication than prescribed Patient unable to obtain medication Patient refuses to take medication Patient misunderstood treatment instructions Patient does not understand why taking all medication	Medication change to generic Medication therapy changed Medication dosage form changed Medication education Synchronization of repeat medication Assessment of barriers to adherence Monitoring adherence to medication regimen Assessment of adherence to medication regimen Medication regimen compliance education Renewal of prescription Drug therapy discontinued Discussed with doctor Discussed with patient
Patient forgets to take medication	Synchronization of repeat medication Education about medication regimen adherence
Cost effective medication alternatives available	Medication change to generic Medication therapy changed Drug therapy discontinued Recommendation to discontinue medication
Adverse medication interaction with medication	Medication therapy changed Medication dose changed Drug therapy discontinued Recommendation to change medication Medication interaction education Discussed with doctor Discussed with patient
Medication Overuse	Medication Education Discussed with doctor
Patient unable to obtain medication [e.g., prior auth needed or patient needs refills]	Insurance authorization Discussed with doctor
Drug allergy	Discussed with doctor Discussed with patient Recommendation to change medication
Medication therapy unnecessary	Drug therapy discontinued Recommendation to discontinue medication Recommendation to change medication Discussed with doctor Discussed with patient
Additional medication therapy required	Over-the-counter medication started Prescription medication started (situation) Recommendation to start prescription medication

Medication Related **Problem**	Medication Related **Intervention**
New medication needed for condition	Discussed with patient
	Discussed with doctor
Medication not effective	Medication therapy changed
	Drug therapy discontinued
	Medication dose increased
	Medication dosage form changed
	Recommendation to discontinue medication
	Discussed with doctor
Medication dosage too low	Medication therapy changed
	Medication course duration changed
	Medication dose changed
	Medication dose increased
	Medication dosing interval changed
	Medication education
	Prescribed medication education
	Discussed with doctor
Medication dosage too high	Medication course duration changed
	Medication dose changed
	Medication dosing interval changed
	Drug therapy discontinued
	Recommendation to discontinue medication
	Discussed with doctor
Not up to date with immunizations (finding) - Problem observation	Administration of substance to produce immunity, either active or passive
	Influenza vaccination
	Pneumococcal vaccination
	Vaccine refused by parent
	Vaccine refused by patient
	Immunization status screening
	Immunization education
	Medication Related Intervention
	Medication Reconciliation
	Medication Monitoring
	Comprehensive medication therapy review
	Risk evaluation and mitigation strategy consultation
	Discussed with carer