Interactions with community pharmacy are primarily related to prescription refills and prior authorizations.

Community pharmacy communications with the practice likely utilize the community pharmacy’s preferred means of communication.

Prescribing may be “uninformed” – e.g., raising the dose of a medication that appears to be ineffective, but in reality the patient is non-adherent.

Maintenance of a complete and accurate EHR medication list is likely a struggle.

Accountability for quality measures related to medication use, such as adherence rates, monitoring/follow up rates, or presence/absence of certain kinds of therapy, are often carried solely by providers, without partnerships with care team members who can potentially help influence those outcomes.

Any specific supports or assistance that the patient needs to improve medication adherence and/or manage her own medications are likely not accessible (e.g., medication synchronization with adherence packaging and home delivery).
Interactions with community pharmacies include meaningful, clinically-relevant information about the patient’s health status (not just information about prescriptions).

Communications are more likely to be sent from pharmacies using the provider or practice’s preferred means of communication, instead of the pharmacy’s.

“Informed” prescribing — CPESN pharmacies periodically provide pharmacy care plans for high risk patients (care plans include updated medication lists, drug therapy problems currently affecting the patient’s ability to reach goals of therapy, and a description of enhanced pharmacy services provided to patient).

Providers can make referrals for patients who need customized medication use supports offered at CPESN pharmacies.

CPESN pharmacies have shared accountability for and/or collaborate with providers to improve medication use-related quality measures.

Patient education about medications is provided as part of normal disease state management programs, but CM additionally has access to customized medication use supports/enhanced pharmacy services for patients who need them.

CPESN pharmacy collaborates with case manager on medication-related aspects of care (e.g., reinforcing education, checking in with patient on certain aspects of self management, etc).

Provides enhanced services customized to specific patient needs via collaborative provider relationships, has access to information about indications, goals of therapy, lab results, and other clinical information to inform development of pharmacy care plans for high risk patients.

Data analytics stratify the pharmacy’s patient population based on risk of adverse health outcomes, allowing pharmacies to follow high risk patients more closely.

Information sent with care management or provider referrals allows pharmacy staff to provide enhanced services specific to a given patient’s needs, monitor patients according to a shared care plan, and promptly notify the care team about acute issues that could lead to destabilization and/or hospitalization.

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