Improving Care Delivery: Utilizing Remote Pharmacy Services to Facilitate Patient Education & Compliance

A presentation for HealthTrust members
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Speaker Disclosures

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Pharmacist and Nurse Objectives

1

Describe Comprehensive Medication Management (CMM) and how pharmacists can add benefit to the care team

2

Explain steps taken to implement a referral in the electronic health record (EHR)

3

Identify best practices and additional opportunities for improvement at the participant's integrated delivery network (IDN)

Pharmacy Technician Objectives

1

Describe how pharmacy technicians can support pharmacists in providing Comprehensive Medication Management (CMM) and add benefit to the healthcare team

2

Explain the role of the pharmacy technician in implementing a referral for CMM

3

Identify best practices and additional opportunities for improvement at the participant's integrated delivery network (IDN)

Comprehensive Primary Care Plus (CPC+)

- Large health system with multiple CPC+ clinics
- CPC+ is a national advanced primary care medical home model that strives to improve quality, access and efficiency of primary care
- One area of focus is Comprehensive Medication Management (CMM), utilized to address challenges preventing optimal therapeutic outcomes and identify safe and effective therapies for a patient
- Goal is for pharmacists to work collaboratively with the primary care team and patient

Medication Overload and Older Americans*

Every day, 750 older adults in the US are hospitalized for a serious medication side effect

5 million older adults sought medical attention for an adverse drug event in 2018

42% of older adults take at least 5 medications and close to 20% take ≥ 10 medications

Polypharmacy increased by 200% over 20 years

*adults 65 years and over

Source: Lown Institute. Medication overload and older Americans.

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Comprehensive Medication Management (CMM)

- CMM is a standard of care to assess all the patient's medications (e.g. prescription and nonprescription) to determine if appropriate, effective, safe and can be used by the patient as intended
- CMM includes creating an individualized care plan and following up with the patient
- Important for clinical pharmacist to work in collaboration with the care team and to have access to the medical chart for thorough review of the patient and documentation

Source: American College of Clinical Pharmacy. Comprehensive Medication Management in Team-Based Care.

CMM Components

Assessment
- Review medical record
- Obtain and document medication history
- Prioritize issues identified

Evaluation
- Review medications for appropriateness based on disease state, therapeutic goals, safety, cost, etc.
- Work collaboratively to identify interventions

Follow-up/Monitoring
- Ensure follow-up visits are coordinated with other providers as needed
- Continue assessing medical record for updates and modifying care plan as needed
- Document and manage the plan

Development/Initiation
- Create an individualized plan to achieve patient-specific outcomes
- Ensure understanding of plan with patient
- Establish monitoring and follow-up timeline

Source: American College of Clinical Pharmacy. Comprehensive Medication Management in Team-Based Care.

Physician-Pharmacist Collaboration

- Health care delivery is challenged by provider workforce shortages, provider burnout and increases in primary and chronic care visits
- Data has shown that patient care services delivered by a pharmacist can improve outcomes, enhance patient involvement, increase cost-efficiency and reduce demands on the health care system
- Pharmacists have been co-managing chronic diseases such as diabetes, hypertension, and hyperlipidemia for decades
- After an initial diagnosis is made, pharmacists can deliver services through collaborative practice agreements to provide CMM

Source: Giberson S, et al. *U.S. Public Health Service.* Dec 2011.

Source: Smith M. *J Diabetes Sci Technol.* 2009;3(1):175–179.

Source: Cranor CW, et al. J Am Pharm Assoc (Wash). 2003 Mar-Apr; 43(2):173-84.

Source: Fera T, et al. J Am Pharm Assoc (2003). 2009 May-Jun; 49(3):383-91.

Source: Scott D, et al. J Am Pharm Assoc. 2006 Nov; 63(21):2116-2122.

Previous Studies

Study	Type/Purpose	Details	Outcomes
Siouxland Community Health Center (SCHC) pharmacist-managed diabetes care	**Prospective, randomized study** Development of a CPA for pharmacists to manage T2DM Assess the effects of interventions on patient health outcomes	-Intervention (pharmacist-managed diabetes care program): group classes (with a pharmacist, dietitian and nurse) and individual follow-up focusing on disease management, lifestyle adjustments, and goal setting -Control (standard of care managed by a nurse) group	• Mean HbA1c levels ↓ from baseline (1.7%) in the intervention group (p=0.003) • 1.0% difference in HbA1c between intervention and control groups (p<0.05) • SBP ↓ more in intervention group (p=0.023) • Mean LDL ↓ more in intervention group (p=0.012)
The Asheville Project	Pilot project implementation Assess 6 month follow-up data	Pharmaceutical care services were provided by community pharmacists as part of an employer-sponsored wellness program. Pharmacists provided education and monitoring to patients.	• Mean HbA1c ↓ significantly after the 1st three follow-up visits • Number of patients with optimal A1c ranged from 18.2-24.3% for the 1st three follow-up visits (p<0.05)
The Diabetes 10-City Challenge	Similar to Asheville project, now in 10 cities in US	Community pharmacist provided patient self-management care services via schedule consultations within a CPA	• HbA1c ↓ from 7.5 to 7.1% (p=0.002) • LDL and SBP ↓; flu shot, eye and foot exam rates ↑ • Average health care cost saving of $1079/year/patient
Pharmacist-managed Veteran's Affairs (VA) diabetes clinic	Pilot project implementation Assess 1st year data	Clinic provided continuity of care between physician visits by applying standard protocols and procedures for insulin therapy. Pharmacists monitored patient's progress towards HbA1c goals and provided frequent follow-up and education.	• HbA1c ↓ by more than 1% (from 9.12% to 7.94%) at 3 months for the 85 patients who completed 3 months of clinic supervision by the end of the 1st year (p<0.001)

HealthTrust Innovation Grant Submission

Goals:

- Expand the scope of work for the Pharmacy Digital Care Center, including implementing disease state management (Type 2 diabetes first)
- Build a pharmacy referral to allow the opportunity for providers to refer patients that would benefit from pharmacy services

34.2 MILLION PEOPLE

living with diabetes = 1 out of every 10 people

1 IN 5

don't know they have diabetes

60% HIGHER

Risk of early death is 60% higher in people with diabetes than people without diabetes

$327 MILLION IN 2018

Total medical costs + lost productivity from work/wages

2X MEDICAL COSTS

People with diabetes have more than two times the medical costs than people without diabetes

COMPLICATIONS

Increased risk for serious health complications such as blindness, heart and kidney disease

Source: CDC. Infographic: A Snapshot of Diabetes in America. American Diabetes Association. cdc.gov/diabetes/images/library/socialmedia/diabetes-infographic.jpg Published Feb 18, 2020.
Source: ADA. Statistics About Diabetes. American Diabetes Association. http://www.diabetes.org/diabetes-basics/statistics/. Published March 22, 2018.

History of the Pharmacy Digital Care Center

April 2017

PGY1 pharmacy residents started telehealth visits for select clinics

Nov 2018

Telehealth pharmacist hired to start Pharmacy Digital Care Center

Won HealthTrust Innovation Grant

July 2019

Sept 2019

Continued telehealth visits

Started Medication Therapy Management (MTM)

Referral became live in EHR

Oct/Nov 2019

2nd telehealth pharmacist hired

Diabetes protocol was approved

Received first referral in EHR

Feb 2020

Moved away from telehealth visits to focus on CMM, referrals, MTM, etc.

July 2020

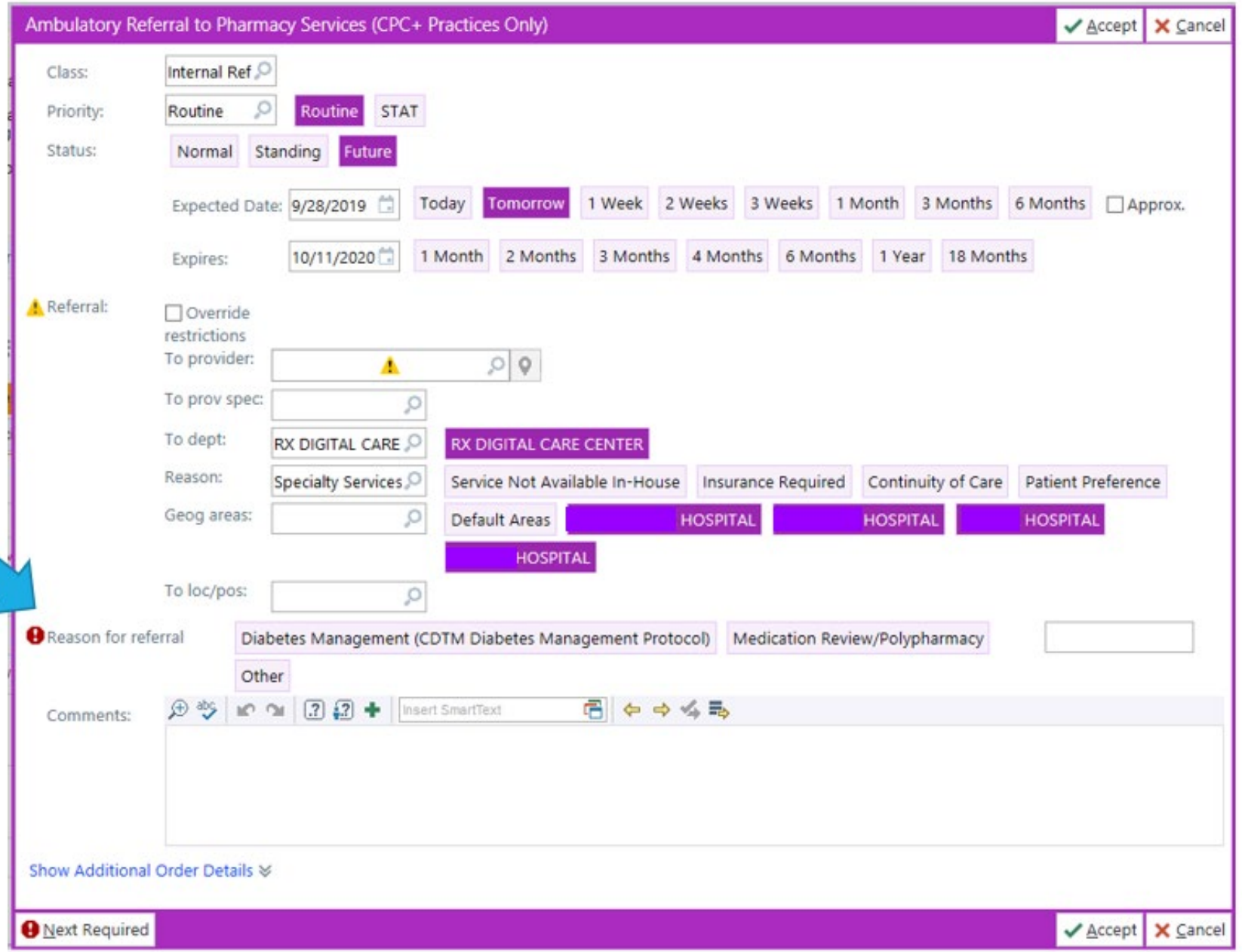
Hired a certified pharmacy technician

Through Aug 2020

155 referrals

HealthTrust Grant Project Objectives

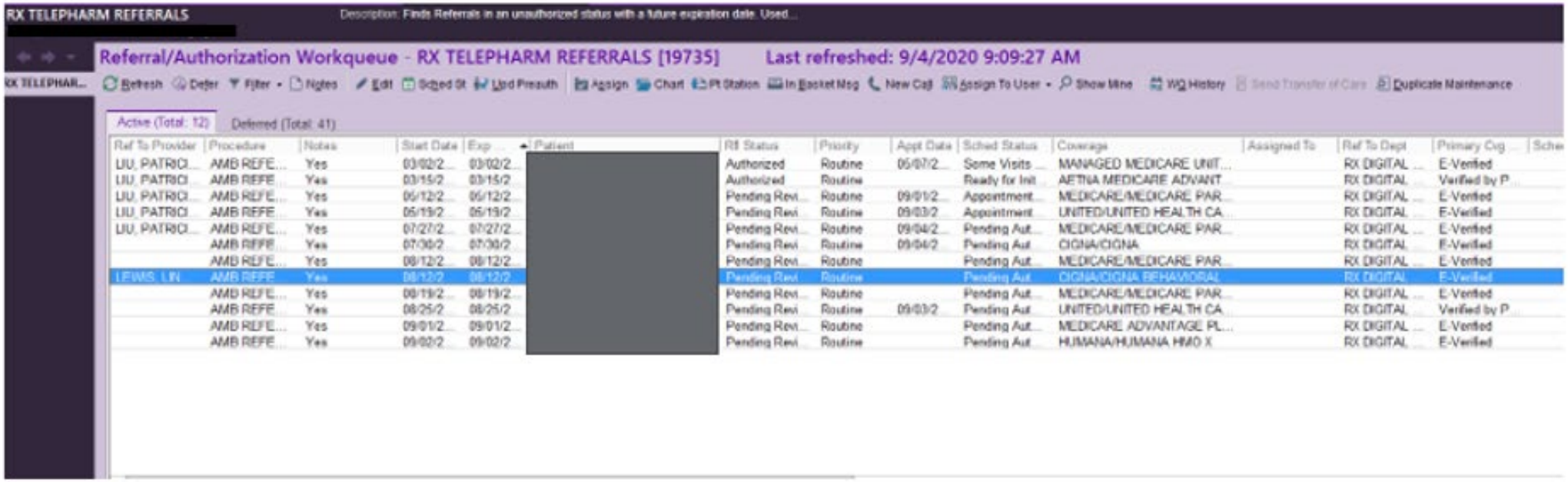
- Create a pharmacy referral within the EHR
- Educate providers on availability of referral
- Compare outcomes for diabetes patients managed by pharmacy versus the traditional method (PCP visits)
- Create a hypertension (HTN) drug therapy management protocol

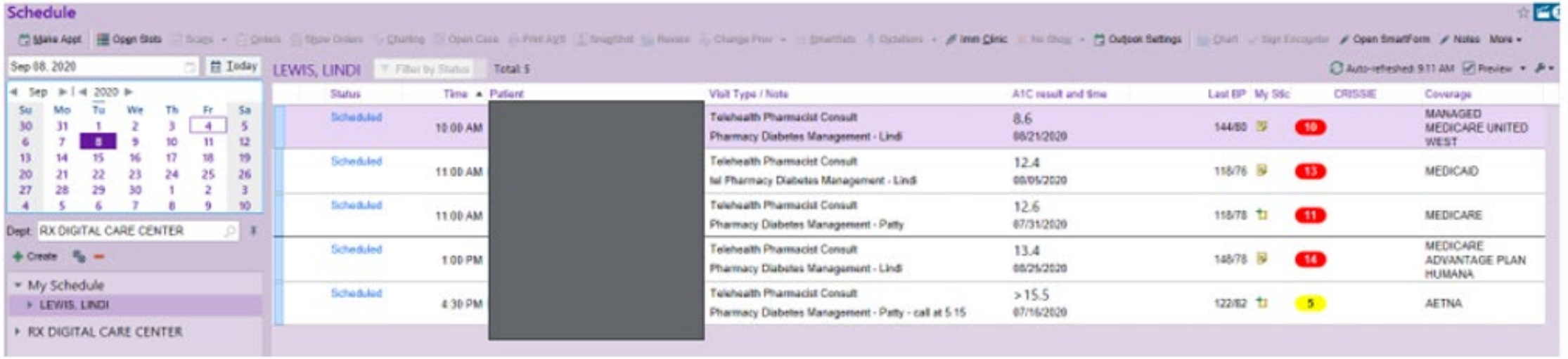


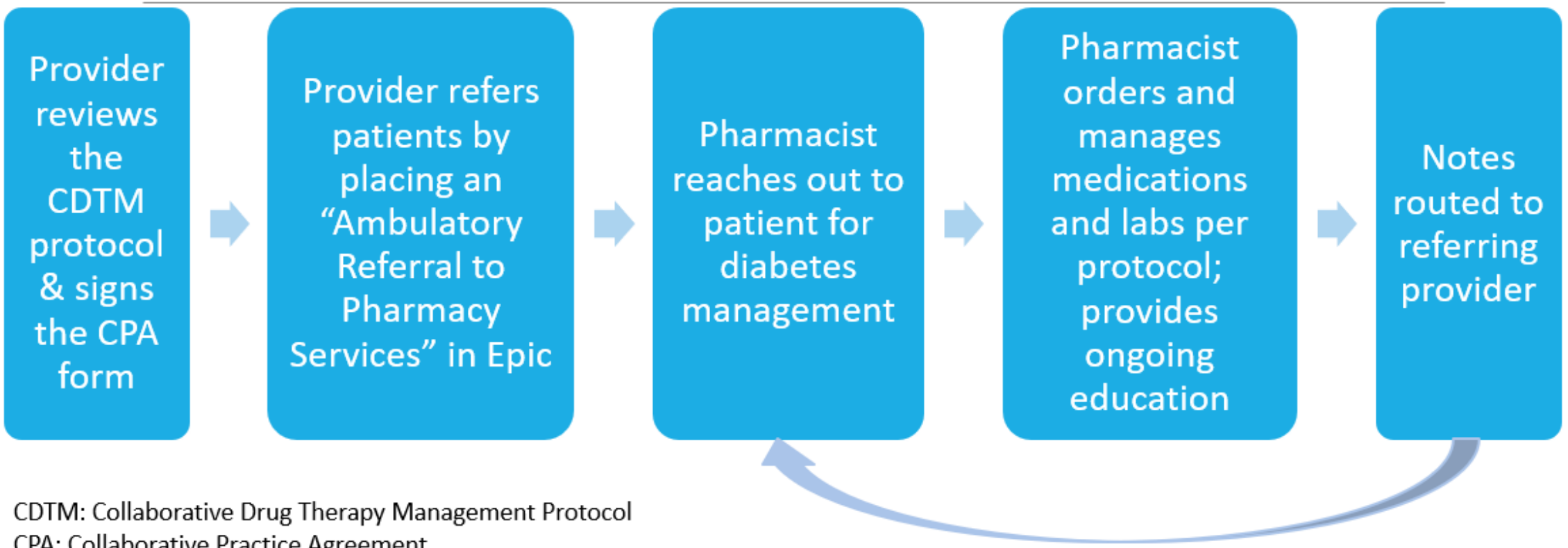
Pharmacy Referral

Referral Options:

- Diabetes Management
- Medication Review/ Polypharmacy
- Other


RX TELEPHARM REFERRALS
Referral/Authorization Workqueue - RX TELEPHARM REFERRALS [19735]
Last refreshed: 9/4/2020 9:09:27 AM
Active (Total: 12)
Deferred (Total: 41)

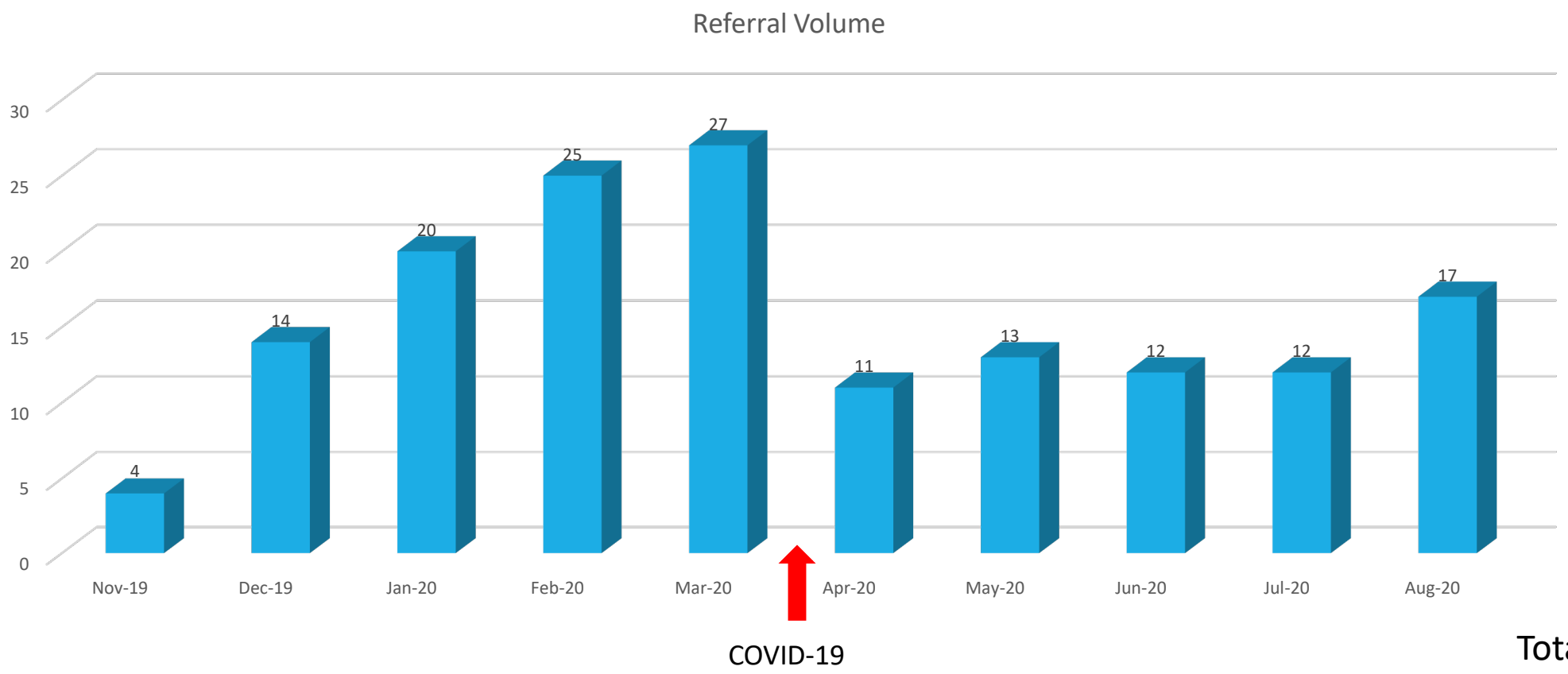

Schedule
Sep 08, 2020
Today
LEWIS, LINDI
Total: 5
RX DIGITAL CARE CENTER
My Schedule
LEWIS, LINDI
RX DIGITAL CARE CENTER



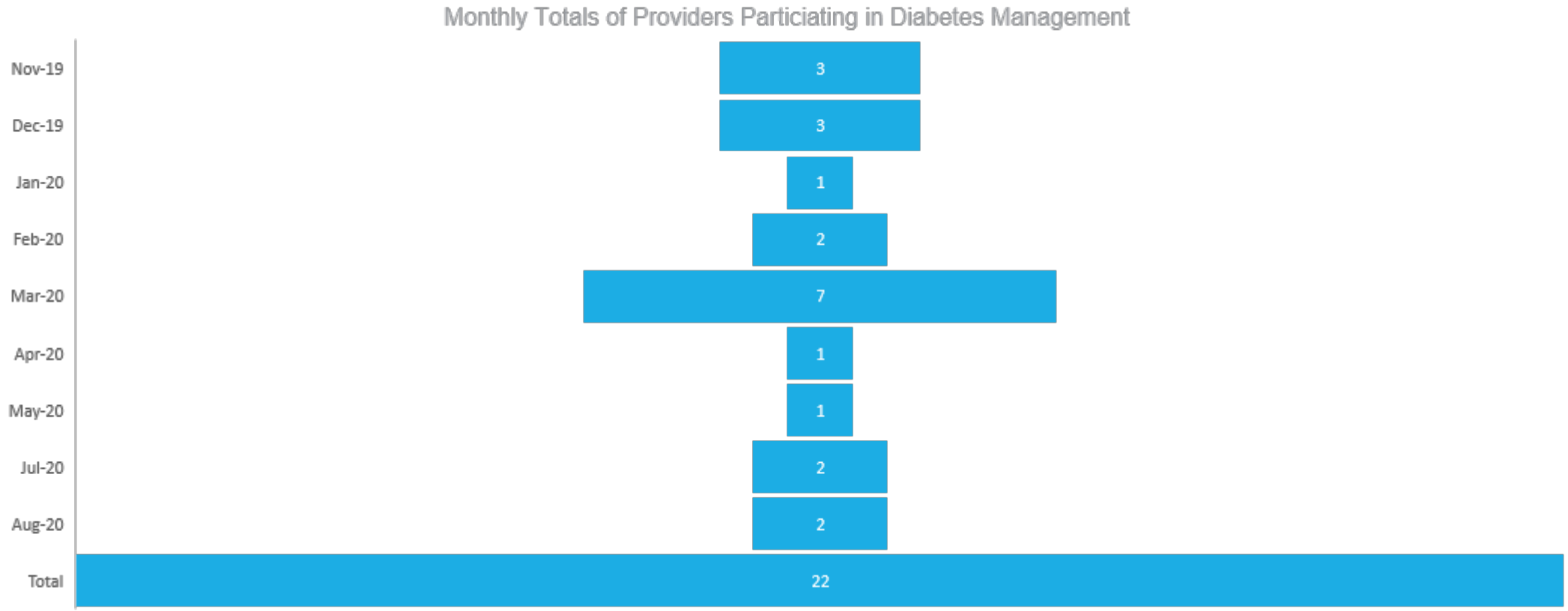
CDTM: Collaborative Drug Therapy Management Protocol
CPA: Collaborative Practice Agreement

Diabetes Management

Monthly Referral Volume



Total = 155



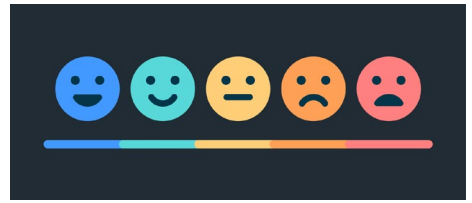
Providers Participating in Diabetes Management

Initial Provider Satisfaction Survey

- A survey was sent to 8 providers who had entered a referral 11/19/19 through 2/14/20
- 7 responses received (88%)
- When asked about reason for the referral, 85.7% (6/7) selected diabetes management and 85.7% selected medication review/polypharmacy
- When asked how often they implement the pharmacist's response, 71% (5/7) selected very frequently and 29% (2/7) selected every now and then

Feedback provided:

- "It's a great service. I love it, it has helped my patients and myself."
- "Great service. This is one of the few services that assists with population health management."
- "Recommendations and response has been excellent."
- "This is a wonderful service and I greatly appreciate the assistance in care for patients!"



Final Provider Satisfaction Survey

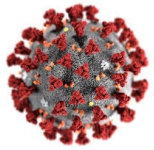
- A survey was sent to 32 providers who had entered a referral 1/1/2020 through 8/31/2020
- 11 responses received (34%) as of 9/9/20
- When asked about reason for the referral, 81.8% (9/11) selected diabetes management and 45.5% (5/11) selected medication review/polypharmacy
- When asked how often they implement the pharmacist's response, 81.8% (9/11) selected very frequently and 18.2% (2/11) selected every now and then
- When asked to rate overall helpfulness of the referral, 81.8% (9/11) rated 5 out of 5 stars for extremely helpful and 18.2% (2/11) gave 4 out of 5 stars for very helpful

Final Provider Satisfaction Survey

Feedback provided:

- “This has been such a helpful service. So many times I feel stuck with my Medicare patients because they cannot afford their medications. It has been amazing working as a team to get them on a regimen they can afford and that controls their diabetes. The patients love working with the pharmacy team. Every single patient has told me how much they appreciate the help from the pharmacists. Thank you for all your help!”
- “You are all doing a great job. Thanks for all that you do!”
- “IT is great!”
- “Amazing service – VERY happy about this!”
- “Thanks a lot for making the service available to us”

Project Challenges



COVID-19

- Referral volume significantly decreased in April 2020, which was attributed to less patients being seen in the clinic, changes in priorities and staff being shifted as needed
- Several patients deferred labs, which led to delays in determining outcomes

EHR

- After the referral was live, pharmacists needed additional access to electronically send RXs and order labs
- Discovered several inefficiencies, including ordering glucometers, metformin titration sigs, pen needles, and determining pack sizes of diabetes medications (e.g., GLP1s and insulin pens)

Orders

Diabetes

Labs

- ☐ Basic Metabolic Panel ($$)
- ☐ Comprehensive Metabolic Panel ($$$$$)
- ☐ Hemoglobin A1c ($$$$)
- ☐ Microalbumin and Creatinine with Ratio Urine Random ($$)

Glucometers & Supplies

- ☐ BLOOD-GLUCOSE METER
- ☐ BLOOD GLUCOSE TEST STRIPS
- ☐ LANCETS
- ☐ CONTOUR NEXT ONE METER
- ☐ CONTOUR NEXT TEST STRIPS
- ☐ MICROLET LANCET
- ☐ ONETOUCH VERIO FLEX METER
- ☐ ONETOUCH VERIO TEST STRIPS
- ☐ ONETOUCH DELICA LANCETS 33 GAUGE
- ☐ DEXCOM G6 RECEIVER MISC
- ☐ DEXCOM G6 SENSOR DEVICE
- ☐ DEXCOM G6 TRANSMITTER DEVICE
- ☐ Freestyle Libre Sensors
- ☐ Freestyle Libre 14 day reader

Metformin

- ☐ Metfomin ER 500 mg, TITRATION
- ☐ Metformin ER 500 mg, 1 tab ONCE daily 30 DS
- ☐ Metformin ER 500 mg, 1 tab ONCE daily 90 DS
- ☐ Metformin ER 500 mg, 2 tabs ONCE daily 30 DS
- ☐ Metformin ER 500 mg, 2 tabs ONCE daily 90 DS
- ☐ Metformin ER 500 mg, 3 tabs ONCE daily 30 DS
- ☐ Metformin ER 500 mg, 3 tabs ONCE daily 90 DS
- ☐ Metformin ER 500 mg, 4 tabs ONCE daily 30 DS
- ☐ Metformin ER 500 mg, 4 tabs ONCE daily 90 DS
- ☐ Metformin IR 1000 mg, 1 tab TWICE daily 30 DS
- ☐ Metformin IR 1000 mg, 1 tab TWICE daily 90 DS
- ☐ Metformin IR 500 mg TITRATION
- ☐ Metformin IR 500 mg, 0.5 tab TWICE daily 30 DS
- ☐ Metformin IR 500 mg, 0.5 tab TWICE daily 90 DS
- ☐ Metformin IR 500 mg, 1 tab TWICE daily 30 DS
- ☐ Metformin IR 500 mg, 1 tab TWICE daily 90 DS
- ☐ Metformin IR 500 mg, 2 tab AM, 1 tab PM daily 30 DS
- ☐ Metformin IR 500 mg, 2 tab AM, 1 tab PM daily 90 DS

GLP-1

- ☐ Trulicity 0.75 mg/0.5 mL WEEKLY
- ☐ Trulicity 1.5 mg/0.5 mL WEEKLY
- ☐ Victoza TITRATION
- ☐ Victoza 1.2 MG DAILY
- ☐ Victoza 1.8 MG DAILY
- ☐ Ozempic TITRATION
- ☐ Ozempic 0.5 mg WEEKLY
- ☐ Ozempic 1 mg WEEKLY

Glucose Meters and Approved Test Strips				
Glucose Meter Name	**Glucose Meter Picture**	**Test Strips Name**	**Test Strips Picture**	**Glucose Meter Instructions Manual**
OneTouch Ultra 2 Meter		OneTouch Ultra Blue Strips		OneTouch Ultra 2
OneTouch Ultra Mini Meter (discontinued meter)				OneTouch Ultra Mini
OneTouch Verio Flex Meter		OneTouch Verio Strips		OneTouch Verio Flex
OneTouch Verio IQ Meter (discontinued meter)				*OneTouch Verio IQ*
OneTouch Verio Meter				OneTouch Verio
OneTouch Verio Sync Meter (discontinued meter)				*OneTouch Verio Sync Meter*

Contour Next One Meter ***VivifyGo***		Contour Next Test Strips (there are new "on the go" individually wrapped strips too)		Contour Next One Meter
Contour Next EZ Meter				Contour Next EZ Meter
Contour Next Meter				Contour Next Meter
Contour Next Link 2.4 Meter (Used with Continuous Glucose Monitoring system)				Contour Next Link 2.4 Meter
Care Touch Glucose Meter (Amazon)		CareTouch Blood Glucose Strip		Care Touch Glucose Meter

Accu-Chek Guide Me meter		Accu-Chek Guide test strips		Accu-Chek Guide Me meter
Accu-Chek Guide meter				Accu-Chek Guide meter
Accu-Chek Aviva meter		Accu-Chek Aviva Plus test strips		Accu-Chek Aviva meter
Accu-Chek Aviva Connect meter (discontinued meter)				*Accu-Chek Aviva Connect meter*
Accu-Chek Aviva Expert meter (discontinued meter)				*Accu-Chek Aviva Expert meter*

Medication	Generic	Pen Capacity	Pen Capacity	Needles Included	Needles Size	Smallest Size Pen needles
Basal Insulin						
Lantus Solostar 100 U/mL	Insulin Glargine	3 mL per pen 5 pens per box	1-unit increments Up to 80 units at a time	No	No brand is preferred 31-32 G 4-8 mm	32G 4mm
Basaglar Kwikpen 100 U/mL	Insulin Glargine	3 mL per pen 5 pens per box	1-unit increments Up to 80 units at a time	No	No brand is preferred 32G 4mm	32G 4mm
Toujeo Solostar 300 U/mL	Insulin Glargine	1.5 mL per pen 3 pens per box	1-unit increments Up to 80 units at a time	No	Not specific size Prefer brands BD Ultra-Fine Ypsomed Clickfine Unifine, Pentips	32G 4mm

Drug	Generic	Dosing Schedule	Dosing	Pen Needles	Smallest Pen Needles	Needles Included	Auto Injector
Trulicity	Dulaglutide	QW	For 0.75mg/0.5 ml pen 4 pens per box For 1.5mg/0.5ml pen 4 pens per box	29G, 5mm that build into the device	N/A	Yes, part of the device	Yes
Victoza	Liraglutide	QD 0.6mg 1.2mg 1.8mg	For starter pack 0.6mgx1w, then 1.2mgx1w, then 1.8mg Use 18mg/3ml pen 2 pens per box For maintaining with 1.8mg daily 18mg/3ml pen (6mg/ml-deliver 10 doses) 3 pens per box	32G 4-12 mm	32G, 4mm	No	No
Ozempic	Semaglutide	QW	For 0.25mg and 0.5mg 2mg per pen 1 pen per box For 1mg pen 2mg per pen 2pens per box	32G 4mm		Yes Come with 6 NovoFine Plus needles	No

Project Challenges Continued

Patient Barriers

- Patients were less likely to be engaged when providers didn't review pharmacy service prior to referral
- Difficult to reach some patients during normal business hours, would outreach 3 times on 3 different days/times and then send a portal message if enrolled
  - Flexing hours
  - Communicating via portal messages
  - Remote patient monitoring
- Several phone voicemails were not set up and therefore unable to leave a message
- Patients reluctant to lifestyle and medication changes
- Lost patients to follow-up (usually after medication changes)
- Care coordination with specialists (e.g. cardiology, nephrology, etc.)
- Importance of involving caregivers, family members, home health nurses, etc. in diabetes management

Project Challenges Continued

Patient Survey

- Currently working with Corporate Responsibility to review options for sending out a survey as there isn't a defined process outside of a traditional provider visit
- Discussing options for an email survey with Press Ganey
- We have received several compliments from patients including voicemails and thank you cards

Providers Referring Patients Paneled With An Alternate PCP

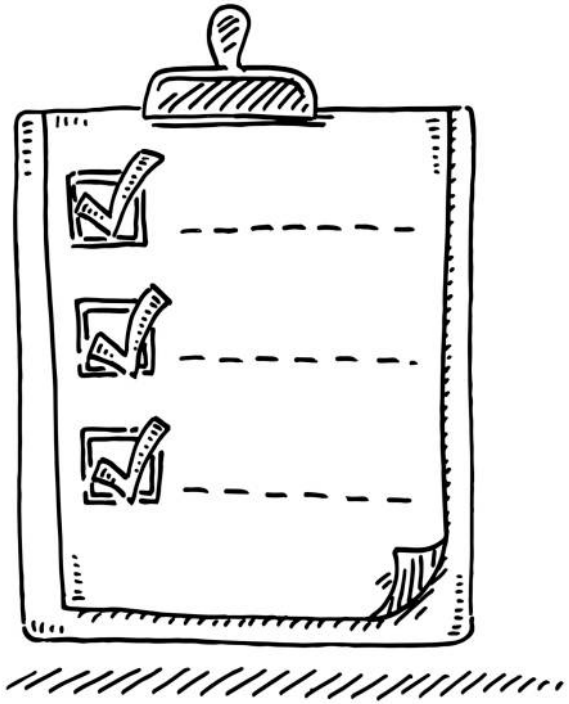
- Most commonly seen with diabetes management patients
- Patient's actual PCP may not have signed the agreement and protocol for diabetes management or may not be interested in additional help

Project Challenges Continued

Prioritizing Issues

- So many issues, not enough time
- Lots of time spent on hold with insurance companies
- Have to call the pharmacy to ensure medication claim paid, assist with copay cards, or resolve other problems

Solution: We hired a certified pharmacy technician



Certified Pharmacy Technician (CPhT)

We found it was important to hire a CPhT with the following:

1. Experience with pharmacy benefits
   - Formularies/tiers
   - Deductibles/copays
   - Medicare coverage gap
2. Great customer service/communication skills
   - Need to be able to outreach patients and offer our service as most patients aren't used to meeting with a pharmacist
   - Need to be able to document outcomes in EHR and determine when to follow up with pharmacist or provider
3. Time management/flexibility
   - Need to be able to prioritize work to be done
   - Duties constantly changing

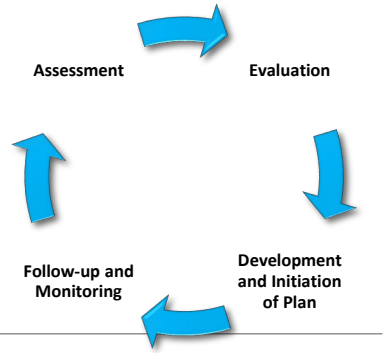
Plus many additional skills…..

Best Practices

- It is important to work closely with IT to develop any new service.
- Our volume and quality of interventions improved when we shifted to managing diabetes with a CDTM and CPA. Providers began to send multiple referrals which led to building trust and credibility within the care team.
- The Board of Pharmacy requires the provider to review and sign the CDTM annually for the pharmacist to provide disease state management. It is important to have a good provider onboarding and follow-up process to ensure protocols and agreements are reviewed and signatures are collected and stored as required.
- Patients were more likely to participate when the provider reviews the service and asks the patient for their willingness to participate prior to sending a referral.

Case Study -

60 yo female referred for pharmacy diabetes management with an A1c of 9.1%



Assessment

- Diabetes regimen: NPH 30 units sq am, 20 units sq pm; Regular 5 units sq twice daily with meals; Metformin ER 500 mg 1 tab po BID
- Issues found: A1c not at goal, high deductible health plan, metformin dose not maximized, no microalbuminuria:Cr on record

Evaluation

- A1c not at goal of < 7%
- Cost issues - PCP ordered insulin glargine to replace NPH but not on formulary
- Sedentary lifestyle, varying meal times and occasional hypoglycemic symptoms, testing blood glucose 5+ times daily
- Appropriately on moderate intensity statin and ARB

Follow-up/Monitoring

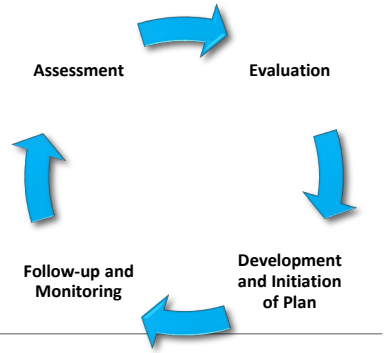
- Met with patient weekly to review blood glucose and adjust insulin
- Education on correction factor and carbohydrate counting
- Labs:
  - A1c reduced from 9.1 to 7.7%
  - microalbumin/CR obtained
  - Noteglucose management system started <1 mo prior to repeat A1C, system reports show patient > 70% in range

Development/Initiation

- Discuss dietary and lifestyle goals
- Patient preference to adjust insulin vs starting other therapies
- Maximize metformin dose to 2000 mg/day
- Switch NPH to insulin Degludec (applied copay card) and titrate dose
- Switch R to insulin lispro with meals
- Ordered glucagon (applied copay card)
- Ordered and obtained prior authorization for CGM

Case Study -

43 yo female referred for pharmacy diabetes management with an A1c of 11.1%.



Assessment

- Diabetes regimen: metformin 500 mg ER 2 tabs po daily, insulin glargine 20 units sq daily and sliding scale insulin lispro (insulin started following hospital admission for DKA)
- Issues found: A1c not at goal, cost of insulin, metformin dose not maximized, not on a statin, due for microalbuminuria:Cr

Follow-up/Monitoring

- Met with patient on a weekly basis at first to ensure tolerating medication changes
- Reviewed exercise progress and CGM reports
- Repeat A1c, lipid panel and microalbumin: Cr ratio completed 4 months
  - A1c reduced from 11.1% to 6.5%
  - LDL 141 to 66 mg/dL
  - Microalbumin:Cr ratio normal

Evaluation

- A1c not at goal of < 7%, limited exercise and difficult for patient to test blood sugar and inject insulin multiple times per day (missing several doses of insulin lispro)
- Insulin cost – benefits allowed for two 30-day fills at retail pharmacy and then would need to switch to a 90-day supply
- Recent LDL was 141 mg/dL and 10-year ASCVD risk was < 20%
- Previous microalbumin: creatinine ratio elevated

Development/Initiation

- Establish exercise goals with patient
- Maximize metformin dose by slowly titrating to 2000 mg/day
- Stop insulin lispro and start dulaglutide once weekly
- Switch insulin glargine to a 90-day supply and titrate as needed
- Start moderate intensity statin
- Microalbumin:Cr ratio lab ordered with repeat A1c/lipid panel
- CGM ordered for patient

Assessment Question 1 – Pharmacist & Nurse

Which of the following describes the objective of Comprehensive Medication Management (CMM)?

A. Review only the patient's prescription medications

B. Tell the patient what they should be doing

C. Assess all medications for safety and appropriateness and develop individualized care plans

D. Make sure they are meeting goals set in the guidelines

Assessment Question 1 – Correct Response

Which of the following describes the objective of Comprehensive Medication Management (CMM)?

A. Review only the patient's prescription medications

B. Tell the patient what they should be doing

C. Assess all medications for safety and appropriateness and develop individualized care plans

D. Make sure they are meeting goals set in the guidelines

Assessment Question 2 – Pharmacist & Nurse

According to the presentation, what is the first step in implementing a referral in the electronic health record?

A. Work with IT to determine build requirements in EHR

B. Inform providers a referral will be coming soon

C. Ask providers what they would like the referral to look like

D. Hire staff

Assessment Question 2 – Correct Response

According to the presentation, what is the first step in implementing a referral in the electronic health record?

A. Work with IT to determine build requirements in EHR

B. Inform providers a referral will be coming soon

C. Ask providers what they would like the referral to look like

D. Hire staff

Assessment Question 3 – Pharmacist & Nurse

Which of the following in an example of a best practice for quality improvement at the IDN level?

A. Complete video visits with patients 30 minutes prior to them seeing their PCP

B. Cold call patients to discuss their diabetes when their A1c is > 8%

C. Have a pharmacist complete a chart review and send recommendations to the PCP for later follow up

D. Implement CPA/CDTM to assist with disease state management and have provider assess patient's willingness to participate prior to pharmacy outreach

Assessment Question 3 – Correct Response

Which of the following in an example of a best practice for quality improvement at the IDN level?

A. Complete video visits with patients 30 minutes prior to them seeing their PCP

B. Cold call patients to discuss their diabetes when their A1c is > 8%

C. Have a pharmacist complete a chart review and send recommendations to the PCP for later follow up

D. Implement CPA/CDTM to assist with disease state management and have provider assess patient's willingness to participate prior to pharmacy outreach

Assessment Question 1 – Technician

How can pharmacy technicians support pharmacists in providing Comprehensive Medication Management?

A. Contact insurance companies to inquire about benefits

B. Contact patients to explain the service and schedule a visit with the pharmacist

C. Recommend medication changes for safety

D. Both A and B

E. All of the above

Assessment Question 1 – Correct Response

How can pharmacy technicians support pharmacists in providing Comprehensive Medication Management?

A. Contact insurance companies to inquire about benefits

B. Contact patients to explain the service and schedule a visit with the pharmacist

C. Recommend medication changes for safety

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E. All of the above

Assessment Question 2 – Technician

What is the role of the pharmacy technician in implementing a referral for Comprehensive Medication Management?

A. Document outcomes in EHR

B. Contact patients to explain the service and schedule a visit with the pharmacist

C. Recommend medication changes for safety

D. Both A and B

E. All of the above

Assessment Question 2 – Correct Response

What is the role of the pharmacy technician in implementing a referral for Comprehensive Medication Management?

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D. Both A and B

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Assessment Question 3 – Technician

Which of the following in an example of a best practice for quality improvement at the IDN level?

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Thank you!

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