Pharmacist-Prescriber Collaboration Toolkit

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Collaboration Toolkit

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Objective

Our objective was to create a Collaboration Toolkit which enables community pharmacists to use data to approach and facilitate collaborative discussions with prescribers.

Background

The Center for Disease Control and Prevention, American Public Health Association, and National Governors Association call for the increased role of pharmacists in the provision of direct patient care as members of integrated health care provider teams.[1-3] Collaborative Practice Agreements (CPAs) are one solution to developing such team-based relationships, but the national uptake of CPAs has been limited. A significant challenge to forming CPAs is initiating the collaborative working relationship between the pharmacist and the prescriber. Pharmacists frequently have contact with prescribers in their geographic area within the traditional prescription dispensing process, but often do not have a systematic way of identifying prescribers with whom to collaborate. Additionally, pharmacists currently do not have a data-driven way to initiate conversations centered around relationship-building and collaboration.[4]

Dispensing data is readily available to pharmacists and rich in information about the population that the pharmacy serves, such as prevalence of chronic conditions, patient characteristics including demographic information and medication-related problems and patterns (adherence, gaps in care, polypharmacy). In addition, there is information about the prescribers whose patients utilize the pharmacy such as: volume of prescribers' patients who utilize a specific pharmacy, commonly prescribed medications specific to prescriber, and disease prevalence within the patient population of a specific prescriber.

A concise way to easily convey this large amount of data is by using an **infographic**. An infographic is a visual representation of data that allows the viewer to quickly assess trends and comparisons between values while enabling the viewer to think critically about a particular data set in terms of broader patterns and implications.[5]

The Prescription Dispensing Data infographic template highlights quality measures that community pharmacists can **meaningfully impact by providing existing patient care services.** The infographic can be used as a conversation starter between pharmacists and prescribers to initiate discussion on mutual patients.

Toolkit Development

This toolkit was created in response to a documented need by community pharmacists for a resource on how to initiate collaboration with prescribers. This need was determined by a pilot project conducted by Carroll and colleagues[1], a comprehensive literature search, and pharmacist interviews conducted by Renner and colleagues[2]. The interviews sought pharmacists' feedback on the utility of the toolkit to initiate collaborative discussions with prescribers. Content validity was provided by a Community Advisory Panel consisting of three practicing community pharmacists and a family practice primary care physician in the state of Pennsylvania.

How to Use this Toolkit

This toolkit was created with the community pharmacist in mind. The items walk the community pharmacist through the process to create an infographic containing prescription dispensing data on mutual patients of a pharmacist and prescriber. Items are placed in an order that flows chronologically. Start with watching the Welcome Video, which sets the landscape for the urgency of pharmacist-prescriber collaboration in today's changing healthcare environment. The Pharmacist Self-Assessment Worksheet and Pre-Visit 'Quick Glance' Checklist will help you prepare for your first face-to-face visit to a prescriber with whom you share patients. Helpful resources are included throughout the guide if you would like more information on a topic, especially prescription dispensing data and quality measures. Be sure to watch the Prescriber Visit Video to gather an idea of what your first visit may be like, and how to structure the conversation with the prescriber.

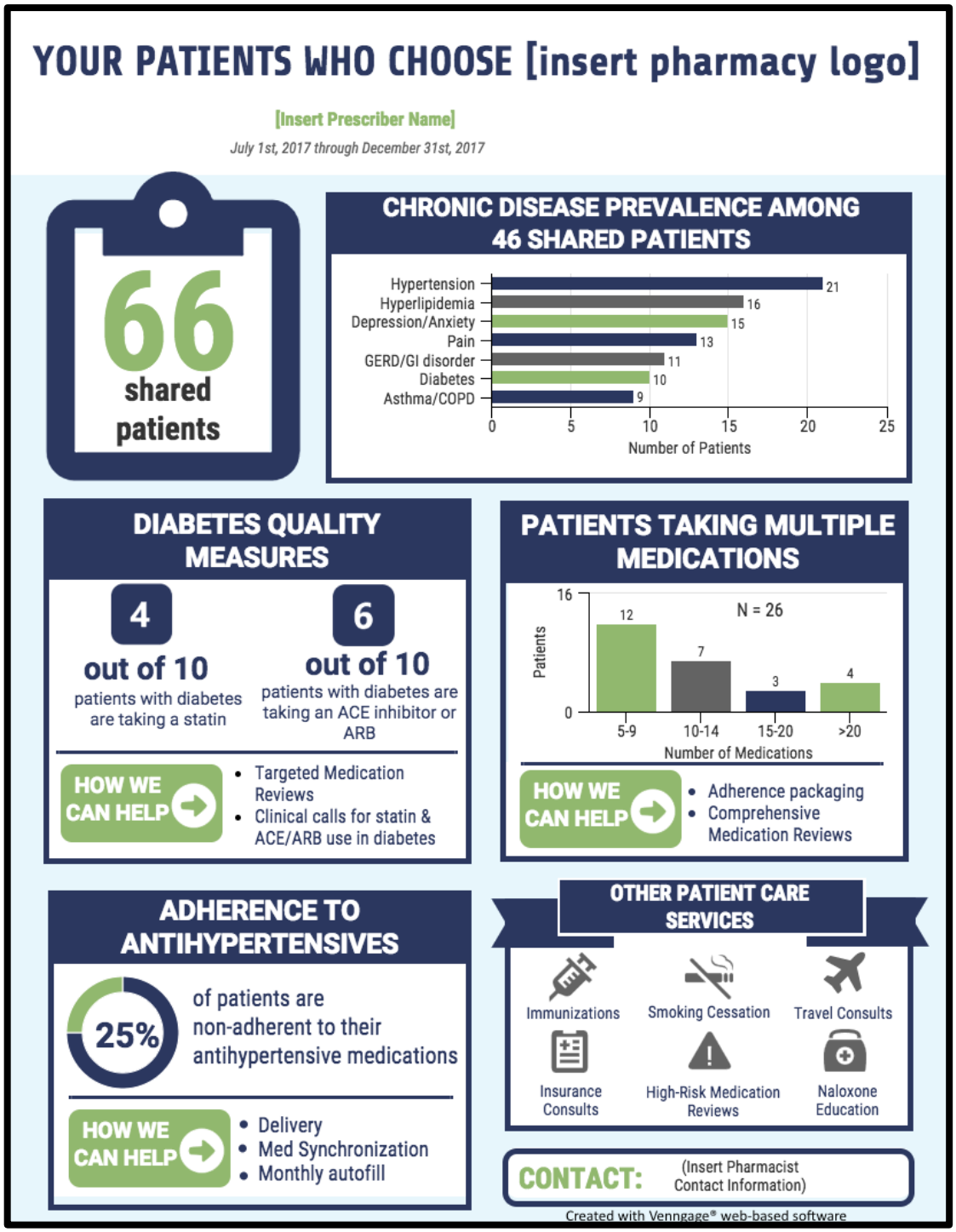
Welcome to the Collaboration Toolkit!

Begin by watching the following video.

Pharmacist-Prescriber Collaboration Welcome Video:
https://youtu.be/6eG4Fvr_0ZA

Infographic Example

Here is an example infographic that highlights data on shared patients inferred from a pharmacy dispensing system.



Tips to Make Your Infographic Great

Infographics for this project were created using Venngage, a web-based software system (https://venngage.com/).

- Keep it simple. Be consistent. Make all headings the same font and color. Make all body text the same color.
- Use 3-4 calm and neutral colors – avoid harsh colors like red or orange. Contrast dark and light colors and fonts.
- Use simple charts and graphs to convey data when you can. Include a brief explanation near the image if it is not self-evident.
- Label all axes and make a key for all colored graphics.
- For bar graphs, be sure to list a total number of patients (N = ____)
- Avoid being text heavy. Place numbers you want to highlight in a box or use a number icon.
- Use icons and images to convey the services your pharmacy offers.
- Make it personal: be sure to include your pharmacy logo and your personal contact information.
- Include the prescriber(s) name whose patients' data is represented, as well as the period of time from which the data was collected.
- Include "big picture" data like number of shared patients (a great place to start) and then work your way to more specific medication-related quality measures that are important to the prescriber.

Helpful Collaborative Resources

1) *What is a CPA? What does having a CPA in place look like? Why are CPAs important? This document from the CDC answers these questions in a brief overview.*

   Centers for Disease Control and Prevention. ***Collaborative Practice Agreements (CPAs) and Pharmacists' Patient Care Services: A Resource for Pharmacists.*** Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2013.

2) *The LINKAGE framework was created by the CDC to help pharmacists and prescribers take objective steps towards working together in order to benefit patients.*

   Centers for Disease Control and Prevention. ***Creating Community-Clinical Linkages Between Community Pharmacists and Physicians.*** Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017.

3) *This is a guide developed by the CDC on how pharmacists can form Collaborative Practice Agreements with prescribers. A sample CPA is included, as well as an overview of the different CPA laws in the different states.*

   Centers for Disease Control and Prevention. ***Advancing Team-Based Care Through Collaborative Practice Agreements: A Resource and Implementation Guide for Adding Pharmacists to the Care Team.*** Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017.

4) *Who actually has CPAs in place? This study describes 3 case studies of existing provider–pharmacist collaborative practice agreements and identifies facilitators and barriers to implementing such services in the community.*

   Snyder ME, Earl TR, Gilchrist S, Greenberg M, Heisler H, Revels M, et al. ***Collaborative Drug Therapy Management: Case Studies of Three Community-Based Models of Care.*** Prev Chronic Dis 2015;12:140504.

5) *The National Alliance of State Pharmacy Associations' (NASPA's) Executive Committee convened a workgroup charged with examining existing state CPA laws and regulations and to build upon policy considerations put forth by the National Governors Association. This report specifies recommendations for what elements of collaborative practice authority should appropriately be defined under state law and/or regulation, and what elements are*

best left to be determined between pharmacists and other practitioners when developing their specific Collaborative Practice Agreement.

National Alliance of State Pharmacy Associations. ***Pharmacist Collaborative Practice Agreements: Key Elements for Legislative and Regulatory Authority. A report from the collaborative practice workgroup convened by the National Alliance of State Pharmacy Associations.*** Richmond, VA: National Alliance of State Pharmacy Associations; 2015. https://naspa.us/wp-content/uploads/2017/01/CPA-Workgroup-Report-FINAL.pdf. Accessed May 10, 2018.

6) *Cardiovascular disease is the leading cause of death in the United States. Prevention and risk reduction of this chronic disease is an area where pharmacists can have a major impact. This guide describes and summarizes scientific evidence behind effective strategies for lowering high blood pressure and cholesterol levels that can be implemented across healthcare settings. Spoiler: team-based care and CPAs are emphasized.*

   Centers for Disease Control and Prevention (CDC). ***Best Practices for Cardiovascular Disease Prevention Programs: A Guide to Effective Health Care System Interventions and Community Programs Linked to Clinical Services.*** Atlanta, GA: Centers for Disease Control and Prevention, U.S. Department of Health and Human Services; 2017.

7) *Thinking of starting point-of-care testing in your pharmacy? This resource by the Pennsylvania Pharmacists Association offers everything from clinical resources to implementation models, to sample CPAs and documentation & billing.*

   Pennsylvania Pharmacists Association. Toolkit: Point of Care Testing and Management. http://www.papharmacists.com/?page=POCToolkit. Accessed May 10, 2018.

Pharmacist Self-Assessment Worksheet

To the Pharmacist:

This Worksheet can be completed in 5 minutes and is to be used as a checklist to help you assess the current state of your collaborative working relationships with prescribers. Go through the entire worksheet and check as many boxes as you can. You may not check all of the boxes in one stage before having completed items in the next stage. Subsequent items in this Collaboration Toolkit will enable you to check off more items. There is room at the end to list current initiatives you are undertaking which may not be listed in the worksheet, as well any items you want to focus on.

Baseline – Professional Awareness

- ☐ I contact prescribers in my area when patient prescription refills are needed, drug interactions occur, or a patient is experiencing an adverse effect related to a medication

Stage 1 – Professional Recognition

- ☐ I have communicated (ex. Phone/email/conversation) my interest in collaborating with top prescribers in my area
- ☐ I have **scheduled a face-to-face meeting** with a prescriber to discuss mutual patients and potential opportunities for collaborative patient care *(See Pre-Visit Quick Glance Checklist to prepare for your first visit)*

Stage 2 – Relationship Initiation

- ☐ I have conducted multiple face-to-face meeting with a top prescriber to discuss mutual patients
- ☐ I have refined my ideas for collaboration **based on prescriber feedback**
- ☐ The prescriber and I have agreed upon which pharmacist-provided services are most needed and have settled on a **timeline** for when patient referrals to the pharmacy will start

Stage 3 – Relationship Exploration and Trial

- ☐ I **receive patient referrals** from the prescriber
- ☐ I routinely make high-quality, high-priority recommendations to the prescriber
    - ☐ I **document** the outcome of my recommendations
- ☐ I frequently communicate patient outcomes to the prescriber via the communication method of their choice
    - ☐ I **seek** and receive **prescriber feedback** about my recommendations
- ☐ I have scheduled **follow-up face-to-face meetings** with the prescriber

Stage 4 – Professional Relationship Expansion

- ☐ The prescriber and I have identified and discussed strategies to **resolve any conflicts** that have arise within a patient's care
- ☐ I have **periodic face-to-face meetings** with the top prescriber to enhance the professional relationship
- ☐ I routinely have face-to-face meetings to establish new relationships with other prescribers in the area

Stage 5 – Commitment to the Collaborative Working Relationship

- ☐ I have an **established working relationship** with the prescriber where they regularly refer patients to me. In some states this may be formalized with a Collaborative Practice Agreement.

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Reflect:

Other initiatives I am currently doing to facilitate collaborative working relationships with prescribers include:

Based on my checked responses, the top 3 things I need to do now are:

1.

2.

3.

I'd like to put _____ in place in my pharmacy so I can more readily do _____.

Prescriber Outreach Script

To the pharmacist:

Please use this script as a guide when contacting the prescriber's office. We have found that saying you have data is sufficient to get in the door and schedule face-to-face time between you, the pharmacist, and the prescriber. A window as small as 10-15 minutes may work to share the infographic.

"Hi, my name is _____, I am a pharmacist at _____ Pharmacy. ***I have data on Dr. _____ patients who come to our pharmacy and I wanted to get Dr. _____'s feedback regarding the information.*** *I'd like to set up a time to meet with him at your office at his earliest convenience. Is there an upcoming time that works for him?*

Pre-Visit 'Quick Glance' Checklist

To the Pharmacist:

This is a brief checklist to help ensure that you have everything you need to complete a successful prescriber visit. Good luck!

1) Infographic Preparation
   - ☐ I **ran reports** that allow me to assess medications, presumable disease states, and therapeutic **gaps in care** for mutual patients shared with a top prescriber
     - ☐ For gaps in care that do exist, I am prepared to discuss **specific patients** for whom a gap exists
   - ☐ I **identified pharmacy services** that can meet patient needs and complement the prescriber's practice
   - ☐ I **created an infographic** which visually aligns the patient population gaps in care with pharmacy services that I offer

2) Communication Preparation
   - ☐ I am prepared to clearly communicate the **benefit of pharmacist-provided services** to a prescriber with the goal of initiating a trusting and collaborative relationship
     - ☐ I am prepared to discuss how collaboration can positively affect the prescriber's **quality scores**
     - ☐ I am prepared to articulate my training, credentials, and background to a prescriber
     - ☐ I am prepared to describe in detail my experience with delivering patient care services to patients (and **provide examples** where appropriate)
   - ☐ I am prepared to ask a prescriber about their **preferred method of communication**

3) Logistics
   - ☐ I **called the practice** 1-2 days in advance to confirm the meeting location and time (inquire about parking and any other logistics)

   Things to Take to your First Meeting:
   - ☐ **Printed color copies of the infographic, business cards**, and other materials I may need for the discussion
   - ☐ Consider bringing a small **token of thanks** for the prescriber. This could be something from your pharmacy's gift shop, or you could follow-up with a mailed thank you card

Medication Gap Map

This Medication Gap Map defines relevant gaps in care that you may be able to assess using your prescription dispensing data. Gaps in care are linked to pharmacy services in the far right column that can address the therapeutic gap. Include data on gaps in care along with services that your pharmacy provides on your Prescription Dispensing Data infographic.

Gap in Care / Quality Measure	Identifiers of Gap in Care using Pharmacy Dispensing Data	Pharmacy Service to Resolve Gap in Care
1. No statin use in patients aged 40-75 with Diabetes Mellitus ***(HEDIS Measure)***	Patients taking any type of oral/non-insulin injectable diabetic medication or insulin between the ages of 40-75 that do not have a statin in their patient profile.	MTM Services
2. Opiates with Benzodiazepines ***(CMS STAR Measure)***	Patients who filled both an opioid and a benzodiazepine within 30 days of each other.	MTM Services Naloxone dispensing Adherence Packaging Scheduled Delivery-Services Opioid Disposal Envelopes
3. Use of PPI for more than 12 weeks ***(CMS STAR Measure)***	Patients who have received three 30-day supplies or one 90-day supply of a Proton Pump Inhibitor in the past 90 days.	MTM Services OTC Counseling
4. High risk medications in elderly patients ***(CMS STAR Measure)***	Patients who are 65 years or older that filled 2 or more medications within the BEERS criteria during a one month period.	MTM Services OTC Counseling
5. Adherence to medications for chronic disease states (Diabetes Mellitus, Hypertension, Dyslipidemia, COPD) ***(CMS STAR Measure)***	Patients who are receiving a chronic medication(s) that have a Proportion of Days Covered (PDC) threshold of less than 80% over a six-month period.	MTM Services Home Delivery Medication Synchronization Program Adherence Packaging Adherence Calls Abandoned-Prescription Calls Collection of Vital Signs Point of Care Testing Nutritional counseling Durable Medical Equipment Billing Resources (COPD- nebulizer)

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Gap in Care / Quality Measure	Identifiers of Gap in Care using Pharmacy Dispensing Data	Pharmacy Service to Resolve Gap in Care
6. **Adherence to Antipsychotic Medications for Individuals With Schizophrenia** ***(HEDIS Measure)***	Patients who are receiving antipsychotic medication(s) that have a PDC threshold of less than 80% over a six-month period.	MTM Services Home Delivery Medication Synchronization Program Adherence Packaging Adherence Calls Abandoned-Prescription Calls Long Acting Injectables
7. **Adherence to Antidepressant Medication(s)** ***(HEDIS Measure)***	Patients who are receiving antidepressant medication(s) that have a PDC threshold of less than 80% over a six month period.	MTM Services Home Delivery Medication Synchronization Program Adherence Packaging Adherence Calls Abandoned-Prescription Calls
8. **Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications** ***(HEDIS Measure)***	Adults (18 years and older) taking any antipsychotic medications if not taking an oral/injectable diabetes medication.	MTM Services Collection of Vital Signs Physical Assessment Point of Care Testing Nutritional Counseling
9. **Metabolic Monitoring for Children and Adolescents on Antipsychotics** ***(HEDIS Measure)***	Children and teenagers (1-17 year olds) filling antipsychotic medications within the past 90 days.	MTM Services Collection of Vital Signs Physical Assessment Point of Care Testing Nutritional Counseling
10. **Patient is using an insulin product but is not filling diabetic testing supplies (American Journal of Managed Care)**	Patients who received long or short acting insulin, but did not receive diabetic testing supplies.	Collection of Vital Signs Point of Care Testing

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Gap in Care / Quality Measure	Identifiers of Gap in Care using Pharmacy Dispensing Data	Pharmacy Service to Resolve Gap in Care
11. No statin therapy in patients with cardiovascular disease *(HEDIS Measure)*	Patients who are receiving antiplatelet therapy but do not have a statin in their patient profile.	MTM Services
12. Flu Vaccinations for Adults Ages 18-64 *(HEDIS Measure)*	Patients between 18-64 years old who have not received an influenza vaccine in the past 12 months.	MTM Services Immunization Services
13. Flu Vaccinations for Adults 65 years old and older *(HEDIS Measure)*	Patients over 65 years old who have not received an influenza vaccine in the past 12 months.	MTM Services Immunization Services
14. Pneumococcal Vaccination Status for Older Adults *(HEDIS Measure)*	Patients 65 years or older who have not received 1 dose of the PCV13 vaccine or have received 1 dose of the PCV13 vaccine but have not received 1 dose of the PPSSV23 vaccine at least one year later.	MTM Services Immunization Services

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Helpful Resources for Conducting Pharmacy Services

Medication Therapy Management:

American Pharmacists Association and National Association of Chain Drug Stores. Core Elements of an MTM Service Model. https://www.pharmacist.com/sites/default/files/files/core_elements_of_an_mtm_practice.pdf. Accessed June 15, 2018.

Diabetes Education Materials:

Pennsylvania Pharmacists Association. Toolkit: Diabetes Care and Management. http://www.papharmacists.com/page/Diabetes_Toolkit. Accessed May 4, 2018.

Hypertension Education Materials:

Pennsylvania Pharmacists Association. Toolkit: Hypertension Care and Management. http://www.papharmacists.com/page/HypertensionCare. Accessed May 4, 2018.

Medication Synchronization Program:

American Pharmacists Association Foundation. Pharmacy's Appointment Based Model (ABM). . http://www.aphafoundation.org/appointment-based-model. Accessed May 4, 2018.

National Community Pharmacists Association. Community Pharmacy Response to PCMA's Medication Synchronization Opposition. https://c.ymcdn.com/sites/papharmacists.site-ym.com/resource/resmgr/Resource_materials/NCPA_Response_to_PCMA_Med_Sy.pdf. Accessed May 4, 2018.

Naloxone Implementation Guidelines:

Pennsylvania Pharmacists Association. Naloxone Implementation Guide. http://c.ymcdn.com/sites/www.papharmacists.com/resource/resmgr/aoaa/Naloxone_Implementation_Guid.pdf. Accessed May 4, 2018.

Point of Care Testing:

Gilbreath M. Point-of-Care Testing Background Paper Prepared for the 2015-2016 APhA Policy Committee. https://www.pharmacist.com/sites/default/files/files/POCT%20Policy%20Background%20Paper%20-%20FINAL.pdf. Access May 4, 2018.

Vaccination Program Initiation:

McKesson. Five Steps for Independent Pharmacies to Start a Vaccine Program. http://www.mckesson.com/blog/five-steps-for-independent-pharmacies-to-start-a-vaccine-program/. Accessed May 4, 2018.

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Helpful Resources for Conducting Pharmacy Services

Vaccination Reimbursement:

Hartzell V. Pharmacy Times. Reimbursement for Service of Administering Vaccines, From an Independent Pharmacy Perspective. http://www.pharmacytimes.com/publications/issue/2017/immunizationsupplementjune2017/reimbursement-for-service-of-administering-vaccines-from-an-independent-pharmacy-perspective. Accessed May 4, 2018.

Vital Sign Collection:

Pennsylvania Pharmacists Association. Point of Care Toolkit: Physical Assessment. http://www.papharmacists.com/?page=POCAssessment Accessed May 4, 2018.

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QUALITY MEASUREMENT SYSTEMS		
Measure System	**What is it?**	**Why does it matter to pharmacy?**
Centers for Medicare and Medicaid Services (CMS) Star Ratings	**Medicare Part C and D insurance plans** are given Star Ratings each year based on performance metrics, with 1 star indicating poor performance and 5 stars indicating excellent performance. Star Ratings are available to the public and are vital to health plans for multiple reasons: • Higher ratings can qualify Medicare Advantage plans for quality bonus payments from the government • 5-star plans are not limited to the open enrollment period but may market to and enroll beneficiaries throughout the year • Patients can leave their current plans for 5-star plans any time of the year • Patients cannot enroll in a plan from the Medicare website if it has received less than 3 stars for 3 consecutive years, and such plans risk losing their sponsorship status • Patients are more likely to choose a plan if it has a higher rating	Pharmacists can improve medication use and boost performance on quality measures. This shows value to health plans and can help ensure that your pharmacy included in **preferred provider networks.** High performance on quality measures helps pharmacies **avoid direct and indirect remuneration (DIR) fees**, which can also be a mechanism for bonus payments from some health plans.
HEDIS Measures	**The Healthcare Effectiveness Data and Information Set (HEDIS)** is a tool used by more than 90 percent of America's health plans to measure performance on important dimensions of care and service. Altogether, HEDIS consists of 94 measures across 7 domains of care. The National Committee for Quality Assurance (NCQA) has set the HEDIS measures since the 1990s. The NCQA measurement development process has expanded the size and scope of HEDIS to include measures for **physicians, PPOs and other organizations.**	In addition to positively affecting HEDIS measures and showing value to health plans, you will also be showing direct value to **prescribers, who are measured on this scale.**
Merit-based Incentive Payment System (MIPS) reporting	MIPS is a performance-based payment system that is one of the participation tracks under the Quality Payment Program. MIPS was created as part of the **Medicare Access in Children's Health Insurance Program, the CHIP Reauthorization Act of 2015, which is referred to as MACRA.** *Who is directly affected?* Physicians, physician assistants, nurse practitioners, dentists, and chiropractors. MIPS rates these clinicians most heavily on quality (50% of payment in 2018), as well as improvement activities, advancing care information, and cost. Currently, clinicians can choose some of the quality measures they are evaluated on.	As a pharmacist, you are perfectly positioned to provide assistance as a coordinator of quality. Many of the measures that prescribers are now required to report on can be affected by **things that pharmacists are already doing, such as medication synchronization and Medication Therapy Management programs.**

ADDITIONAL RESOURCES

CMS Star Ratings:

Centers for Medicare & Medicaid Services. Part C and D Performance Data. https://www.cms.gov/Medicare/Prescription-Drug-Coverage/PrescriptionDrugCovGenIn/PerformanceData.html Accessed May 4, 2018.

Renner HM, Hollar A, Stolpe SF et al. Pharmacist-to-prescriber intervention to close therapeutic gaps for statin use in patients with diabetes: a randomized controlled trial. Journal of the American Pharmacists Association: *J Am Pharm Assoc*. 2017;57(3s):S236-S42.e1.

HEDIS Measures:

National Committee for Quality Assurance (NCQA). HEDIS & Performance Measurement. http://www.ncqa.org/hedis-quality-measurement Accessed May 4, 2018.

MACRA/MIPS:

Thielemier B. Pharmacy Times. Understanding CMS Value-Based Payment Models to Advance Pharmacy Services.http://www.pharmacytimes.com/contributor/blair-thielemier-pharmd/2017/12/understanding-cms-value-based-payment-models-to-advance-pharmacy-services Accessed May 4, 2018.

Baxter M. Pharmacy Today. New Opportunities under MACRA Set Stage for Pharmacist-Provided Care http://www.pharmacytoday.org/article/S1042-0991(16)31654-1/pdf Accessed May 4, 2018.

Centers for Medicare & Medicaid Services. MIPS Fact Sheet. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Cost-Measures-Field-Test-Fact-Sheet.pdf Accessed May 4, 2018.

Modernizing Medicine. 2018 MIPS Update: The 10 Changes You Should Know About. https://www.modmed.com/blog/2018-mips-update/ Accessed May 4, 2018.

Centers for Medicare & Medicaid Services. What's MACRA? https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html Accessed May 4, 2018.

Clinical Justifications: THERAPEUTIC GAPS IN CARE – Why considered a 'gap'?

Listed below are quality measures and an explanation of why they are considered a therapeutic gap in care. Use these pointers and references as needed to develop talking points to use with prescribers as you discuss mutual patients.

1. **No statin use in patient with Diabetes Mellitus (ages 45-70)**[1, 3, 4, 5]
   The 2013 American College of Cardiology/American Heart Association Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular (ASCV) Risk in Adults recommends that a moderate- to high-intensity statin be initiated in all patients with diabetes between the ages of 40 and 75 years to reduce the risk of cardiovascular events. Patients that have Type 2 Diabetes Mellitus are at an increased risk of cardiovascular incidents including heart attack and stroke, thus a statin is recommended regardless of cholesterol levels.

2. **Opiates with benzodiazepines**[2]
   Patients that are taking both an opioid and a benzodiazepine within 30 days of each other are at an increased risk of respiratory depression and even death. Both medications are central nervous systems depressants.

3. **Use of PPI for more 12 weeks**[6]
   PPI's are not recommended to be used for more than 12 weeks unless a patient receives a diagnosis of Barrett's Esophagus or Zollinger-Ellison Syndrome because the side effects of these medications can often outweigh its benefits. Long term use of PPI's has been associated with hypergastrinemia, bacterial infections, bone fractures, hypomagnesemia, vitamin deficiencies, kidney damage, and dementia. If a patient has been filling a PPI for more than 12 weeks, recommend switching to a safer alternative like Zantac (Ranitidine) or Pepcid (Famotidine) to control GERD symptoms.

4. **High risk medications in elderly patients**[1, 2]
   Patients that are over the age of 65 and are taking 2 or more medications within the American Geriatric Society Beers Criteria for Potentially Inappropriate Medications Use in Older Adults are at an increased risk for adverse effects from these medications, including dizziness and falls.

5. **Adherence to medications for chronic disease states (Depression, Diabetes Mellitus, Hypertension, Dyslipidemia, COPD, Schizophrenia and other mood disorders)**[1, 5]
   The proportion of days covered (PDC) is the adherence measure of choice through HEDIS measures and the Pharmacy Quality alliance, among others, and patients with a PDC of less than 80% are said to be non-adherent.

6. **Vaccinations**[4]
   Adults, adolescents, children, and people who are traveling are at risk for preventable diseases. The pharmacy can be a convenient location to meet patients' vaccination needs. The following are 2017 HEDIS measures:
   - Childhood Immunization Status
   - Immunizations for Adolescents
   - Flu Vaccinations for Adults Age 18-64
   - Flu Vaccinations for Adults Ages 65 and Older
   - Pneumococcal Vaccination Status for Older Adults

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Listed below are quality measures and an explanation of why they are considered a therapeutic gap in care. Use these pointers and references as needed to develop talking points to use with prescribers as you discuss mutual patients.

7. **Diabetes screening for people with Schizophrenia or Bipolar Disorder who are using antipsychotic medications**[4]

   Many patients placed on antipsychotics, particularly second generation antipsychotics, experience negative metabolic side effects associated with these medications. Since these medications are often needed long term it puts patients at an even higher risk for developing weight gain which can often lead to diabetes. In order to prevent the development of any of these disease, it is important for pharmacists to collaborate with physicians to ensure that all patients on second generation antipsychotics are having diabetic screenings (fasting blood glucose levels or HbA1c) yearly. These annual screenings can prevent the development of serious chronic diseases in the future.

8. **Metabolic monitoring for children and adolescents on antipsychotics**[4]

   Many patients placed on antipsychotics, particularly second generation antipsychotics, experience negative metabolic side effects associated with these medications. Since these medications are often needed long term it puts patients at an even higher risk for developing hyperglycemia and dyslipidemia which can often lead to other cardiovascular disorders. In order to prevent the development of any of these disease, it is important for pharmacists to collaborate with physicians to ensure that all patients on second generation antipsychotics are having regular follow-ups with their physicians where lab work, like a lipid panel and fasting blood glucose levels are done yearly. These annual screening can prevent the development of serious chronic diseases in the future.

Clinical Justifications: THERAPEUTIC GAPS IN CARE – Why considered a 'gap'?

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Watch: Prescriber Visit Video

See an example of what your face-to-face prescriber meeting may look like!

Prescriber Visit Video:
https://youtu.be/nkKnSt6l6QU

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Appendix: Data Pull Instructions

HBS – Prescription Log Report

Note: Desktop needs to be set up to receive samba folder

Master Menu
C - Daily Report System
A. Financial Reports
A. Rx Register
Arrow down to “create export file”
Enter the starting date and end date
Delete stores you don’t want to look at (if multiple stores on the same server)
Patient type spc – just press “enter”
Report Parameters

1. Select Home Codes: ALL
2. Select Bill Codes: ALL
3. Enter Patient Type: (leave blank)
4. Print Patient Name, Y/N: N
5. Print Patient Address, Y/N: N
6. Print Acquisition Cost, Y/N: N
7. Enter DAW CODE OR “A” for All: ALL
8. Print Compound Drugs Only, Y/N: N
9. Print OTC’s Only, Y/N: N
10. Include Refills, Y/N: Y
11. Print Unpaid Claims Only, Y/N: N
12. Print Alphabetically, Y/N: Y
13. Enter RPH or “A” for ALL: ALL
14. Print Rph Totals Only, Y/N: N
15. Enter NARC CODES, “A” for ALL: ALL
16. Print 340B Drugs Only, Y/N: N
17. Enter Drug Category (leave blank)

Do You Wish to Select the Doctors: enter (default to no for original report)
Run for a specific drug: N
Include pharmacy information: Y
Include patient’s DOB: Y
Include Fields Name in First Row: Y
Enter Field Delimiter: (enter to default no)
Run report

Appendix: Data Pull Instructions

PioneerRx – Prescription Log Report

Rx → Search Rx (binoculars)

Tab 1: Rx

- Transaction Status = Completed
- Filled Between = [xx/xx/xxxx] and [xx/xx/xxxx]

Tab 3: Prescriber

- Written By = [Dr. X]
  - If you do not want to filter by specific doctor, ignore this filter.

Search [F12] will display all results

- Set View = Expanded
  - Results will refresh
- Top Left – Click Button for "Select Columns"
  - Check the box next to the desired columns:
    - Rx Number
    - Refill Number
    - Date Filled
    - Prescriber Full Name
    - Dispensed Item Name
    - Directions Translated
    - Dispensed Quantity
    - Days Supply
    - Dispensed Item NDC
    - Therapeutic Class Code
    - Therapeutic Class Description
    - Patient Gender
    - Prescriber DEA
    - Patient Serial Number
    - Patient Date of Birth
    - Dispensed Item Strength
    - MPR
    - GAP
    - Refill or New
    - Prescriber NPI
  - Results will Refresh
- Top Right: MENU → Export to Excel
  - Save to File

Appendix: Data Pull Instructions

Rx30 – Prescription Log Report

Step 1

If in workflow menu:
F1 menu
19. Fill Menu

Otherwise:

F1 Menu
05. Rx Logs
Print [1] Detailed Rx Log
Sequence [3] Patient Name
Select appropriate options on right hand side:
- Both – Noncontrolled, controlled, both
- Check – separate fills and refills
- Check – Print Brands UPPERCASE
- Check – Include Nursing Home Rx
- Check – Include Cash Rxs
- Check – Include margin Rx's

Change starting and ending date for 6 months prior
F4 Print
13. Export CSV
F5. Print

Step 2
USB into main computer terminal
Open in New Window – click ok
Home Folder
CSV files
Right click and copy file you need
Go to folder on left, storage media, UDISK, right click to paste

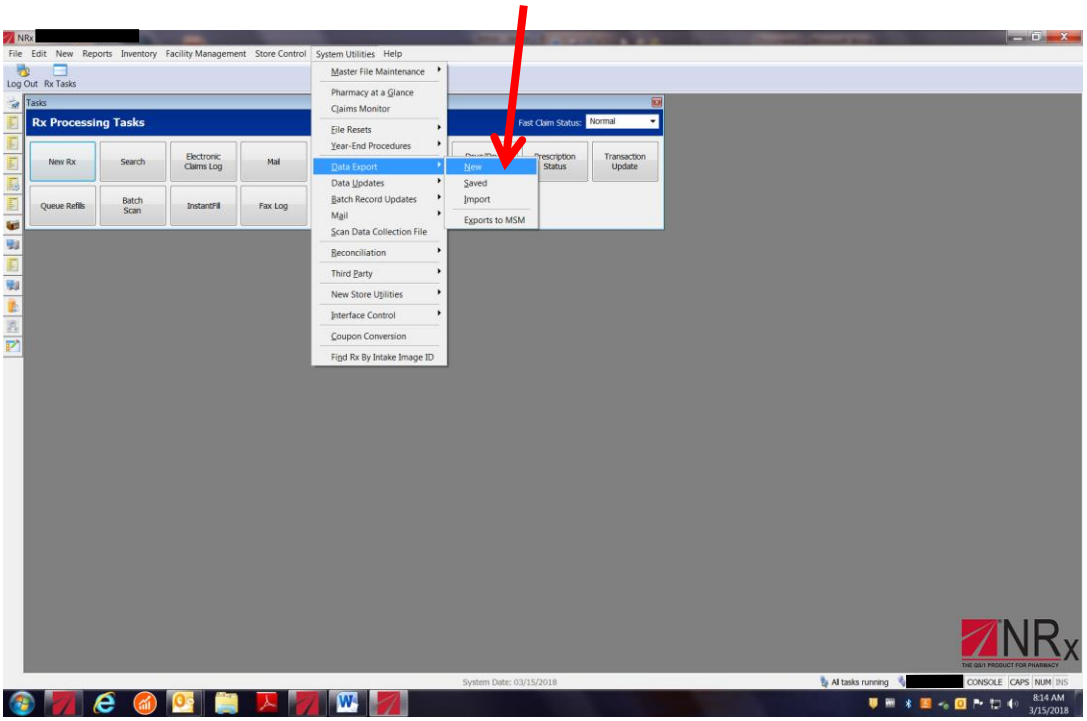
Step 3
Insert USB
Open Excel
New Workbook
Data tab
From Text/CSV
Select file

*Note: F4 means 'no' if field is blank

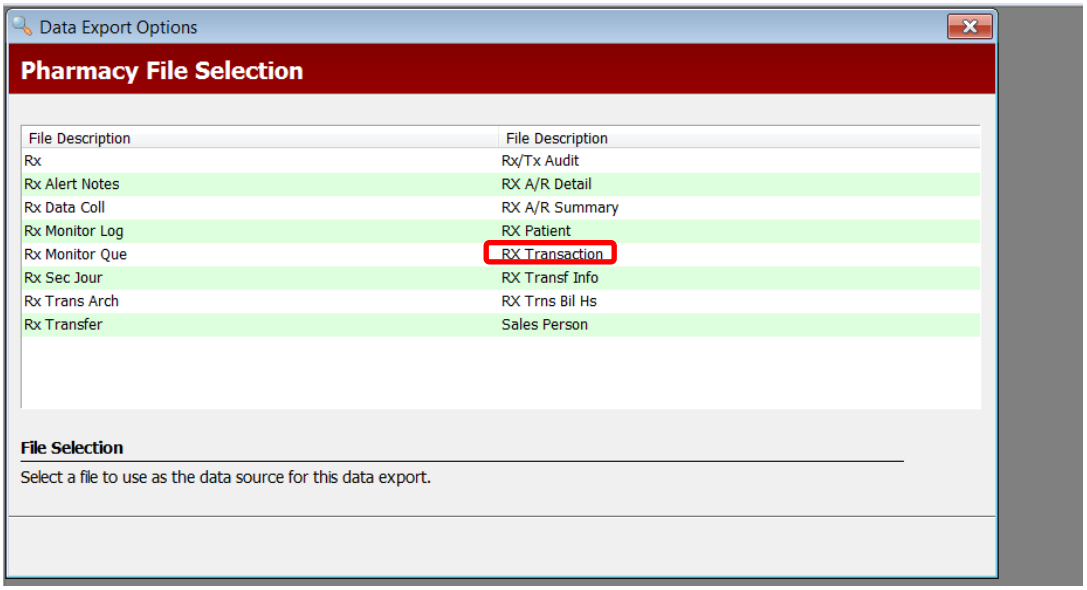
Appendix: Data Pull Instructions

QS1 – Prescription Log Report

Go to System Utilities>>Data Export>>New

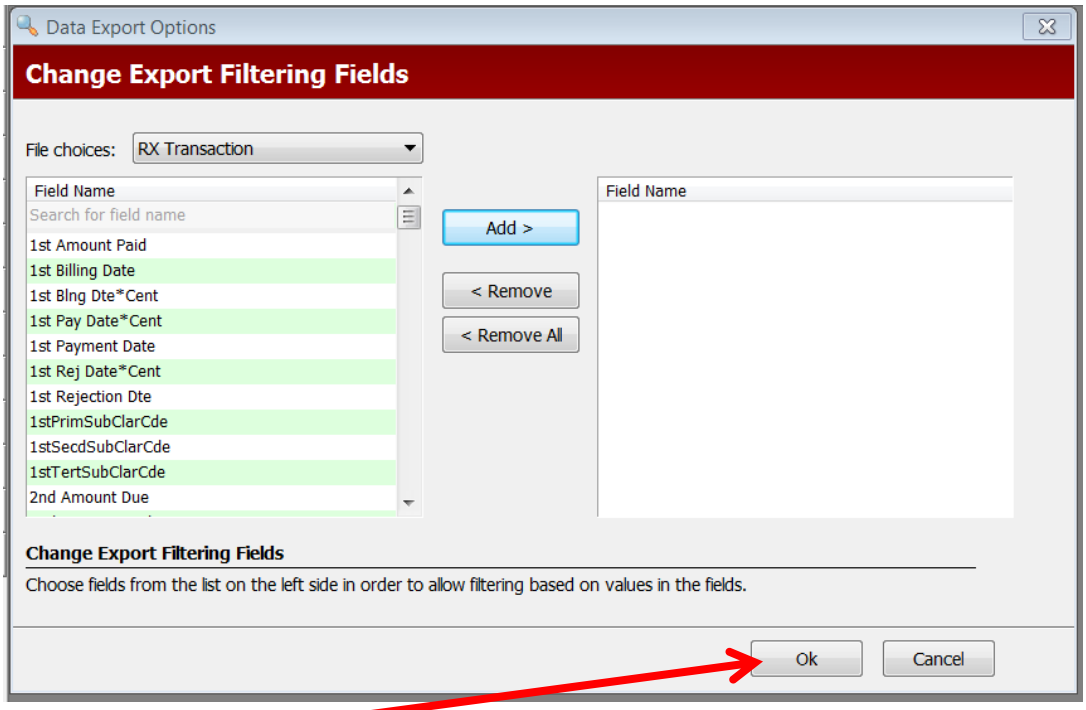


File Selection will be Rx Transaction



On the Change Export Filtering Fields add the following to the right side

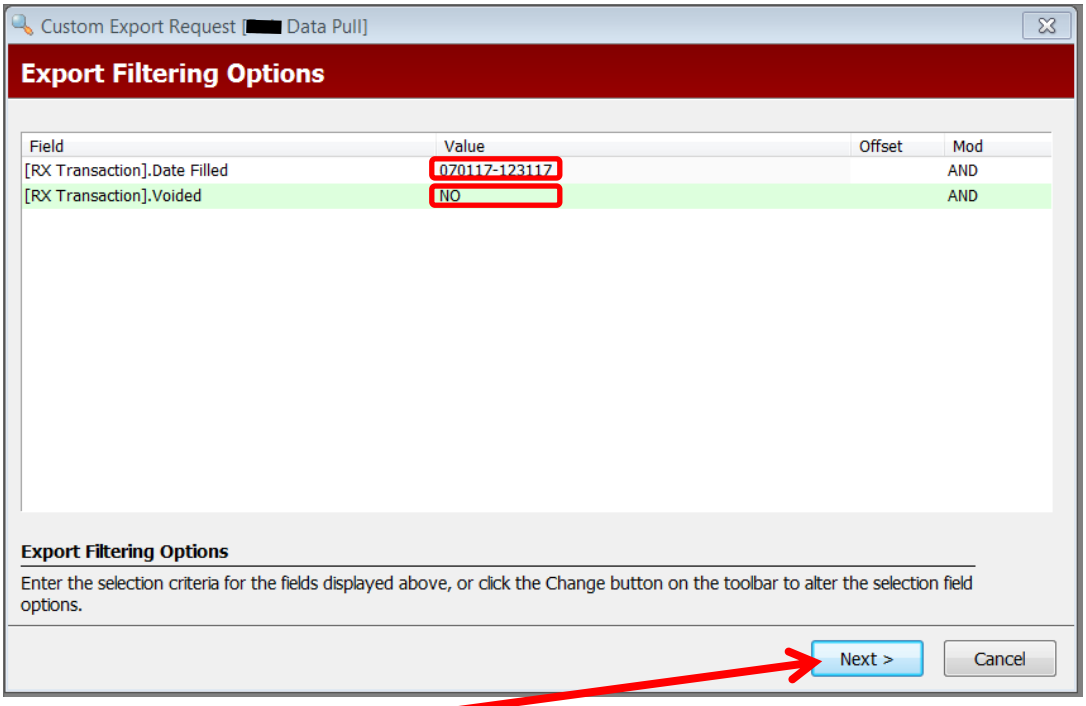
File Choice	***Field Name***
RX Transaction	Date Filled
RX Transaction	Voided



Click OK

Select your Date Range Value

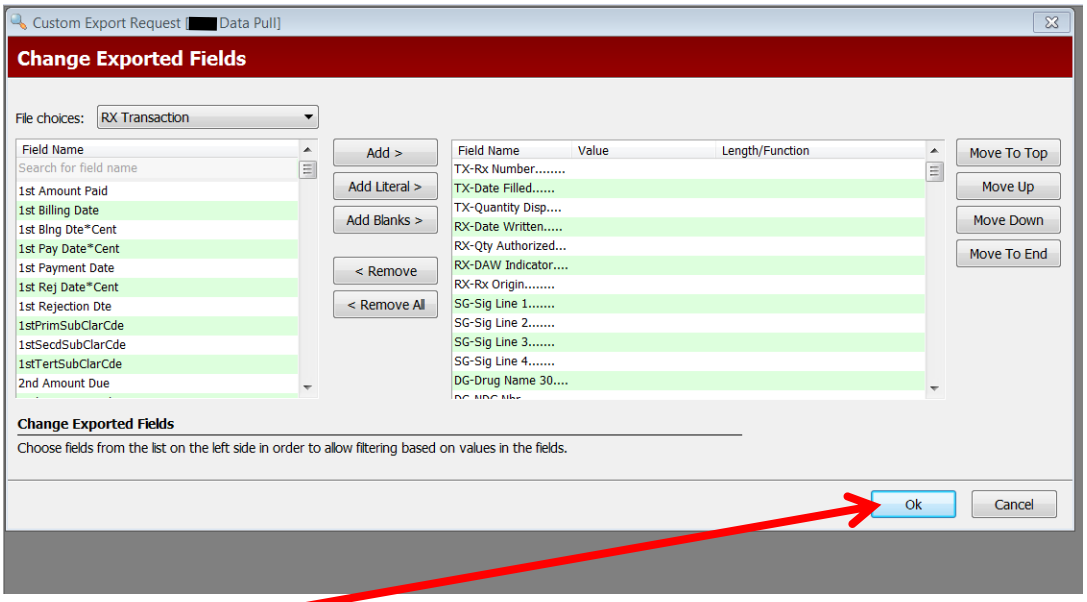
Voided value = NO



Click Next

On the Change Exported Fields page add the following to the right side

File Choice	***Field Name***
Rx Transaction	Rx Number
Rx Transaction	Date Filled
Rx Transaction	Quantity Disp
Rx	Date Written
Rx	Qty Authorized
Rx	DAW Indicator
Rx	Rx Origin
Sig	Sig Line 1
Sig	Sig Line 2
Sig	Sig Line 3
Sig	Sig Line 4
Drug	Drug Name 30
Drug	NDC Nbr
Drug	Drug Class
RX Patient	Patient Code
Cust Demog	Patient Sex
Cust Demog	Birthdate x/x/x
Doctor	First Name(25)
Doctor	Last Name(25)
Doctor	Doctor DEA Nbr
Doctor	Doctor Address
Doctor	City,St,ZIP
Doctor	Doctor NPI#



Click OK

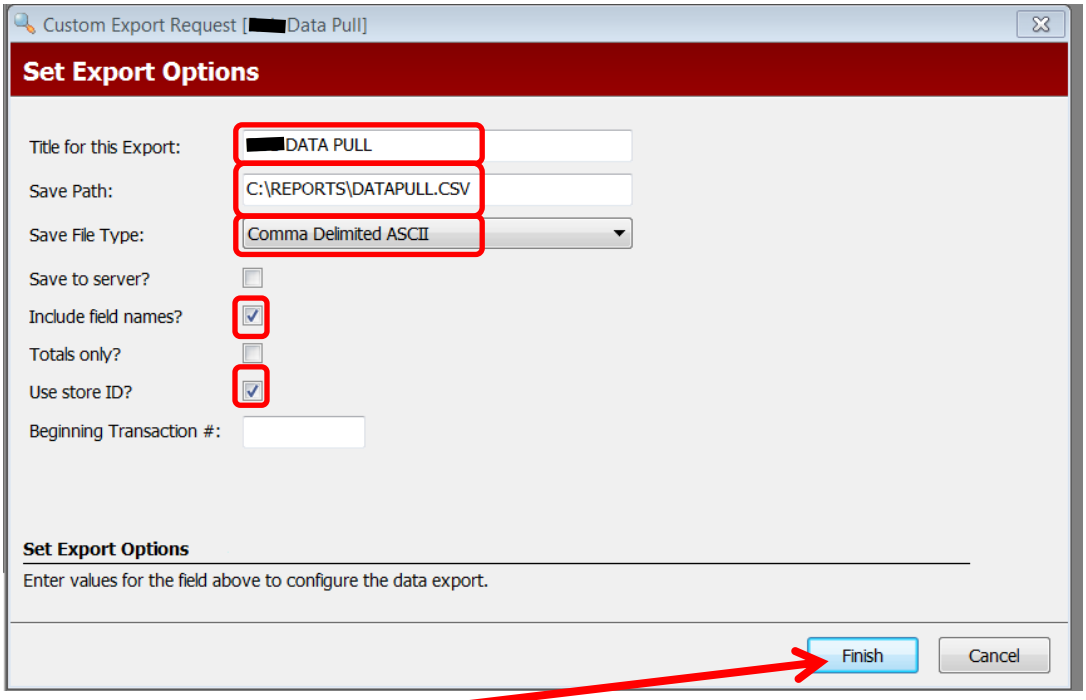
Give your report a meaningful Title

Select your ‘Save Path’ (make sure your save path ends with .csv)

File type = Comma Delimited ASCII

Include Field Names

If you want to identify store select Use Store ID



Click finish

Considerations for other Pharmacy Dispensing Systems

There is a multitude of dispensing software systems, and many have the capability to run some variation of a prescription log report. If you do not know how to run a report using your specific system, a good place to start is to call your software support team and ask for instructions. Things to consider:

- A log report containing prescription filled for the past **6 months** is a sufficient period of time to accurately analyze quality measures.
- At a minimum, items on the report should include: Generic drug name and strength, a patient code number, and prescriber name and NPI number.
- Optional items to include: patient sex, drug class/therapeutic code, fill dates, adherence scores (if your system calculates this).
- It is best to export your report to Excel so that you can then analyze the data. Basic calculations can be done in Excel. You can also use a statistical software package like SPSS, Stata, or SAS.
- Adherence scores can be difficult to calculate manually. If your system or other software programs you have do not calculate adherence specific to one prescriber's patients, a good item to potentially include on your infographic may be adherence scores of patients who use your adherence packaging service. This is a great way to demonstrate the impact your services can have on patient medication adherence.