Self-Assessment for Continuous Medication Monitoring Implementation

**Directions for Use:** This self-assessment should be completed by the leader for your pharmacy efforts to implement continuous medication monitoring. The assessment addresses five components of the pharmacy’s work system: people, tasks, tools & technology, organization and environment. The goal of this assessment is to identify areas in need of change to be able to implement and sustain continuous medication monitoring.

For each question, select the answer that best describes your pharmacy’s current situation. Even if no answer fits your pharmacy exactly, pick the best one, so that each question is answered. Creating an accurate description of your pharmacy’s readiness to implement continuous medication monitoring is vital to developing a useful plan for any changes needed to support consistent delivery of continuous medication monitoring.

**PEOPLE**
1. Is pharmacist available to perform CoMM activities?
   - □ Yes, most of the time (2)
   - □ Yes, but only occasionally (1)
   - □ No (0)

2. Is your staff trained to properly deliver CoMM?
   - □ Yes, they are ready to go (1)
   - □ Not yet (0)

3. Do your pharmacists possess the clinical skills to deliver CoMM efficiently & effectively?
   - □ Yes, they have the skills & knowledge they need (1)
   - □ No, some clinical learning is needed (0)

4. How often do you have any “slack” human resources?
   - □ Pretty much at all times (2)
   - □ About half of the time (1)
   - □ Not often at all (0)

**Score of PEOPLE Component**

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**Interpretation of Score**

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<th>Low: Your human resources may need attention to be able to deliver CoMM regularly. Consider any needed training or use of personnel to improve your PEOPLE component to deliver CoMM.</th>
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</table>
Medium: You are almost there with your human resources. As is, you should be able to provide CoMM some of the time. Consider changes in use of personnel to maximize your PEOPLE component for CoMM delivery. | 3-5

High: Nice work. Your PEOPLE are trained and available to provide CoMM regularly. Stay on top of your PEOPLE needs to maintain good CoMM capacity. | 6

**TASKS**

5. Does the pharmacist assess each medication being dispensed for the presence of medication therapy problems?
   - Yes, all medications are assessed (2)
   - No, but we do it for all new medications and some refills (1)
   - No, typically we do it only for new medications (0)

6. Are all medication therapy problems identified during dispensing documented?
   - Yes, we document all MTPs identified during dispensing (2)
   - No, we document the serious ones (1)
   - No, we do little documentation of MTPs (0)

7. Do pharmacists act to resolve identified medication therapy problems?
   - Yes, we act to resolve all identified MTPs (1)
   - No, we only address some of the MTPs (0)

8. Do you use tech-check-tech for final product verification is dispensing?
   - Yes (1)
   - No (0)

**Score of TASKS Component**

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<tr>
<td>0-2</td>
<td>Low: Your TASKS are likely to need work for your pharmacy to be able to regularly provide CoMM. You should try to improve how often your staff can identify, document and address MTPs for all medications being dispensed.</td>
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<td>3-5</td>
<td>Medium: You are on the right track with your TASKS for CoMM delivery. Work to improve the % of medications assessed by a pharmacist for MTPs, and the % of MTPs that are documented and addressed.</td>
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<td>6</td>
<td>High: Well done. Your pharmacy’s TASKS for CoMM are being done often and completely. Keep up the good work.</td>
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TOOLS & TECHNOLOGY:
9. What automation do you use in your dispensing process? (Mark all that apply.)
   □ Robot (1)
   □ Pill counter (1)
   □ Other (1) List: _______________________
   □ None (0)

10. How would you describe your documentation of medication therapy problems?
   □ We use our in-house clinical documentation system (2)
   □ We use an online platform (1)
   □ We use a paper-based system (1)
   □ We don’t regularly document medication therapy problems (0)

Score of TOOLS & TECHNOLOGY Component

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<tr>
<td><strong>Low</strong>: Now is a good time to integrate automation into your dispensing and a clinical documentation system into your practice. Such TECHNOLOGY can help free up your staff and improve your capacity to deliver CoMM.</td>
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<tr>
<td><strong>Medium</strong>: Looking pretty good with use of TOOLS &amp; TECHNOLOGY. Your pharmacy is using automation and documentation to be able to deliver CoMM. Keep working to improve where possible.</td>
<td>3-4</td>
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<tr>
<td><strong>High</strong>: Nice commitment to using automation &amp; clinical documentation. Your TOOLS &amp; TECHNOLOGY are in great shape.</td>
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ORGANIZATION:
11. Is your dispensing process run primarily by technicians?
   □ Yes (1)
   □ No (0)

12. Does your workflow support regular delivery of continuous medication monitoring?
   □ Yes, most of the time (2)
   □ Yes, sometimes (1)
   □ No (0)

13. Do you use a system to note when a pharmacist needs to talk with a patient?
14. How do you rate your pharmacy’s culture of providing patient care?
   □ High (2)
   □ Medium (1)
   □ Low (0)

Score of ORGANIZATION Component

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<td>0-2</td>
<td>Low: Your work processes and organizational culture need attention to be able to provide CoMM effectively and efficiently. Address your ORGANIZATION component by improving workflow and commitment to regularly providing care such as CoMM.</td>
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<td>3-5</td>
<td>Medium: You are on the right track with your ORGANIZATION. Your pharmacy has established work processes that support consistent CoMM delivery. Work to improve your ORGANIZATION where needed.</td>
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<tr>
<td>6</td>
<td>High: Keep doing the great work. Your ORGANIZATION provides desired delivery of CoMM within a supportive culture.</td>
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ENVIRONMENT:

15. Do you have sufficient space to deliver all aspects of CoMM?
   □ Yes (1)
   □ No (0)

16. Is there adequate privacy for providing CoMM activities?
   □ Yes (1)
   □ No (0)

17. How common are good working relationships with your local prescribers?
   □ Very common (2)
   □ Somewhat common (1)
   □ Not common (0)

Score of ENVIRONMENT Component

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<td><strong>Low</strong>: Make a commitment to helping your ENVIRONMENT contribute to CoMM delivery. Be sure to assure that space and privacy support CoMM, while fostering working relationships with local providers.</td>
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<td><strong>Medium</strong>: Your pharmacy’s ENVIRONMENT is in good shape to support regular delivery of CoMM. Work to improve any weakness in space or privacy or external relations.</td>
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<tr>
<td><strong>High</strong>: Nice work. Your pharmacy’s ENVIRONMENT is ready for effective and efficient provision of CoMM. Go for it.</td>
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Collaborative Drug Therapy Management (CDTM) Practice Transformation
On-site Readiness Assessment

Name of Pharmacy: Date of Site Visit:

Pharmacy Address: Phone:

Contact Lead(s): Contact information

Pharmacy hours: Prescription Volume:

Number of Technicians:

Number of pharmacists:

Are you servicing any facilities? If yes, please describe.

PHARMACY LAYOUT & PHYSICAL RESOURCES

1. Does the pharmacy have a private/semi-private counseling area?
   a. Is it being used?

2. Does the pharmacy have a private/semi-private patient care area?
   a. Is it being used?

3. Does the pharmacy have adequate computer resources (hardware/software) to
   perform collaborative drug therapy management (CDTM) activities in the dispensing
   and patient care areas?

4. Does the patient care areas have sufficient office furniture/office supplies to provide
   patient care services (e.g. desk or table/chairs/paper/pen/pencil/etc).

5. Does the pharmacy have a patient record/chart system that pharmacists can readily
   access patient records?

6. Does the pharmacy utilize a system to alert the pharmacist when a patient needs
   counseling/medication review?

7. Does the pharmacy have access to shared electronic health records?
**WORK-FLOW**

1. Is it obvious where patients drop off & pick-up prescriptions and receive counseling?

2. Are technicians performing the data entry functions?

3. Does the pharmacy utilize technician final verification (e.g. Tech-check-Tech)?

4. Is the dispensing process being technician driven?

5. Does the pharmacy have a prescription flow that allows the pharmacists in the dispensing functions to perform CDTM services?

**FREEING UP THE PHARMACISTS TO PERFORM CDTM SERVICES**

1. Does the pharmacy have robust medication synchronization program in place?
   a. If so, number of patients enrolled?
   b. Estimated number of patients who utilize their pharmacy?
   c. Does the pharmacy utilize an Appointment-based Model (ABM) to “work-up” patients?
   d. Does the pharmacy utilize a vendor to help manage their “sync’d” patients?
   e. Do they utilize technicians to manage their medication synchronization program?

2. Does the pharmacy utilize technology to improve their efficiencies?
   a. What technology do they use?
3. Does the pharmacy have sufficient slack resources (staffing/overlap) so that CDTM can be provided?
   a. Number of technicians?  
   b. Overlap of technicians?  
   c. Number of Pharmacists?  
   d. Overlap of Pharmacists?

Comments: ___________________________________________________  
_____________________________________________________________  
_____________________________________________________________  
_____________________________________________________________

ABILITY TO PROVIDE CDTM

1. Are pharmacists proactively/routinely reviewing patient profiles to identify medication-related problems?  
   a. Do all pharmacists feel comfortable providing CDTM services?  
   b. Do all the pharmacists feel confident regarding their therapeutic knowledge?  
   c. Do all pharmacists feel confident that technicians can handle all dispensing functions including technician final verification?  
   d. Do pharmacists believe they have “the time” to provide CDTM services? Why or Why not?

2. Are pharmacists routinely making clinical interventions to resolve potential or actual medication-related problems? (Note: Potential medication-related problems mean that the pharmacists need to collect more information from the patient and/or the prescriber to determine if an actual problem does exist—so the same process applies)  
   a. Patient level (e.g. adherence, side effects, allergies)?  
   b. Prescriber level (e.g. dosing, medication appropriateness, need for additional therapy, appropriate monitoring, high risk medications)?  
   c. Both patient and prescriber need an intervention?

3. Do the pharmacist apply the JCPP patient care process to identify and resolve medication-related problems?

4. Do the pharmacists utilize a process to send prescribers recommendations to resolve medication-related problems?

5. Does the pharmacy have a patient documentation system?  
   a. Does the pharmacy have e-care plan capabilities?  
     i. Vendor?  
     ii. Are they utilizing the e-care plan functions?
PARTICIPATION IN PATIENT CARE PROGRAMS

1. Does the pharmacy routinely check the EQuIPP Scores?
   a. Do the pharmacists/management team utilize the data from EQuIPP to improve their performance?
   b. Does the pharmacy have at least one measure that is in the top 20%?

2. Does the pharmacy provide medication therapy management (MTM) services to Outcomes and Mirixa?
   a. How many patients are attributed to them?
   b. Completion rate of patients provided MTM services?

3. List the other sources of non-dispensing revenue?

Comments: ________________________________________________________________
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Collaborative Drug Therapy Management (CDTM) Practice Change Plan

Use this action plan template to: (1) detail the changes needed in your practice to support and sustain the delivery of CDTM, and (2) track progress and milestones over time. It can be updated periodically to reflect changes and accomplishments. Feel free to add in additional rows and activities, as needed.

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Continuous Medication Monitoring (CoMM)
Practice Change Progress

Name of Pharmacy:      Date of Visit:
Pharmacy Address:      Phone:
Contact Lead(s)    Contact Information:

1. Practice Change:

2. Practice Change:

3. Practice Change

4. Practice Change

5. Practice Change

6. Practice Change

7. Practice Change