Physician Referral for Pharmacist MTM Services  
Toolkit of Forms and Documents from Project

Project Background/Overview

With physician input about patient needs, medication management services were identified and referral materials and procedures were developed for physicians to refer patients to pharmacists for those services. The services essentially aligned with MTM services that have been offered in pharmacy practices. Physician referral had a positive impact on patient follow-through to visit the pharmacist for the services and patients had favorable reactions to the pharmacists and the services.

Toolkit Contents

This toolkit includes several forms used by physicians and pharmacists that can be adapted for use in other clinics and pharmacies for referrals to pharmacists for existing or developed services that pharmacists can provide. The “anonymous” forms that are included in this toolkit are described below. Highlighted parts of the forms show areas for editing to individualize the forms for specific pharmacies or practices.

1. **Pharmacist Referral Form (3 forms)**
   Referral form for physician to FAX to pharmacist identifying service(s) that the pharmacist should provide for the patient. The form allows for multiple medication management issues to be addressed in the patient/pharmacist consultation or visit. The referring physician can also give a copy of the form to the patient as a reminder of the referral and intention for the patient to see the pharmacist for the service(s). This form can be tailored to individual physicians or clinics and for different services to be provided for the patient in one session or a series of sessions or visits to the pharmacist in the following ways:
   a. Referral form with service checklist – The physician can check the service(s) to be provided by the pharmacist to the patient. The services are defined/described using professional language since it is the communication to the pharmacist.
   b. Referral form with service priority ranked - The physician can rank order the services to prioritize what is to be provided by the pharmacist to the patient. The services are defined/described using patient friendly language.
   c. Example of referral form generated in Electronic Medical Record System - Physicians using EMR/EHR systems for referring to pharmacists generally will employ “outside provider order” referral components in the system to generate the referral form. This is an example of the referral form created by the electronic medical/health record system that was printed out and FAXed to the pharmacist by the physician’s staff when the physician made a referral to the pharmacist. The referral requires text phrases or documents that include pharmacy/pharmacist information and service information that can be cut and pasted into the system. Such information also is needed or inserted into the patient visit summary for patients. The text phrases and information to be cut and pasted can be developed in professional or patient-level language, or both.
2. **Patient Referral**
   Patient handout describing pharmacist services for physicians to give to patients when making a referral to the pharmacist. The handout describes the pharmacist services in patient friendly language. It also provides pharmacy contact information and recommendations for preparing for the pharmacist visit. Physicians can use the handout to help patients understand what the pharmacist will focus on and what area of their medication management will be addressed in the pharmacist visit. The handout also can serve as a reminder of the physician referral and intention for the patient to see the pharmacist for the service(s).

3. **Patient Appointment/Scheduling Log**
   Upon receipt of a patient referral from the physician, pharmacists can use or adapt this form to keep track of attempts to schedule a patient visit to provide the medication management service(s). If a pharmacist does not have a method or system of scheduling/making appointments with patients for providing services, this form can help identify aspects for scheduling that will be useful. For our referral project, this form helped us gather data on responsiveness of patients to scheduling appointments when the pharmacist did not have a set method or system for keeping track of this information.

4. **Medication Therapy Management - Service Provision Summary**
   MTM report form for documenting the medication management service(s) provided by the pharmacist. The form is intended to be completed by the pharmacist, sent to the physician (for notification and recommendations), and returned by the physician to the pharmacist (with a copy retained) to confirm physician receipt/acknowledgment and/or take action on recommendations made by the pharmacist. This report is the ‘completed’ documentation that was returned by the physician to the pharmacist as confirmation and for pharmacist record-keeping; this version completed the refer/service/report/confirmation communication loop between the physician and the pharmacist for the patient referral and service.
   a. MTM documentation and report form developed by the project if a pharmacist does not already have one available for use.
   b. Example of an MTM documentation and report to the physician already used by a pharmacist.
      Notations on the form highlight aspects of the documentation and report that the physician found especially useful.
Pharmacist Referral Form

Date: __ __ / __ __ / __ __ __ __

Patient Name: ____________________________ Date of Birth: __ __ / __ __ / __ __ __ __

Address: ____________________________ City: __________ State: ___ Zip: _____

Contact number: Home ___________ Cell ___________

Referred to: Pharmacist RPhName Surname AnyTown Pharmacy
Phone: (555) 999-1111 9876 State Avenue, AnyCity 98765
Fax: (555) 999-2222

Referred for:

☐ Medication reconciliation: Identify and verify the list of current medications being taken is accurate and understood to avoid confusion about which drugs are the correct ones to be taken.

☐ Dose orchestration: Aligning doses and timing of doses for compatibility and optimum therapy to focus on taking medicines at the right time of day and as few times as possible.

☐ Medication education: Explaining names and purposes for medications that are being taken, and what side effects or precautions to watch for to ensure understanding of drugs and their effects.

☐ Economic review of medications: Evaluating current medications to identify appropriate but less expensive alternative treatments for relevant condition(s) and recommending changes to the physician/prescriber.

☐ Therapeutic review of medications: Evaluating current medications to identify alternative treatments with therapeutic advantages for relevant condition(s) and recommending changes to the physician/prescriber.

☐ Adherence assistance: Evaluating challenges and factors that affect patients taking their medications as prescribed and working with patients to develop strategies for improvement.

Comments: ________________________________________________________________

__________________________________________________________

Referring Physician: MDName Surname, MD

Authorizing Signature: ________________________________

AnyTown Medical Center
1234 West Avenue, AnyCity 98765
Phone: (555) 999-8888  Fax: (555) 999-7777
AnyTown Medical Center
1234 West Avenue, AnyCity 98765
Phone: (555) 999-8888, Fax: (555) 999-7777

Pharmacist Referral Form

Date: ___ / ___ / ___ ___

Patient Name: ____________________________ Date of Birth: ___ / ___ / ___ ___

Address: ____________________________ City: _________ State: ___ Zip: ______

Contact number: Home ___________ Cell ___________

Referred to: Pharmacist RPhName Surname

AnyTown Pharmacy
Phone: (555) 999-1111
Fax: (555) 999-2222

You can contact the pharmacy to make an appointment or the pharmacist will contact you within a few days.

Referred for Medication Management: Rank priority areas to be done below.

_____ Medication reconciliation: Make sure my list of medicines is accurate.

_____ Dose orchestration: Help me organize and take my medicines at the best times of the day.

_____ Medication education: Explain reasons for my medicines and side effects to watch for.

_____ Economic review of medications: Find the least expensive and best choices for my medicines, and suggest changes to my doctor that might save me money.

_____ Medication interactions check: Make sure my medicines work together with each other and offer recommendations to my doctor if needed.

_____ Adherence assistance: Help me find easier ways to take my medicines and address my concerns.

Comments: ____________________________

__________________________

Referring Physician: MDName Surname, MD

Authorizing Signature: ____________________________
Name: Jack A Geistlinger
Addr: 5555 TANCHO DR APT 415
MADISON WI 53718-1932
Ph: 608-230-3310

Order Specific Information:
OUTSIDE ORDER [9143] Qty: 1
Priority: Routine Order #: Order Class: Local Printer

Associated Diagnosis:
Z79.899 Polypharmacy

No Order Questions

Comments:
Physician-Pharmacist Referral Project
Referred Service(s): Medication reconciliation, Dose orchestration, Medication education and Therapeutic review of medications

Order Date and Time: 7/12/2016 8:58 AM
Encounter Provider: PANKRATZ, GERALD T [133463]
Authorizing: PANKRATZ, GERALD T [133463]
Electronically Ordered By: Gerald T Pankratz, MD

Manual Signature(if required)  Manual Date(if required)

Electronically signed by: Gerald T Pankratz, MD
7/12/2016 8:58 AM
NPI: 17.90985141

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Patient Referral

❖ Dr. **MDName Surname** is referring you to Pharmacist **RPhName Surname** for the medication management service(s) below.

   □ **Medication reconciliation:**  
     Make sure your list of medicines is accurate.

   □ **Dose orchestration:**  
     Help you organize and take your medicines at the best times of the day.

   □ **Medication education:**  
     Explain reasons for your medicines and side effects to watch for.

   □ **Economic review of medications:**  
     Find the least expensive and best choices for your medicines, and suggest changes to your doctor that might save you money.

   □ **Therapeutic review of medications:**  
     Make sure your medicines work together with each other and offer recommendations to your doctor if needed.

   □ **Adherence assistance:**  
     Help you find easier ways to take your medicines and address your concerns.

Comments:  
__________________________________________________________________  
__________________________________________________________________  

❖ You can contact the pharmacy to make the appointment with Pharmacist **RPhName** or s/he will contact you within a few days.

   Pharmacist **RPhName Surname**  
   AnyTown Pharmacy  
   Phone: (555) 999-1111  
   9876 State Ave, AnyCity 98765

❖ Pharmacist **RPhName** may want to know what medicines you are currently taking. Please bring all your medicines to the appointment with **her/him**.

   • Prescription medicines
   • Over-the-counter medicines
   • Herbal products
   • Dietary supplements
Patient Appointment/Scheduling Log

Patient name: ___________________________ DOB: __ __ / __ __ / __ __
Street address: ___________________________ City: __________ State: ___ Zip: __________
Home #: ___________________ Cell #: __________________________

For Patient Scheduling:

Phone # called: __________________ Other phone #'s: ____________________________

Contact log:  ___Pt called RPh:  ___ __ / ___ / ___ Comments: ____________________________
               ___RPh called Pt:  1st ___ __ / ___ / ___ Comments: ____________________________
                      2nd ___ __ / ___ / ___ Comments: ____________________________
                      3rd ___ __ / ___ / ___ Comments: ____________________________

Notes:
Medication Therapy Management
Service Provision Summary

Date: ___ / ___ / ___  Referral received: ___ / ___ / ___  Service date: ___ / ___ / ___
Service Location: ___Pharmacy ___Clinic ___Patient’s home  Service Duration: _______ mins
Drug Coverage plan: __________________  Service covered: ___Yes ___No

Prescriber: M DName Surname, MD  Phone: (555) 999-8888  Fax: (555) 999-7777

Patient name: ___________________________  DOB: ___ / ___ / ___
Street address: ___________________________  City: ______ State: ___ Zip: _______
Home #: ___________________________  Cell #: ___________________________

Requested service(s):  ___Medication reconciliation  ___Dose orchestration  ___Medication education
___Economic review of medications  ___Therapeutic review of medications
___Adherence assistance  ___Other: ___________________________

Issue(s) addressed:

1.

2.

3.

In addition to the provider’s initial request, the following information was also discussed:

1.

2.

Recommendations:

RPhName Surname, RPh
AnyTown Pharmacy

Prescriber Acknowledgement/Signature: ___________________________  Date: ___ / ___ / ___
Shirley Schroeder had a medication therapy management appointment at Cass Street Pharmacy on March 24, 2016.

Per the provider's request, the MTM session focused on the following:

- Medication reconciliation
- Dose orchestration
- Medication education
- Therapeutic review of medication
- Economic review of medication
- Adherence

**Atrial Fibrillation**

**Assessment:** Pt with recent diagnosis of a. fib. Currently on Inderal LA for hypertension. We discussed how this medication is not the ideal one to control heart rate and may also lead to some cognitive issues. Pt scored a 4 on CHA2DS2-VASc per progress note, so anticoagulation would be indicated.

**Plan:** Pt is agreeable to trying a different beta-blocker. Metoprolol succinate may be preferred given patient’s renal function as it does not require dose adjustment and would also be covered under insurance. Xarelto would be a good option for anticoagulation given its once daily dosing.

**If appropriate, please authorize the following changes:**

- **Metoprolol Succinate 25 mg** Take one tablet by mouth daily
  - Qty: 30
  - Refills: 11
  - □ I approve this prescription
  - □ I do not approve this prescription

- **Xarelto 15 mg (adjusted for eCrCl ~ 40 ml/min)** Take one tablet by mouth daily with food
  - Qty: 30
  - Refills: 11
  - □ I approve this prescription
  - □ I do not approve this prescription

**Gout**

**Assessment:** Pt has had recurrent gout attacks (~ 3). Has treated each episode acutely and has not been on preventive therapy.

**Plan:** Explained how allopurinol works to prevent gout attacks and pt expresses interest in starting this.

**If appropriate, please authorize the following changes:**

- **Allopurinol 100 mg (adjusted for renal function)** Take one tablet by mouth daily
  - Qty: 30
  - Refills: 11

In addition to the provider’s initial request, the following information was also discussed, which may benefit the patient.

**Hypertension**

**Assessment:** Pt’s BP of 154/88 (3/9/16) is above goal of < 140/90. Currently on Inderal LA.

**Plan:** Re-evaluate BP if started on Metoprolol. If continues to be elevated, may consider increasing metoprolol dose or adding an ACE-I or ARB.

**Cholesterol**

**Assessment:** Pt’s recent cholesterol panel on 12/17/15 shows elevated levels (total chol 265, LDL 174, TG 216). Pt has tried 3-4 different statins and has experienced muscle aches with each.

**Plan:** Continue to monitor cholesterol levels. Encourage diet and exercise to improve levels. May consider non-statin therapy in future.

**Comments:**

Prescriber Signature __________________________ Date __________

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