10-Day Call Script

Hello, this is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am a pharmacist from Uptown Pharmacy. Is *(patient’s name)* available? (If not available, schedule a time to call back. If available…) I’m calling to follow-up from our discussion about a week ago on your emergency department visit at OSU East Hospital. As a reminder, you signed up for the pharmacy delivery and follow up service which includes 3 follow up calls from the pharmacists here at Uptown over 30 days. This is the second call. Do you have any questions so far?

If yes:

*Answer questions*

If no:

Okay wonderful. As a review, it looks like you went to the hospital because *(list primary diagnosis)* and you were give a prescription for *(list medications)*. I would like to ask you a few follow-up questions.

**Questions:**

**Since we last spoke on the phone, how may doses of *(list ED medications)* have you missed?**

1. If none
   1. Excellent! Keep up the good work.
2. If 1 or more
   1. *If prescribed only one medication*:
      1. **What caused you to miss a dose (forgot, side effect, etc.)?**
         1. *Explore areas to improve adherence using motivational interviewing*
   2. *If prescribed two or more medications*:
      1. **Which medication did you miss?**
      2. **What caused you to miss a dose (forgot, side effect, etc.)?**
         1. *Explore areas to improve adherence using motivational interviewing*

**Since we last spoke, have you been back to the hospital?**

1. If no
   1. That’s good news! Our goal is help you from making multiple trips to the hospital and care for you at home.
2. If yes
   1. I’m sorry to hear that. Tell me about what happened.
      1. *(Clarify any or all of the following if patient has not already explained)*:
         1. **Which hospital did you go to?**
         2. **What day did you go to the hospital?**
         3. **How long were you there?**
         4. **Why did you go to the hospital?**

During our last phone call, we discussed the importance of following up with a primary care physician so they can help keep you from returning to the emergency department.

*Check pharmacy call form to see when their PCP appointment was/is.*

*If the appointment already occurred:*

It looks like you had your doctor’s appointment. **What did you and your doctor talk about during the appointment?**

*Take notes and field questions.*

*If the appointment is scheduled, but has yet to occur:*

It looks like you have an appointment with your doctor soon. Are there any questions I can answer before your appointment?

If yes:

*Answer questions*

If no:

Ok, great. Let us know if we can assist in any way.

*If no appointment is scheduled yet, and has a PCP:*

**Have you had the chance to set up an appointment to see your primary care physician?**

1. If yes
   1. That’s great! **When is it?**
   2. Let us know if your doctor would like any information from us or if we can help in any way!
2. If no
   1. **Can we help you set up a time to see your doctor?** We would like for you to see your doctor soon!
      1. If yes:
         1. Great! We will go ahead and give your doctor’s office a call to set up an appointment for you.
      2. If no:
         1. Hopefully you get the chance to set up an appointment with your doctor. Please let us know if we can help in any way.

*If no appointment is scheduled yet, and does not have a PCP:*

Like we discussed last week, having a primary care physician or visiting a clinic could help you stay out of the hospital and save you money. We recommend having a doctor or visiting a clinic to help care for you. **How can we help you find a doctor or clinic?**

1. *Facilitate discussion*

Okay, now I would like to switch gears and talk about your medications. Last week we discussed the medication(s) you were prescribed when you left the emergency department. **Tell me what you remember about this/these medication(s).**

1. *Listen to what they know and document* 
   * 1. *Reiterate/Explain the following and document*
        1. *Indication*
        2. *Directions (and duration)*
        3. *Side effects to look for*
        4. *Missed doses schedule*

**Medication Related Problems Section:**

We also discussed last week that as pharmacists, we take a look at your entire list of medications and make sure your list is safe and effective. We also look for any medications that you may no longer need to take.

*If a problem was detected during the last phone call*:

1. During the last phone call, we discovered the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
   1. *If a change was made:*
      1. **How has the change been for you?**
         1. *Address any concerns and document*
   2. *If no changes were made:*
      * 1. I really think by making this adjustment it would benefit you. *Explore barriers to making the change.*

*If no problems have been detected up to this point***:**

1. Last week we discussed your medications looked safe and appropriate. **Are you experiencing any problems with your medications this week?**
   1. If yes
      1. *Listen and document what problems the patient is experiencing*
         1. *If education is needed*
            1. *Educate and document*
         2. *If the problem(s) needs addressed with the doctor*
            1. Thank you for explaining this to me. **Would you mind if I address this concern with your doctor and I will let you know what they say?**

If yes:

Great! I will get ahold of your doctor and I will let you know what they say.

If no:

I really think by making this adjustment it would benefit you. *Explore barriers to making the change.*

* 1. If no
     1. **Are there any medications you feel are not working appropriately?**
     2. **Are there any medications you feel are hard to remember to take?**
     3. **Are there any medications causing you any problems?**

*\*\*If a problem is discovered through questioning*

1. *Listen and document what problems the patient is experiencing*
   * + 1. *If education is needed*
          1. *Educate and document*
       2. *If the problem(s) needs addressed with the doctor*
          1. Thank you for explaining this to me. **Would you mind if I address this concern with your doctor and I will let you know what they say?**

If yes:

Great! I will get ahold of your doctor and I will let you know what they say.

If no:

I really think by making this adjustment it would benefit you. If you change your mind, please let me know. If you would rather discuss this with your doctor first, you can discuss with him/her at your follow-up appointment.

Looking ahead, I feel we should establish a plan moving forward with your prescription medications. As a transitions-of-care program, we want to make sure that not only is your transition out of the hospital to your home a smooth process, but so is your transition from within this study to out of this study. That being said, I would like to offer you the opportunity for Uptown Pharmacy to transfer all of your medications from your other pharmacies to us to allow for the filling of all your medications to be done in one location. However, if you would rather us transfer your medication(s) you filled with us through this program to another pharmacy, we can do that for you as well. **Which would you rather us do for you?**

1. *If they want to transfer their medications to Uptown Pharmacy*:
2. That’s great! We will make sure we get all of your medications transferred to us, and we look forward to working with you in the future!
3. *If they want to transfer their medications to another pharmacy*:
   1. **Which pharmacy would you like us to transfer your medication(s) to?**
   2. *Document where to transfer medications*
   3. Okay, we will make sure it gets transferred.

**Conclusion of phone call:**

Okay wonderful! That is all I would like to discuss for today. Thank you for taking the time to talk with me. I hope it was beneficial for you. As a reminder, there will be 1 more phone call in a few weeks to conclude this 30-day study period. During that call, we will have you complete a short survey by answering some questions about your experience with this program. It looks like the 30-day study period will end on *(date)*. **What time would work best for you that day?** *(Add date and time to front page of call form)*

We ask that you complete the final phone call for study purposes, but you will still be entered into the monthly drawing for the $25 gift card to Kroger, even if you decide to withdraw from the study. Thank you again for your time, and I look forward to talking with you soon!