

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.

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 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: _____

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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 9876 State Ave, AnyCity 98765
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: _____

Phone: [REDACTED]
Fax: [REDACTED]

ORDER REPORT

Name: [REDACTED]
Addr: [REDACTED]
Ph: [REDACTED]

07/12/2016 - [REDACTED]
MRN: [REDACTED]
UWHC: [REDACTED]
DOB: [REDACTED]

Order Specific Information:

OUTSIDE ORDER [9143] Qty: 1
Priority: Routine Order #: [REDACTED] 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: [REDACTED]
Authorizing: [REDACTED]
Electronically Ordered By: [REDACTED] MD

Manual Signature(if required)

Manual Date(if required)

Electronically signed by: [REDACTED] MD
7/12/2016 [REDACTED]
NPI: [REDACTED]

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
Phone: **(555) 999-1111**

AnyTown Pharmacy
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

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Phone: (555) 999-1111; Fax: (555) 999-2222

Patient Appointment/Scheduling Log

Patient name: _____ DOB: ____ / ____ / ____
Street address: _____ City: _____ State: ____ Zip: _____
Home #: _____ Cell #: _____

For Patient Scheduling:

Phone # called: _____ Other phone #'s: _____

<u>Contact log:</u>	Pt called RPh: ____ / ____ / ____	Comments: _____
	RPh called Pt: 1 st ____ / ____ / ____	Comments: _____
	2 nd ____ / ____ / ____	Comments: _____
	3 rd ____ / ____ / ____	Comments: _____

Notes:

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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: **MDName 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

Posted_20____ Prescriber Acknowledgement/Signature: _____ Date: ____/____/____



TEL

FAX

Prescriber: MD
Phone:
Fax Number:

Patient:
DOB:
Date:

had a medication therapy management appointment at Pharmacy on

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

- ☐ Medication reconciliation
- ☐ Medication education
- ☒ Therapeutic review of medication
- ☐ Dose orchestration
- ☒ 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

Explicit decision for MD

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

Specific suggestions for MD

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 255, 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:

Space for MD comments

Prescriber Signature _____ Date _____