Flip the Pharmacy: Champion Checklist
Use the checklist to introduce the new Progression, focused on Opioids, to your Pharmacy team

☐ Review the Change Package

☐ Print and post the Progression 2 Road Map (see page 2)

☐ Refresh your Pharmacy Dashboard (if you don’t have one – now is a great time to implement one – [Click here to view]). Post this in a visible location!

☐ Don’t forget about your antihypertensive patients from Progression 1. Continue progress here as you incorporate opioid care. Enroll patients into med sync, check blood pressures and document!

☐ Implement this month’s new workflow innovations: Education (CE + Podcast), Create an Opioid patient list and review the Opioid Safety policy and patient pledge

► Not sure how to get started? The following timeline may be helpful or you may modify for your use!

Week 1
- Determine how you will be identifying patients who receive an opioid care plan. Watch the recording of how to document an opioid encounter in the eCare Plan documentation platform. Document the sample case for M.S. Cortinez prior to documenting for real patients. If you have not planned for your next FtP Coach visit, contact your coach to determine when they will be on-site during the month.

Weeks 2-4
- Complete Opioid Safety Education Training (see page 3). Also, consider continuing enrolling patients into med sync and documenting care plans for any patient.

Weeks 1-4
- Document care plans for patients receiving opioid prescriptions.
Progression 2 Road Map

<table>
<thead>
<tr>
<th>Domain</th>
<th>Month</th>
<th>Focus</th>
<th>Workflow Innovation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>June</td>
<td>Appointment-Based Model</td>
<td>Identify Sync Patients prescribed an opioid</td>
</tr>
<tr>
<td>2</td>
<td>July</td>
<td>Improving Patient Follow up and Monitoring</td>
<td>Continue identifying patients with prescribed opioids</td>
</tr>
<tr>
<td>3</td>
<td>Aug</td>
<td>Non-Pharmacist Support Staff</td>
<td>Engage technicians with PDMP checks (based on state) &amp; MME Calculation</td>
</tr>
<tr>
<td>4</td>
<td>Sept</td>
<td>Optimizing the Utilization of Technology and electronic Care Plans</td>
<td>Assess patient’s pain control using an assessment</td>
</tr>
<tr>
<td>5</td>
<td>Oct</td>
<td>Establishing Working Relationships with other Care Team Members</td>
<td>Enhance prescriber communication</td>
</tr>
<tr>
<td>6</td>
<td>Nov</td>
<td>Developing the Business Model and Expressing Value</td>
<td></td>
</tr>
</tbody>
</table>

*Note: Subject to change

Throughout the first 3 domains, we will be providing step-by-step instructions on how to accomplish the Opioid Safety Service Set Standard. You can click below to view the standard.
From the Pandemic to the Epidemic: Launch of the Opioid Progression - Why are We Focusing on Opioids?

1 **Legal Aspects:** Community-based pharmacies have to protect their practices. We need to be showing what we are doing to help during this opioid epidemic.
   - The eCare Plan allows for documentation and provides a record of our opioid-related practices.

2 **Workflow/Financial Aspects:** Patients taking opioids can take a lot of pharmacy staff time. When opioid patients with more red flags than others know your opioid processes and understand what type of practice you have, they will cause less workflow disruption and will allow your staff to focus on other services. In turn, this could contribute to more productive work time.

3 **Professional Obligation:** This is the right thing to do by pharmacists and pharmacy staff members.
   - The U.S. code of Federal Regulations underscores the responsibility of the pharmacist in the process of filling a prescription for a controlled substance.  
   - The CDC states “Pharmacists are an essential part of the health care team. On the front lines of the dispensing opioid pain medications and providing medication-related services, pharmacists can serve as a first line of defense by engaging in prevention and treatment efforts of opioid use disorder and overdose.”

Listen to a Podcast Developed Specifically for this Change Package

- Click [HERE](#) to access the podcast **Opioid Stewardship: A 3 tiered approach to safety (Vol 2-28)**
  - Learn why opioid stewardship should be a critical component of your pharmacy workflow among everything else you have going on. Joe Moose from Moose Pharmacy and Attorney Shawn Parker with CPESN® USA discuss best practices for opioid safety.

**Opioid Pledge for Patients**

- During next month’s change package, we will be sharing with you a template for an opioid policy/pledge for patients that you can make specific for your pharmacy. The intent is to protect your patients and the pharmacy. In the Domain 2 Change Package, we will share with you the template for your pharmacy to develop a strategy and implement for the Domain 3 Change Package.

**Opioid-Related Education**

- Continuing Education titled “The Community Pharmacist’s Role in Drug Abuse Prevention” is presented by FtP Team Mississippi Lead: Jordan Ballou, PharmD
  - What can you do? With the growth of the opioid epidemic over the past 5 years, pharmacists have had to ask themselves this question and, in this presentation, we answer it. It can be as simple as reviewing your state’s PDMP to engaging with providers on appropriate opioid stewardship.

- **Video Length:** Less than 39 minutes
- **Who Completes?** Each Pharmacist is required to complete the training during June in preparation for July. Pharmacy technicians may complete also. The training will be useful throughout the entire opioid-focused progression.
Workflow Innovation

**STEP ONE:** Identify patients who have an opioid prescription

- **Identifying patients**
  - **GOAL:** Focus on patients within the appointment-based model receiving medication synchronization.
  - **Ideas for patient identification**
    - Run a report to see which patients have filled an opioid prescription in the past 3 months and are enrolled into medication synchronization.
    - If you don’t need the structure of having a report ran, identify these opportunities within workflow. However, make sure someone owns the process.
    - Focus on documenting care plans for a certain number of patients with a long-term goal of completing care plans for all of your patients receiving an opioid medication. (Example: 100 patients receive an opioid prescription in a month, complete a care plan for 25% of those patients, which is 25 patients this month)
  - Determine if use is acute or chronic
    - For this month, focus on patients who are taking opioids chronically (received an opioid prescription for a consecutive 4-month period is an indicator of chronic opioid use)
  - Determine the indication for the opioid prescription

**STEP TWO:** Determine the Morphine Milligram Equivalents (MME) for each patient

- Utilize the CDC MME Calculator, your prescription drug monitoring program (PDMP), and/or features of your pharmacy management system.
- Click [HERE](#) for instructions on how to download the CDC MME app
- Click [HERE](#) to view a chart of ≥ 50 MME for common opioid medications that you may want to print out and place at workstations

**STEP THREE:** Prior to dispensing, check the PDMP for fill history

- Be mindful of last fill date, take note if a consistent provider is the main prescriber of therapy, if consistent pharmacy has been used in the past, and concomitant meds that are concerning

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**Consider the Following Opioid Prescription Verification Tips for Each of Your Opioid Prescriptions**

Don’t forget, use reasonable methods to verify prescription validity

1. Prescription format (paper vs. electronic)
   a. If paper, consider contacting prescriber and confirm it is a legitimate paper prescription.
2. Is this a new prescription or a continuation of existing therapy?
3. Obtain a diagnosis code supporting the use of opioid therapy
4. Verify accurate and current DEA number for prescriber
5. Verify accurate prescriber address
6. Distance from prescriber to pharmacy
7. Verify accurate patient address
8. Distance from pharmacy to patient
9. Ensure days of supply and date of last fill is appropriate
10. Check the PDMP
11. Has patient ever been on a buprenorphine product?
12. Has patient had a time in the past when they were on opioids for an extended period of time and now restarting?
Strategies for eCare Plan Documentation

**TRACK 1** (Beginner)
- If you struggled to document 10 care plans per month in Progression 1 (Hypertension focus), there's a couple options!
  - Document 10 eCare plans for patients who are receiving an opioid prescription.
    - If you reach 25 care plans by the end of the month that’s great!
- Identify and enroll patients into med sync. Document this interaction by utilizing the Patient Encounter Documentation Form

**TRACK 2** (Intermediate-Advanced)
- If you achieved 25 eCare Plans most months of Progression 1 (Hypertension Focus), document at least 25 eCare Plans for patients who are receiving an opioid prescription
- Continue identifying and enrolling patients into med sync

### Opioid Prescription Documentation in an eCare Plan
Document an eCare Plan using the form below for patients who have a daily MME ≥ 50

(Click [HERE](#) to print the forms to place at workstations)

<table>
<thead>
<tr>
<th>Encounter Reason: High Risk Drug Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Name:</strong></td>
</tr>
<tr>
<td><strong>Medication:</strong></td>
</tr>
<tr>
<td><strong>DOB:</strong></td>
</tr>
<tr>
<td><strong>Rx #:</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication Related Problem</th>
<th>Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Medication dose too high*</td>
<td>☐ Pain Medication Review</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notes:</th>
</tr>
</thead>
</table>

Use (circle one): Acute / Chronic

- **Opioid Indication:** ____________________________
- **MME:** ____________________________
- **PDMP Check on________ by_______________________________

*Medication dose too high is the best medication-related problem (MRP) currently available within the eCare Plan Standard for this encounter. Another option may be “medication taken at higher dose than recommended.” The intention is to document a care plan for patients with MME > 50 due to increased opioid associated risks per the CDC.*
CASE INSTRUCTIONS: Let’s Practice!

Patient Case Materials

Step 1: Review the Persona and Sample Case

Step 2: Document for M.S. Cortinez. Then do so for real patients.

Resources:
Further education about opioids will be provided in future domains, but below are a few resources that may be useful in the meantime.

Pharmacy Toolkit available on Allied Against Opioid Abuse: https://againstopioidabuse.org/pharmacytoolkit/
