

Community Pharmacy Facilitator's Guide

Time	Topic/ Screen	Description	Highlights
		Goals of the training (not necessarily Objectives)	<ul style="list-style-type: none"> ≡ Logging in to SOCRxATES™ ≡ Reviewing the Queue Monitor (work for the day) ≡ Making calls, checklists and responses to resistance ≡ Scheduling consultations ≡ Data Specifics (how long, where data is from, when updating takes place) ≡ Patient action plans (system alerts and reference previous claims) ≡ Scheduling a follow-up ≡ Submitting faxes and generating letters ≡ Reporting ≡ Opt patients out of the program ≡ Wrap up calls
5 min.	Log In	Log Into SOCRxATES	<ul style="list-style-type: none"> ≡ User ID ≡ Change Password
10 min.	Work Items	<p>Where to view new, in progress, or attempted to schedule.</p> <ul style="list-style-type: none"> ≡ View only ≡ How are status changed / updated? 	<p>1 <i>Search for and Access an Account SOP</i></p> <ul style="list-style-type: none"> ≡ Overview of Queue Monitor Screen sections – how status' are changed and updated ≡ You'll receive an alert email each day (if applicable) alerting you that new opportunities are available to be worked on. ≡ Do NOT discuss clinical opportunities with anyone other than the patient or caregiver. And, only after verifying that they are the patient or caregiver. ≡ Items are removed from the PEGA work baskets only when the patient is launched and the updated opportunity info is retrieved. Therefore, if a patient is scheduled in PEGA to come into the pharmacy and the root gap closes, PEGA will not get that information until the interaction is opened. This means nothing is updated / the consultation is not deleted and the search will still locate the pending consultation and show it in the search results. ≡ If the medication was refilled prior to the patient receiving the scheduled counseling (showing the alert to be closed) you will receive an error message. The message will display on the Alerts and Action tab. ≡ When searching, Last name is a required field ≡ When searching for a patient, the system only searches the patients that have a scheduled appointment. ≡ Notify the patient of the system error and contact the Help Desk at 800-922-1557. (will CP RPh call Phmcy Service HD#?) Stacey will confirm PH#

15 min.	Outbound call	Provide call guide w/ scripting and patient authentication (check-list) Respond to resistance: <ul style="list-style-type: none"> ≡ What medication? ≡ Why do I need to come into the pharmacy? ≡ Can't he just talk with me now? 	2 <i>Conduct Outbound Calls SOP</i> ≡ All work for the day remains in the Work Items section of the Queue Monitor screen. ≡ Work Items are all patients needing to be called to schedule an appointment. ≡ Indicate the call script guide ≡ Verification - account-specific information may NOT be discussed with the patient until they provide two accurate answers to any of the three statements. ≡ Some Patient questions <ul style="list-style-type: none"> ○ Why do I need to come into the pharmacy, can you talk to me now? ○ What medication? ○ I no longer take that medication ○ Why do you want to contact my doctor for another script? ≡ Follow-up call when patient wants to have you call them back ≡ What if the patient is not reachable (leaving a message with someone and on an answering machine – do not indicate program-specific information) ≡ Opt the patient out when the patient doesn't want to be a part of the program any longer
5 min.	Schedule Patient Counseling	Utilize the screen. (Defaults, parameters, etc.)	3 <i>Schedule Consultation</i> ≡ Schedule a consultation when a patient cannot be counseled via an outbound phone call or at any point during an interaction. ≡ The system auto-selects the first available time slot, one business day from the date of the interaction of the current user's work group, if available. ≡ Scheduled consultations are automatically canceled when all opportunities for a patient have been closed. If an alert closes, prior to a patient's scheduled consultation, an error displays when the patient is selected from the Scheduled Consultations section. ≡ A follow-up consultation can be scheduled during an initial consultation. In this event, you can follow these same SOP steps for scheduling a call if you are in the consultation and have to end the call in the middle. Simply save the info that is complete first, and then navigate to Alerts and Actions and proceed as though the activity was

			<p>scheduling a call.</p> <ul style="list-style-type: none"> ≡ Consultations can only be scheduled within the next 30 days, and cannot be performed within 24 hours of another consultation. ≡ A scheduled consultation will remain open for 48 hours beyond the time of the appointment. If the consultation is not completed within 48 hours, SOCRxATES will interpret it as a missed appointment. This changes the status of the opportunity from "scheduled" back to "schedule appointment" and the patient information will once again show up on the Work Items scheduling list.
5 min.	Medications, Conditions/Allergies	<p>View only patient history.</p> <ul style="list-style-type: none"> ≡ Where data comes from? ≡ How long is data available? ≡ How quickly is it updated? (real time?) 	<p>Patient medications, conditions and allergies screen history</p> <ul style="list-style-type: none"> ≡ Where does the data come from? ≡ How long is data available? ≡ How quickly is it updated? (real time?)
15 min.	Alerts and Actions	<p>Review all fields and links in each column & patient response (declines) on the screen.</p> <ul style="list-style-type: none"> ≡ What happens to an alert if a response is selected? ≡ When does the adherence alert fire? ≡ Does the rule 'look back' at previous claims for the same medication? (Accumulative?) 	<p>4 <i>Create Clinical Counseling Action Plan</i></p> <ul style="list-style-type: none"> ≡ The Action Plan should be printed out and either sent or presented to the patient at the end of each interactions that result in the patient agreeing to become adherent to a true gap or fill an omission in care gap. ≡ What happens to an alert if a response is selected? ≡ When does the adherence alert fire? ≡ Does the rule 'look back' at previous claims for the same medication? (Accumulative?)
			<p>7 <i>Schedule Follow-up</i></p> <ul style="list-style-type: none"> ≡ Schedule a follow-up when a patient could not be reached via an outbound phone call. ≡ Scheduled follow-ups will automatically be canceled when all opportunities for a patient have been closed. ≡ Follow-up consultation interactions exists in Work Status
10 min.	Provide Patient Counseling	<p>Walk through the steps and questions for an adherence and omission alert. Complete counseling (submission for payment)</p>	<p>5 <i>Counsel Patient Adherence Omission</i> 8 <i>Patient Opt Out</i></p> <ol style="list-style-type: none"> 1. Identify an omission or admission 2. Counsel an omission 3. Counsel an admission 4. Call the prescriber 5. Fax the prescriber <ul style="list-style-type: none"> ≡ Once an omission counseling session is complete, the closed omission alert is moved to the Historical Clinical Opportunities

			<p>section.</p> <ul style="list-style-type: none"> ≡ Incomplete opportunities will be saved, and the interaction will be returned to the workbasket with completed portions retained. ≡ If the patient no longer wishes to receive clinical counseling on open adherence and omission alerts, opt the patient out.
5 min.	Generate letter/fax	How to locate and populate standard letters / faxes.	<p><i>6ab Generating Letter/Fax</i></p> <ul style="list-style-type: none"> ≡ Where to locate letters and where to locate faxes Letters: 2 specific letter templates that can be generated. ≡ PMR/medication list (for patient-list of meds and directions) <ul style="list-style-type: none"> ○ Verify the patient's education level, review the medication type, directions for use, etc ○ If necessary, generate the medication list directly from patient's profile. This is available at any point. ≡ Unreachable patient or physician (<ul style="list-style-type: none"> ○ Verify the phone numbers are correct. ○ If necessary, verify future alternative communication data is in place. <p>Facsimiles: Pharmacists may generate a fax requesting a prescription for a medication that will close a gap in care. The fax populates patient information and the pharmacist may add free form text prior to manually printing and faxing it to the prescriber.</p> <ul style="list-style-type: none"> ≡ Pre Conditions – apply to all Flows (Level-1 and Level-2): Pharmaceutical counseling has been completed with the patient. ≡ Post Condition – apply to Primary and Alternate Flows (Level-1 and Level-2): Correspondence has been printed and mailed. ≡ Faxes: Faxes to obtain a new prescription may only be generated AFTER clinical counseling has been completed with the patient and he/she agrees to address the gap in care.
10 min.	Reporting (Billing)	<p>Demonstrate how to confirm a particular gap has been submitted for payment and where to see what is earned /expected that it will pay.</p> <ul style="list-style-type: none"> ≡ How long does it take for a completed counseling to appear on billing report? 	<p><i>10 Reporting</i></p> <ul style="list-style-type: none"> ≡ Confirming a particular gap has been submitted for payment ≡ Where does one see what is earned /expected that it will pay.

		<ul style="list-style-type: none"> ≡ What is check cycle time? ≡ How do I raise questions/concerns about payment? Who to contact with questions? 	<ul style="list-style-type: none"> ≡ Time lapse for when a completed counseling appears on billing report ≡ Check cycle time ≡ Contact whom with questions/concerns about payment
5 min.	Wrap up	How to opt out a patient and wrap up (document) an interaction.	<ul style="list-style-type: none"> 9 <i>Wrap-Up</i> ≡ You can wrap-up a patient interaction for a variety of reasons: all opportunities have been addressed, opportunity has been closed, patient opts out, phone number was missing or incorrect, or the in-person consultation has been completed. ≡ At the end of each interaction session, you must address any final wrap-up requirements.
5 min.	Access Training and FAQs	How to access training materials, FAQs and monthly release notes.	<ul style="list-style-type: none"> ≡ Top right of the application <ul style="list-style-type: none"> ○ Training Link (houses web-based trainings for <ul style="list-style-type: none"> ▪ Pharmacists new to SOCRxATES™ ▪ Refreshers ○ Help Link <ul style="list-style-type: none"> ▪ Definitions of pages and fields ▪ Where to obtain additional resources ▪ Telephone numbers ▪ System Requirements ○ FAQ Link <ul style="list-style-type: none"> ▪ Answers to common questions about the program and SOCRxATES™

Total training time: 90 mins.