**TABLE D: MANAGED CARE - PRACTICE ENVIRONMENT INFORMATION**

*For sections asking for numbers/percentages, such values can be estimates.*

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| --- | --- | --- | --- | --- | --- |
| **Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | **Date Survey Grid Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| % of Residency Training conducted at this site (remote/virtual or physical location): \_\_\_\_\_\_ | % of overall Residency Training that is virtual: \_\_\_\_\_ | | | Average number of hours per week of residency program administration time allocated for RPD: \_\_\_\_\_\_\_\_\_ | |
| If participating sites are used to provide required direct patient care learning experiences, list all required direct patient care learning experiences conducted at the primary practice site: | | | | | |
| If a participating site is used for the Staffing/Service Commitment learning experience, indicate the participating site used:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| IF RPD does NOT practice at this site, name of qualified RPh preceptor at this site who is responsible for overseeing the resident(s) and collaborating with the RPD:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Number of vacant Pharmacist positions: | | | | | |
| Number of vacant Pharmacy Technician positions: | | | | | |
| Pharmacy Department Hours of Operation: | | | | | |
| External Accrediting Body: Date Last Reviewed: | | | | | |
| # of Covered Lives: | | | | | |
| * Medicare \_\_\_\_\_ | | | | | |
| * Medicaid \_\_\_\_\_ | | | | | |
| * Commercial (# of self- vs fully-insured) \_\_\_\_\_(self-insured) \_\_\_\_\_(fully-insured) | | | | | |
| * ACA | | | | | |
| Residency Program Funding Sources: Organization CMS VA College Other (explain): | | | | | |
| Current/planned capital expenditures/leases in next three years: | | | | | |
|  | | | | | |
| **Pharmacy Services** | | **Answer the following questions with YES, NO, PARTIAL, or NA.**  **Additional information MUST be provided for “NO” and “PARTIAL IMPLEMENTATION” responses**  (Questions apply to the pharmacy department as a whole and NOT per service area) | | | |
|  | | **Yes/NO/PARTIAL/NA** | ***Additional information*** | | |
| Pharmacy has a well-defined, documented organizational structure in which the pharmacist leader provides oversight and supervision of all pharmacy personnel. (5.1.a.2) | |  | Leadership Position that Director/Chief of Pharmacy reports to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Leadership Position that Pharmacy Residents report to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is your hospital/practice site part of a health-system? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If yes, describe the pharmacy reporting structure and level of alignment of pharmacy services within the system:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| The Practice site includes an outpatient pharmacy. (5.1.a.5) | |  | If yes, is the outpatient/retail pharmacy owned/operated by this organization?  Yes  No | | |
| Pharmacy participates in antimicrobial stewardship activities. (5.1.a.5) | |  |  | | |
| Pharmacy technicians practice at the maximum level allowed by the state or jurisdiction. (5.1.a.6) | |  | Outside of dispensing and compounding-related activities, select the following advanced practice activities that Pharmacy Technicians are responsible for:  Medication history intake  Prior authorization review  Immunization reviews  Patient Assistance Programs  Automation/IT Specialist  Supervisory Role(s)  Other advanced technician roles? Describe:  Are any of the following required for employment at the practice site?  PTCB/National Certification  Completion of an ASHP/ACPE-accredited Pharmacy Technician Training Program at the practice site  State Board registration/licensure  Is a Career Ladder in place for technician workforce?  Yes  No | | |
| Pharmacy leaders provide resources for ongoing professional development for pharmacists and pharmacy technicians. (5.1.c.2) | |  | Select any of the following that are provided:  Complimentary continuing education  Financial support for meeting/workshop attendance  Conference/education days  Support for involvement in professional organizations  Financial support for certificate programs/certifications  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacy leaders ensure the competence of pharmacists is validated through an ongoing formalized process. (5.1.c.3) | |  | Select any of the following that are utilized:  Peer review process  Credentialing/privileging process  Annual *pharmacy-specific* competencies  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List two most recent competencies completed, including dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacy leaders ensure the competence of pharmacy technicians performing specialized functions is validated through an ongoing formalized process. (5.1.c.4) | |  | Select any of the following that are utilized:  Peer review process  Audits/random sampling review  Annual *pharmacy-specific* competencies  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List two most recent competencies completed, including dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacy has implemented systems for reporting, analyzing, and monitoring medication safety events. (5.2.f) | |  | Is there an interdisciplinary medication safety committee in place?  Yes  No  Who is involved in the interdisciplinary medication safety committee?  Providers  Nursing  Pharmacy  Other; List:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    What platform/system is used for medication event reporting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List the most recent root cause analysis conducted at the site that pharmacy was involved with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacy services include the conduct of medication-use evaluations (MUEs). (5.2.g.1) | |  | List the three most recent MUEs, including dates, completed (site or system-level):\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacists provide prospective review of all medication orders. (5.3.a.1) | |  | If partial implementation, describe the situations/patient populations/medication therapy orders that a pharmacist does not provide prospective review:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacists participate in population health services (i.e., medication adherence assessments, employee health assessments, targeted medication interventions based on pre-determined metrics/identified gaps in care, etc.). (5.3.a.2) | |  | List examples:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacists practice under collaborative practice agreements (e.g., chronic disease state management, outpatient medication refill authorization, outpatient acute antimicrobial management, etc.). (5.3.a.3) | |  | List the collaborative practice agreements (CPAs) in place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Select the following activities that pharmacists perform under CPAs:  Start/stop medication therapy  Optimize/adjust medication therapy  Order medication refills  Order laboratory tests  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacists collaborate with the patient, family, and caregivers to manage patient care medication-related needs and education. (5.3.a.5) | |  | % of patients where pharmacy personnel provide discharge medication education:\_\_\_\_\_\_\_\_\_\_\_\_\_  Select the situations where pharmacy personnel routinely provide patient/caregiver education (beyond an offer to counsel):  New medications  Medications w/dose changes  Medications requiring dosage form/administration education (e.g., pumps, injections, inhalers)  High-risk/targeted medications  High-risk patient populations (e.g., readmission risk, transplant)  Specific disease states  Other; Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacists and pharmacy technicians are involved in medication-related transitions of care activities. (5.3.a.6) | |  | * % of patients where pharmacy personnel conduct medication history intake and/or participate in admission medication reconciliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * % pf patients where pharmacists participate in discharge medication review/discharge medication reconciliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Is there a meds-to-beds service? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Pharmacists document patient care recommendations and treatment plans in patients’ permanent medical record. (5.3.b.4) | |  |  | | |
| **Pharmacy Services**  *\*If some parts are done in-house and some outsourced, specify which components are provided by both* | | **Offered in-house?\* (Yes/No)** | | | **Outsourced?\* (Yes/No)** |
| Medication therapy management | |  | | |  |
| Utilization management initiatives | |  | | |  |
| Medication adherence program | |  | | |  |
| Pharmacy quality measure improvement initiatives (i.e. HEDIS, Medicare Star Ratings, PQA, etc.) | |  | | |  |
| Prior authorization | |  | | |  |
| Formulary management | |  | | |  |
| Specialty pharmacy management | |  | | |  |
| Rebate contracting and management | |  | | |  |
| Pharmacy network management | |  | | |  |
| Client services (utilization analysis and quality reports at a group level) | |  | | |  |
| Pharmacy benefit design development | |  | | |  |
| Population health management | |  | | |  |
| Drug information | |  | | |  |
| Pharmacy and Therapeutics Committee | |  | | |  |
| **Technology Systems**  *Note the name of the technology/system used (as applicable to the site); if technology is not used, mark as N/A* | |  | | |  |
| Electronic prior authorization | |  | | |  |
| Electronic prescribing | |  | | |  |
| Real time benefit check | |  | | |  |
| Digital Therapy (e.g., wearable sensors, apps) | |  | | |  |
| Telehealth/Telemedicine | |  | | |  |
| Medical data integration | |  | | |  |
| Social Determinants of Health (SDOH) referral platforms | |  | | |  |
| Clinical Decision Support (CDS) | |  | | |  |
| Precision Medicine | |  | | |  |
| List any planned changes/additions to technology systems within the next three years at site and anticipated timeframe: | |  | | |  |
| List any current/planned capital expenditures/leases *unrelated* to technology (e.g., IV room remodel, pharmacy expansion) within the next three years at site and anticipated timeframe: | |  | | |  |