CPESN® USA

Board of Manager Approved

Service Set Standards
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CPESN USA Minimum Network Service Set Standards

Medication Reconciliation ........................................................................................................................................... 3
Medication Reconciliation Service Set Standard

**Definition**
- The process of comparing a patient’s medication orders to all of the medications that the patient has been taking (active, chronic, as needed and OTC including herbal) to avoid medication errors. This process should be done at every transition of care, and other times as applicable. Pharmacists should assess for discrepancies, communicate with other providers/health-systems, and work closely with the patient to ensure that their current medications are intended and appropriate. Pharmacists will document that they performed the medication reconciliation, identified any discrepancies, and communicated with other providers as necessary.

**Description**
- The Medication Reconciliation Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Medication Reconciliation as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Medication Reconciliation standards for their network.

**Medication Reconciliation Service Set Prerequisites and Services**

**Prerequisite(s)**
- Maintain competency for the medication reconciliation process

**Minimum Requirements**
- Collect and obtain medication lists for the patient from the pharmacy, the patient, the providers (i.e., primary care provider, specialists, and possible discharge summary). Lists should include all prescription medications, over-the-counter medications, and nutritional supplements.
- Compare the collected medication lists
- Make clinical decisions (dosages, administration times, frequency, routes, interactions and discrepancies) based on the comparison of the lists.
- Collaborate with provider(s) to make any necessary medication changes.
- Ensure patient is taking all medications that are on the final medication list. If patients are unsure of medication statuses, assess availability of prescription (i.e., fill history, remaining refills, and barriers to initial fill/refill).
- Assess the patient’s understanding of the disease process, medications, and possible adverse effects. Educate the patient as necessary.
- Communicate the new complete medication list to patient, caregiver(s), any relevant care team members and primary care provider.
- Document medication reconciliation activities.

**Revision History**

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Comprehensive Patient Care Service Set Standards

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Community Pharmacy Care Management (CPCM) Service Set Standard

**Definition**
- Community Pharmacy Care Management (CPCM) focuses on locally-based services, in which the pharmacy collects information, assesses the patient, develops a patient-specific care plan, implements the care plan, and follows-up with the patient regularly. Additionally, the patient receives enhanced dispensing and distribution services.

**Description**
- The Community Pharmacy Care Management (CPCM) Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer CPCM as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional CPCM standards for their network.

**CPCM Enhanced Service Set Prerequisites and Services**

**Prerequisite(s)**
- Must understand and be able to perform the CPESN pharmacy care management service, which aligns with the JCPP Pharmacists’ Care Process. Additionally, must offer enhanced dispensing and distribution services, which include medication synchronization, adherence packaging, and delivery.

**Minimum Requirements**

**Step 1: Collect**
- Gather information from multiple sources including existing patient records and other health care professionals
- Conduct a medication history interview with the patient
- For each medication, gather information on adherence, effectiveness, potential side effects (i.e., safety), and whether it can be taken as intended (e.g., access and affordability)
- Inquire as to who primarily manages the patient’s medications and how this process works (e.g., pill boxes, calendars, reminders)
- Ask what the patient’s own goals are for his/her health
- Obtain any necessary lab values and/or measurements (e.g., cholesterol values, A1c), if applicable
- Conduct any necessary physical assessments (e.g., blood pressure, if applicable)

**Step 2: Assess**
- Assess the following:
  - Appropriateness (i.e., indication of each medication)
  - Effectiveness of each medication
  - Safety of each medication
  - Convenience (e.g., administration, access, affordability) of each medication
  - Potential barriers to meeting the desired patient goal(s)
  - Each medical problem and drug therapy problem
- Identify and classify the patient’s drug therapy problems
### Step 3: Plan
- Develop a plan of care to manage the medication aspects of the patient’s medical conditions, support patient-centered goals, and resolve the identified drug therapy problems:
  - Identify the monitoring parameters
  - Design personalized education and interventions that engage the patient through empowerment and self-management
  - Consider whether enhanced service(s) could assist with identified barriers or drug therapy problems (e.g., home delivery for a patient without transportation)
  - Reconcile all medication lists to arrive at a final and accurate reconciled list
  - Coordinate care with the primary care provider and other health care team members in order to achieve a care plan
  - Determine if the patient needs a referral to another health care professional or to a community resource
  - Determine the appropriate timeframe and mode (i.e., phone, face-to-face) for follow-up

### Related-Required Services
- Adherence Packaging
- Home delivery
- In-Depth Counseling/Coaching

### Related-Optional Services
- Personalized Medication Delivery
- Home Visits
- Point of Care Testing
- Targeted Disease State Programs
- Compounding, non-sterile
- Nutritional Counseling

### Step 4: Implement
- Document the plan of care, including your assessment, the active medication list, drug therapy problems, planned interventions, patient goals, care coordination needs, referrals, and follow-up
- Provide patient-specific education regarding the care plan (e.g., adherence education, disease state education or other education as dictated by patient-centered goals) and assure understanding
- Implement interventions that are within the pharmacy’s scope of practice and coordinate other interventions with care team members
- Arrange follow-up and document on the patient’s goal progress / achievement; set new patient goals when previous ones are achieved
- Obtain updates and document a time frame that is clinically appropriate for the patient and his/her medical conditions, drug therapy problems, and medications
- Coordinate with the patient’s primary care practice and other providers to reconcile all medication changes, ensure an updated medication list, and ensure that follow-up is aligned with the patient’s medical visits
- Provide updated medication list to patient
- Communicate instructions for follow-up with the patient or patient’s caregiver

### Step 5: Follow-up
- Obtain updates on the patient’s clinical status and conduct pertinent, ongoing assessments to update the care plan and optimize medication therapy (e.g., for a patient with diabetes, ask about recent highest and lowest blood sugar readings with each sync fill)
- Resolve outstanding drug therapy problems, make any necessary referrals, and coordinate care as needed
- Determine if any new medication conditions, health concerns, or drug therapy problems have developed
- Update the care plan and the patient’s active medication list with each sync fill

### Related-Required Services*
- Adherence Packaging
- Home delivery
- In-Depth Counseling/Coaching

### Related-Optional Services
- Personalized Medication Delivery
- Home Visits
- Point of Care Testing
- Targeted Disease State Programs
- Compounding, non-sterile
- Nutritional Counseling
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*The Minimum CPESN Network Service Set creates a single standard for enhanced services provision across all local CPESN networks and pharmacies participating in CPESN USA. Five minimum standards offered by all pharmacies across all networks include the following: Comprehensive Medication Review, Medication Synchronization Program, Immunizations, Medication Reconciliation, and Personal Medication Record.*
**Behavioral Health Community Pharmacy Care Management (CPCM) Service Set Standard**

**Definition**
- Behavioral Health Community Pharmacy Care Management (CPCM) focuses on locally-based services, in which the pharmacy follows the Joint Commission of Pharmacy Practitioners (JCPP) Pharmacists’ Patient Care Process as defined below in the minimum requirements. Additionally, the patient receives enhanced dispensing and distribution services, while focusing on behavioral health conditions.

**Description**
- The Behavioral Health Community Pharmacy Care Management (CPCM) Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Behavioral Health CPCM as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Behavioral Health CPCM standards for their network.

**Behavioral Health CPCM Enhanced Service Set Prerequisites and Services**

**Prerequisite(s)**
- Must understand and be able to perform the CPESN pharmacy care management service, which aligns with the JCPP Pharmacists’ Care Process. Additionally, must offer enhanced dispensing and distribution services, which include medication synchronization, adherence packaging, and delivery.
- Mental Health First Aid Training for staff member(s)

**Minimum Requirements**
- Provide in-depth counseling on behavioral health medications and ensure patients are remaining adherent to therapies
- Ensure patients are getting appropriate labs completed for the purposes of preventing metabolic syndrome and ensure patients are receiving appropriate monitoring of comorbid chronic conditions
- Administer, document, and communicate to the provider warranted behavioral health measurement-based rating scales (e.g., PHQ-9, GAD, etc.)

**Step 1: Collect**
- Gather information from multiple sources including existing patient records and other health care professionals
- Conduct a medication history interview with the patient
- For each medication, gather information on adherence, effectiveness, potential side effects (i.e., safety), and whether it can be taken as intended (e.g., access and affordability)
- Inquire as to who primarily manages the patient’s medications and how this process works (e.g., pill boxes, calendars, reminders)
- Ask what the patient’s own goals are for his/her health
  - The idea is to help the patient understand reasonable expectations about what can be achieved with the patient’s behavioral health condition and medication(s) for treatment.
- Obtain any necessary lab values and/or measurements (e.g., cholesterol values, A1c), if applicable
- Conduct any necessary physical assessments (e.g., blood pressure, if applicable)
Minimum Requirements (cont.)

Step 2: Assess
- Assess the following:
  - Adherence
  - Appropriateness (i.e., indication) of each medication
  - Effectiveness of each medication
  - Safety of each medication
  - Convenience (e.g., administration, access, affordability) of each medication
  - Potential barriers to meeting the desired patient goal(s)
  - Each medical problem and drug therapy problem
- Identify and classify the patient’s drug therapy problems

Step 3: Plan
- Develop a plan of care to manage the medication aspects of the patient’s medical conditions, support patient-centered goals, and resolve the identified drug therapy problems:
  - Identify the monitoring parameters
  - Design personalized education and interventions that engage the patient through empowerment and self-management
  - Consider whether enhanced service(s) could assist with identified barriers or drug therapy problems (e.g., home delivery for a patient without transportation)
  - Reconcile all medication lists to arrive at a final and accurate reconciled list
  - Coordinate care with the primary care provider and other health care team members in order to achieve a care plan
  - Determine if the patient needs a referral to another health care professional or to a community resource
  - Determine the appropriate timeframe and mode (i.e., phone, face-to-face) for follow-up

Step 4: Implement
- Document the plan of care, including your assessment, the active medication list, drug therapy problems, planned interventions, patient goals, care coordination needs, referrals, and follow-up
- Provide patient-specific education regarding the care plan (e.g., adherence education, disease state education or other education as dictated by patient-centered goals) and assure understanding
- Implement interventions that are within the pharmacy’s scope of practice and coordinate other interventions with care team members
- Arrange follow-up in a time frame that is clinically appropriate for the patient and his/her medical conditions, drug therapy problems, and medications
- Coordinate with the patient’s primary care practice and other providers to reconcile all medication changes, ensure an updated medication list, and ensure that follow-up is aligned with the patient’s medical visits
- Provide updated medication list to patient
- Communicate instructions for follow-up with the patient or patient’s caregiver

Step 5: Follow-up
- Obtain and document updates on the patient’s goal progress / achievement; set new patient goals when previous ones are achieved
- Obtain and document updates on the patient’s clinical status and conduct pertinent, ongoing assessments to update the care plan and optimize medication therapy (e.g., for a patient with diabetes, ask about recent highest and lowest blood sugar readings with each sync fill)
- Resolve outstanding drug therapy problems, make any necessary referrals, and coordinate care as needed
- Determine if any new medication conditions, health concerns, or drug therapy problems have developed
- Update the care plan and the patient’s active medication list with each sync fill
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<th>Related-Required Services*</th>
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<td>• Adherence Packaging</td>
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<tr>
<td>• Clozapine Dispensing and Monitoring</td>
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<td>• Pharmacogenomics Testing</td>
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<td>• Lithium toxicity assessment</td>
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**Chronic Care Management (CCM) Service Set Standard**

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<th>Chronic Care Management</th>
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**Definition**

- Chronic Care Management: A Medicare Part B fee-for-service program that provides at least 20 minutes of non-face-to-face chronic care management and coordination services each month to patients.

**Description**

- The CCM Standard creates a single minimum standard for chronic care management of participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA. This standard can be revised only by action of the Board of Managers. Local CPESN networks always have the prerogative to require different or additional CCM standards for their network.

**Chronic Care Management (CCM) Enhanced Service Set Prerequisites and Requirements**

**Prerequisite(s)**

- Review and understand the CPESN USA CCM guidance document
- Being knowledgeable and maintaining compliance with the appropriate use of CCM procedure codes for complexity, contracted time, and documentation

- Maintain an electronic health information exchange
  - HIPAA compliant
  - 2-way communication
  - Generate auditable staff-specific, time tracked activity record/log that meets CMS standards

- Obtain a clinical service agreement with qualified healthcare provider that meets CMS standards for providing CCM

**Minimum Requirements**

- Implement and update a patient-specific comprehensive care plan
- Establish relationships with patient care teams to ensure the care plan is clinically integrated and aligned with the overall health and wellness goals of the patient
  - Must be willing to coordinate all the patient’s health information from multiple providers into one single CCM care plan and communicate back to contracted provider.

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# Diabetes Management and Education Service Set Standard

## Definition
- Strives to improve the care of patients with diabetes through enhanced education, clinical monitoring and other interventions. May include one-on-one coaching/counseling or group education classes.

## Description
- The Diabetes Management and Education Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Diabetes Management and Education as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Diabetes Management and Education standards for their network.

### Diabetes Management and Education Enhanced Service Set Prerequisites and Services

#### Prerequisite(s)
- Maintain competency in diabetes disease-state education.

#### Minimum Requirements
- Educate patients on therapeutic lifestyle changes (i.e., weight control, healthy food choices, physical activity, smoking cessation)
- Inquire about health exams (i.e., foot, eye, and oral health). Coordinate services with managing provider.
- Educate and encourage self-care behaviors (i.e., daily foot care, daily oral care)
- Evaluate patients for standards of care therapies (i.e., statin, ACE-Inhibitor or ARB, and aspirin). Document if patients are unable to take the recommended therapies due to contraindications, adverse events, etc.
- Educate patients on blood glucose monitoring, including appropriate checking technique, interpreting readings, recording readings, and the courses of action for hypoglycemia, hyperglycemia, and readings that prompt emergent attention by a health care provider. Additionally, ensure patients have affordable and adequate testing supplies.
- Monitor medication adherence to all diabetes-related medications. Communicate consistent non-adherence to managing provider.
- Collaborate and communicate with other providers in order to send/receive additional clinical information including progress notes, labs, hospitalizations, discharge summaries, etc.
- Screen for diabetes recommended immunizations and provide or coordinate patients to receive appropriate immunizations

#### Related-Required Services*
- In Depth Counseling/Coaching

#### Related-Optional Services
- Assess for peripheral neuropathy using monofilament test and communicate with provider.
- Home Delivery
- Personalized Medication Delivery
- Adherence Program
- Adherence Packaging
- Compounding, Non-Sterile
- Nutritional Counseling
- Point of Care Testing
- Targeted Disease State Programs
  - Diabetes Education Accreditation Program (DEAP)
  - Diabetes Self-Management Education (DSME)
- Vitamin and Nutrient Supplementation
- Syringe Service

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*Related-Required Services are those services that are necessary for the delivery of the Diabetes Management and Education service set. Related-Optional Services are those services that may be offered in addition to the Related-Required Services.
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Asthma Management and Education Service Set Standard

### Definition
- Strives to improve the care of patients with asthma through enhanced education, clinical monitoring and other interventions. May include one-on-one coaching/counseling or group education classes.

### Description
- The Asthma Management and Education Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Asthma Management and Education as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional asthma standards for their network.

### Asthma Management and Education Service Set Prerequisites and Services

### Prerequisite(s)
- Maintain competency in asthma disease-state education.

### Minimum Requirements
- Counsel and educate patients on the following: appropriate use of and differences between asthma-related medications (i.e., LABA, SABA), medication adherence, spacer usage, and correct medication administration methods.
- Perform the Asthma Control Test (ACT) with each asthma-related medication refill and/or appointment and document score. Update the asthma action plan after ACT is completed, as necessary. Notify the prescriber, if appropriate.
- Ensure patient has an asthma action plan on file and is updated following ACT completion, as necessary.
- Evaluate patients’ therapies regarding recommended treatments based on the National Heart, Lung, and Blood Institute (NHLB) guidelines for asthma. Make recommendations to prescriber as necessary and document efforts.
- Monitor medication adherence to all asthma-related medications, especially ensuring maintenance medications are being taken appropriately.
- Collaborate and communicate with other providers in order to send/receive additional clinical information including progress notes, labs, hospitalizations, discharge summaries, etc.
- Document utilizing the eCare plan and send relevant encounter(s) to asthma-related medication prescriber(s)
- Screen for Asthma recommended immunizations and provide or coordinate patients to receive appropriate immunizations

### Related-Required Services
- In-Depth Counseling/Coaching

### Related-Optional Services
- Home delivery
- Personalized Medication Delivery

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**Heart Failure (HF) Management and Education Service Set Standard**

**Definition**

- Provide collaborative quality patient care for HF patients by providing medication management, care coordination, and intensive follow-up with the goal of decreasing HF hospital readmission.

**Description**

- The Heart Failure (HF) Management and Education Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer HF Management and Education as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional HF Management and Education standards for their network.

**Heart Failure (HF) Management and Education Enhanced Service Set Prerequisites and Services**

**Prerequisite(s)**

- The HF Enhanced Service Provider has a lead pharmacist, lead patient engagement coordinator, and delivery driver, which will complete initial training

- Determine and implement a weight capture process

- Agreement to attend webinars for re-training and program implementation and quarterly quality assurance exercises

- Serve patient(s) diagnosed with congestive heart failure (HF)

**Minimum Requirements**

- Conduct Comprehensive Initial Patient Assessment (CIPA) with the goal of creating a patient-centered care plan including health concerns, drug therapy problems (DTP), patient goals, weight monitoring, triggering events, and pharmacy contact schedule

- Pharmacy staff calls patient for routine follow-up after delivery

- Break through intervention is offered if hospitalized in prior week. Re-initiate CIPA and increase frequency for patient encounters and follow-up

- Same day medication delivery

- Pharmacy delivery driver check-in each month

- Provide medication reconciliation while following HF clinical guidelines. If DTPs are discovered, ensure that provider is consulted and appropriate follow-up is performed

- Provide ongoing patient HF education

- Screen for HF recommended immunizations and provide or coordinate patients to receive appropriate immunizations

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## HIV Support Service Set Standard

### Definition
- Strives to improve the care of patients with HIV through enhanced education, clinical monitoring, and emotional support while the efforts of this standard are directed and guided by network AAHIVP pharmacists.

### Description
- The HIV Support Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer HIV Support as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional HIV Support standards for their network.

### HIV Support Enhanced Service Set Prerequisites and Services

#### Prerequisite(s)
- Complete a HIV Support training program
- Maintain an understanding of illicit drug-drug interactions with HIV prescription medications

#### Minimum Requirements
- Provide education for patients with newly diagnosed HIV about their condition & medication regimen adherence
- Document and communicate an adherence report card to HIV medication prescriber(s) on a quarterly basis at minimum which includes explanation(s) for adherence lapse.
  - Early non-adherence, such as a patient not receiving their medication for the second fill, should be reported to the prescriber
- Create a patient care/action plan that includes patient-centered goals that were developed collaboratively with the patient’s HIV medication provider(s).
- Educate patients on how to refer partners for PrEP, as necessary
- Provide patients with HIV-related community resources
- Provide medication management while managing patients holistically and focusing on all health conditions
- Provide a discreet and private consultation room where the patient can discuss any health concerns
- Evaluate patient out of pocket expense for medications and connect patient to financial assistance programs when appropriate
- Document CD4 count at least annually (or at least document 2 attempts to obtain this information)
- Screen for HIV recommended immunizations and provide or coordinate patients to receive appropriate immunizations

#### Related-Required Services*
- In-Depth Counseling/Coaching
- Medication Adherence Program

#### Related-Optional Services
- Offer onsite HIV onsite testing alone or in collaboration with health departments and educate patients with next steps while providing support
- Offer annual depression screenings and nutritional assessments
- Adherence Packaging
- Home Delivery
- Personalized Medication Delivery
• Safe Needle and Syringe Disposal
• Point of Care Testing: Hepatitis C, Cholesterol

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Opioid Medication Effort Service Set Standards

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Opioid Patient Support ................................................................................................................................................................... 21

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Opioid Safety

Definition
- Strives to ensure safe opioid use in acute and chronic pain patients with risk factors for respiratory depression and opioid use disorder (OUD) and to educate about safe medication storage and disposal.

Description
- The Opioid Safety Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Opioid Safety as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Opioid Safety standards for their network.

Opioid Safety Enhanced Service Set Prerequisites and Services

Prerequisite(s)
- Maintain an understanding of medications that are being dispensed to patients
- Remain updated on naloxone counseling

Minimum Requirements
- Dispense or document patient refusal of recommendation to dispense naloxone for patients at risk for abuse/overdose, especially consider offering naloxone if ≥ 50 MME/day total (≥ 50 mg hydrocodone; ≥ 33 mg oxycodone). Additionally, provide naloxone counseling to the patient, family member, caregiver and/or friend.
  - If allowed by state law and regulation, each pharmacy will enact a standing order or collaborative practice agreement to allow for naloxone to be more easily dispensed
  - Communicate with appropriate prescribers to make aware of naloxone dispensing
- Discuss with the patient about aspects of their prescription medication regimen, medical history, and substance use that increase their risk for respiratory depression and opioid overdose
- Monitor patients by using prescription drug monitoring programs (PDMP) when legally available to assess opioid and benzodiazepine prescription and prescriber patterns
  - Require all pharmacist staff that qualify to have a login to local Prescription Drug Monitoring Program (PDMP)
- Utilize data available through Prescription Drug Monitoring Programs (PDMPs) as needed to enhance care coordination and overall care delivery
- Educate patient on importance of and how to properly store and dispose unused opioids and benzodiazepines
- Document care planning efforts for opioid safety encounters utilizing your Pharmacist eCare Plan vendor.

Revision History

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<td>4/18/2019</td>
<td>CPESN USA Board of Managers voted for the “Opioid Safety” standard to remain an optional service set and added the following minimum requirement: “Document care planning efforts for opioid safety encounters utilizing your Pharmacist eCare Plan vendor.”</td>
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### Opioid Patient Support Service Set Standard

#### Definition
- Strives to curb the opioid epidemic by focusing on adults (18+) with chronic pain for ≥ 3 months, excluding cancer, palliative and end-of-life care, by offering interventions that may reduce the likelihood of abuse, providing enhanced opioid education and clinical monitoring, and reducing the negative consequences of abuse and opioid use disorder (OUD)

#### Description
- The Opioid Patient Support Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Opioid Patient Support as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Opioid Patient Support standards for their network.

### Opioid Patient Support Enhanced Service Set Prerequisites and Services

#### Prerequisite(s)
- Maintain competency in acute and chronic pain education and management for patients taking opioids
- Remain updated on naloxone counseling

#### Minimum Services
- Provide ongoing screening of patients by utilizing a patient-reported level of pain instrument (i.e., the PEG 3-item scale) and monitoring of patients
- Monitor patients by using prescription drug monitoring programs (PDMP) to assess opioid and benzodiazepine prescription and prescriber patterns
- Identify patients with at least 50 morphine milligram equivalents (MME) and/or receive health plan data that identifies patients. Document MME for each patient and share with prescriber(s)
- Identify at risk patients and engage their prescribing providers to educate and highlight prescribing patterns that may increase risk to patients
- Partner with provider(s) to gradually taper opioid therapy where this is a reasonable course of action
- Provide pharmacist-led education and support to enhance patient self-management of pain
- Educate and inform patients on appropriate non-opioid pain treatments, including but not limited to other prescription and non-prescription medications and non-pharmacologic treatments. Furthermore, make recommendations to the prescriber where opportunities are found to improve overall pain treatment
- Encourage patient to receive partial fills of initial opioid prescription(s) as state law permits and as appropriate to discourage abuse, misuse, and diversion. Upon patient’s permission, discuss treatment options with prescribing provider and/or primary care provider.
- Dispense or document patient refusal of recommendation to dispense naloxone for patients at risk for abuse/overdose, especially consider offering naloxone if ≥ 50 MME/day total (≥ 50 mg hydrocodone; ≥ 33 mg oxycodone) (e.g., RIOSORD scale). Additionally, provide naloxone counseling to the patient, family member, care giver and/or friend.
- Educate patient on importance of and how to properly store and dispose unused opioids

#### Related-Required Services*
- In-Depth Counseling/Coaching
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<tr>
<th>CPESN USA Enhanced Service Set Standard</th>
<th>Opioid Provider Education</th>
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<tr>
<td>Original Implementation Date</td>
<td>June 15, 2018</td>
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<td>Revised Date</td>
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**Opioid Provider Education Service Set Standard**

**Definition**
- Aims to curb the opioid epidemic by educating providers on managing patients who have chronic pain, specifically focused on opioids.

**Description**
- The Opioid Provider Education Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Opioid Provider Education as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Opioid Provider Education standards for their network.

**Opioid Provider Education Enhanced Service Set Prerequisites and Services**

**Prerequisite(s)**
- Achieve and maintain competency in chronic pain education focusing on opioids

**Minimum Requirements**
- Educate provider on functional approach to chronic pain management
- Educate provider on benefits and risks of opioids
- Educate provider on morphine milligram equivalents (MME) and the applications of MME for patients
- Provide provider with educational tools or links to educational tools
- Educate provider on non-opioid pain treatments, including both other pharmacologic options and health plan coverage of non-pharmacologic treatments (e.g., physical therapy, chiropractic manipulation, massage, etc.)
- Educate provider on utilizing appropriate pain assessments prior to and on a regular basis when prescribing opioids
- Educate provider on how to sign up for and utilize prescription drug monitoring programs (PDMPs)
- Pharmacists will identify patients based on a morphine milligram equivalents (MME) standard (using prescription drug monitoring programs (PDMP) and/or receive health plan data that identifies patients. Document MME for each patient and share with prescriber.
- Identify providers not responding to outreach, education, and academic detailing for further interventions

**Revision History**

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Additional Service Set Standards

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### Long Acting Injectable Antipsychotics Service Set Standard

#### Definition
- Strives to improve the care of patients who are currently receiving long acting injectable (LAI) antipsychotics through administration of the LAI, enhanced education, clinical monitoring, and care coordination that is patient specific and offered by the pharmacy.

#### Description
- The Long Acting Injectable Antipsychotics Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Long Acting Injectable Antipsychotics Injections as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional hospice standards for their network.

#### Long Acting Injectable Antipsychotics Enhanced Service Set Prerequisites and Services

##### Prerequisite(s)
- Maintain competency in antipsychotic agents, especially long acting injections
- Maintain compliance for dispensing and administering long acting injections
- Mental Health First Aid Training

##### Minimum Requirements
- Provide access to the long acting injection by dispensing at the pharmacy or assisting the patient in receiving the long acting injection through a patient assistance program.
- Administer the long acting injection on a scheduled basis in a private consultation room
- Contact patient on an agreed upon schedule to notify the patient of the next injection
- Communicate with the provider that the long acting injection has been provided or administered or if a patient has missed an injection within an agreed upon time frame.
- Have the ability to assist in determining a patient’s new dosing needs and obtain a new prescription, as necessary
- Follow-up with care giver as appropriate
- Assess patient using measurement-based scale assessment(s)
- Monitor patient for metabolic syndrome and adverse reactions for LAIs
- Pharmacy should be able to offer an injection chaperone

##### Related-Required Services*
- See minimum standards listed below*

##### Related-Optional Services
- Home Delivery
- Adherence Program
- Adherence Packaging
- Clozapine Dispensing and Monitoring
- Pharmacogenomics Testing

#### Revision History

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**Tobacco Cessation Service Set Standard**

**Definition**
- Educational program offered in your pharmacy designed to assist patients who desire to stop using tobacco products utilizing motivational interviewing and health coaching techniques in addition to use of nicotine replacement therapy or pharmacotherapy.

**Description**
- The Tobacco Cessation Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Tobacco Cessation as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Tobacco Cessation standards for their network.

**Tobacco Cessation Service Set Prerequisites and Services**

**Prerequisite(s)**
- Maintain competency in Tobacco Cessation education
- Remain up to date on state programs related to tobacco cessation and be able to recommend appropriate programs, including the availability of tobacco quitlines and coverage of nicotine replacement therapy or pharmacotherapy.

**Minimum Requirements**
- Identify patients, especially specific populations such as pregnant women, parents with young children in the home, and patients with COPD or asthma, who may be candidates for tobacco cessation services.
- Assess a patient’s tobacco use status and readiness to quit tobacco use by implementing the 5 A’s (Ask, Advise, Assess, Assist, Arrange) or AAR (Ask, Advise, Refer).
- Evaluate patient’s nicotine dependence using the Fagerstrom Test.
- Educate and counsel patients on appropriate over the counter tobacco cessation products (i.e., nicotine replacement therapy) and the use of tobacco quitlines.
- Employ motivational interviewing techniques while providing patient consultations.
- Follow-up with patients at a minimum of 3 times in order to attempt to achieve successful tobacco cessation. Monitor tobacco quitline patient reports if available and follow up with patient on quitline enrollment and participation.
- Ensure patients are up to date on pneumococcal vaccine(s) and that patients receive an annual influenza vaccine. Document and share with provider(s) those patients who receive a vaccine, unable to receive a vaccine due to a contraindication, or refuse.
- Assess risk factors related to common comorbid diseases (cardiovascular disease, COPD) through the use of blood pressure monitoring and the COPD Assessment test (CAT).
- Screen for patient-specific recommended immunizations and provide or coordinate patients to receive appropriate immunizations.

**Related-Required Services**
- See minimum standards listed below*

**Related-Optional Services**
- COPD Management and Education Service Set Standard

**Revision History**

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Pharmacogenomics Service Set Standard

<table>
<thead>
<tr>
<th>Definition</th>
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<tbody>
<tr>
<td>The act of using a patient’s specific genome to determine how medications will be metabolized to improve patient outcomes; should include performing the test, counseling/follow up with the patient, and communication of results to other healthcare professionals for necessary medication changes</td>
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<tr>
<td>The Pharmacogenomics Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer pharmacogenomics as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional pharmacogenomic standards for their network.</td>
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Pharmacogenomics Enhanced Service Set Prerequisites and Services

<table>
<thead>
<tr>
<th>Prerequisite(s)</th>
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<tbody>
<tr>
<td>Complete a pharmacogenomic training program <em>(minimum 16 hours didactic work with test and proof of completion)</em></td>
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<tr>
<td>Complete lab training with at least one lab</td>
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<tr>
<td>Maintain documented workflow plan with defined personnel roles, situations, activities in chronological order</td>
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Minimum Requirements

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<tbody>
<tr>
<td>Utilize pharmacy information including patient notes, medication lists, patient vitals, or other clinical information that has been documented at the pharmacy.</td>
</tr>
<tr>
<td>Collaborate and communicate with other providers in order to receive additional clinical information including progress notes, labs, hospitalizations, discharge summaries, etc.</td>
</tr>
<tr>
<td>Schedule time with patients and inform patients what information they need to bring with them including current prescription medications, any over-the-counter medications/supplements and information given to them by other providers (e.g. result of office visit, discharge summary, current medication list).</td>
</tr>
<tr>
<td>Perform interview using motivational interviewing techniques and engage patients in a conversation in order to collect as much relevant clinical information to appropriately assess the patient.</td>
</tr>
<tr>
<td>Utilize the complete patient record developed during the previous steps, identify drug therapy problems, create a patient care/action plan, and communicate with other providers.</td>
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Related-Required Services*

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<th>Related-Required Services*</th>
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<tr>
<td>In-Depth Counseling/Coaching</td>
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## CPESN USA Enhanced Service Set Standard

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<th>Description</th>
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<tbody>
<tr>
<td>Hospice</td>
<td>July 3, 2018</td>
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</table>

### Hospice Service Set Standard

#### Definition
- Compassionately and comprehensively serve the medication-related needs of patients receiving hospice care.

#### Description
- The Hospice Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer hospice as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional hospice standards for their network.

### Hospice Enhanced Service Set Prerequisites and Services

#### Prerequisite(s)
- Hospice care and hospice medication management training
  - Exception: Long-standing expertise defined as three or more years serving hospice and palliative care patients

#### Minimum Requirements
- Provide clinical and/or educational support to patient, family, and entire care team
- Provide a medication review upon entry into hospice that results in a Pharmacists eCare Plan
- Participate in interdisciplinary team meetings (in-person or telephonic)
- Offer delivery service for medications/supplies to patients (in-town, after hours, stat)
- Offer special packaging (e.g., pre-filled syringes, blister packaging, comfort kits) in collaboration with the hospice
- Adhere to each hospice program’s formulary
- Perform review of the nurse care plan for a newly admitted hospice patient, if needed

### Related-Required Services*
- 24-Hour Emergency Service / On Call – Dispensing
- 24-Hour Emergency Service / On Call – Non-dispensing
- Medication Packaging
- Home Delivery

### Related-Optional Services
- Compounding (Non-Sterile)
- Non-controlled Medication Disposal Site
- Controlled Medication Disposal Site
- Provide guidance and feedback for formulary development

### Revision History

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# Personalized Medication Delivery Service Set Standard

## Definition
- A pharmacy-provided delivery service which utilizes pharmacy employees to provide a meaningful in-person encounter to patients/caregivers at the patient’s preferred location.

## Description
- The Personalized Medication Delivery Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Personalized Medication Delivery as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Personalized Medication Delivery standards for their network.

## Personalized Medication Delivery Enhanced Service Set Prerequisites and Services

### Prerequisite(s)
- Complete a CPESN USA approved delivery driver training program that is in accordance with policies and procedures at the pharmacy.

### Minimum Requirements
- Provide meaningful patient interactions by observing the patient’s environment by assessing for social determinants. Report these findings to the pharmacy team.
- Provide hand delivery of medications/products to the patient or caregiver.
- Provide next day delivery during designated delivery hours.
- Provide access and ability to speak with a pharmacist upon hand delivery.

### Related-Optional Services*
- 24-Hour Emergency Service / On Call – Dispensing
- 24-Hour Emergency Service / On Call – Non-dispensing
- Adherence Packaging
- Adherence Program
- In Depth Counseling/Coaching
- Home Visits

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<th>Hypertension Management and Education</th>
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<td>Revised Date</td>
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## Hypertension Management and Education Service Set Standard

### Definition

- Strives to improve the care of patients with hypertension through enhanced education, clinical monitoring and other interventions. May include one-on-one coaching/counseling or group education classes.

### Description

- The Hypertension Management and Education Enhanced Service Set Standard creates a single minimum standard for participating pharmacies across all local CPESN networks and pharmacies participating in CPESN USA who offer Hypertension Management and Education as an enhanced service set. This standard can be revised only by action of the Board of Managers. Local CPESN networks have the prerogative to require additional Hypertension Management and Education standards for their network.

### Hypertension Management and Education Enhanced Service Set Prerequisites and Services

#### Prerequisite(s)

- Maintain competency in hypertension disease-state education.
- Understand and maintain the necessary skills and steps for obtaining an accurate blood pressure reading.

#### Minimum Requirements

- Educate patients on appropriate self-monitoring of blood pressure and encourage the patient to keep a log of measurements. Regularly, review with patient and provider. Inform prescriber when systolic blood pressure is consistently ≥ 140 mmHg or when diastolic blood pressure is consistently ≥ 90 mmHg despite ongoing therapy of ≥ 30 days.
- Educate patients on appropriate course(s) of action when blood pressure is considered hypertensive urgency, hypertensive emergency, hypotension.
- Educate patients on therapeutic lifestyle changes (i.e., healthy food choices, sodium intake, physical activity).
- Evaluate patients’ therapies regarding recommended treatments based on recent guidelines for hypertension. Make recommendations to prescriber as necessary and document efforts.
- Provide counseling to patients which includes but not limited to side effects of the specific anti-hypertensive agents.
- Monitor medication adherence to all hypertension-related medications. Communicate consistent non-adherence to managing provider.
- Collaborate and communicate with other providers in order to send/receive additional clinical information including progress notes, labs, hospitalizations, discharge summaries, etc.

### Related-Required Services*

- In Depth Counseling/Coaching
- Nutritional Counseling
- Targeted Disease State Programs

### Related-Optional Services

- Home Delivery
- Adherence Program
- Adherence Packaging
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