

Chronic Disease Service Implementation Checklist

For pharmacy-led chronic disease care

This checklist provides a list of the key considerations and strategic steps to review if your pharmacy plans to start or expand a pharmacy-led chronic disease management service. It is designed for pharmacy managers or owners to assess and review the current state of the pharmacy's readiness for successful implementation of a chronic disease service through the integration of specific disease state toolkits in day-to-day practice. Effective preparation for these services will establish sustainable and effective programs to reach your patients and truly impact their short- to long-term health outcomes.

Review each section below and check the box if the item has been assessed/ completed. If not, leave the box blank and consider if it needs to be further investigated and added to your pharmacy's plan for the chronic disease service.

Note: This is not an exhaustive checklist; it is meant to serve as a simple and practical guide to help prepare your team for offering a sustainable and impactful chronic disease service. An initial review of the service implementation checklist may take an estimated 30 minutes. However, execution of key elements will vary depending on your pharmacy's current state and needs.

STAFFING: Consider the members of your core pharmacy team and who you may need as active participants in the service.

Questions to consider	Checklist	Date to be completed
<ul style="list-style-type: none"> Are you or someone on your team responsible as a leader for this service? 	<input type="checkbox"/> Designate someone to be a service champion—consider a team member who is capable and motivated to manage the service, including: team training and validation of records, planning, delegation of tasks, monitoring progress, creating protocols and standard operating procedures, measuring results, and implementing corrective and preventive actions (CAPA).	<input type="checkbox"/>
<ul style="list-style-type: none"> How will you designate roles to your pharmacy staff to implement this service? 	<input type="checkbox"/> Review the Initiation Toolkit to understand the Chronic Disease Service Framework . <input type="checkbox"/> Review appropriate disease state toolkit(s) (ie, CVRM toolkits, respiratory toolkits). <input type="checkbox"/> Identify and list key people on the pharmacy team who would be essential to the service (ie, managers, pharmacists, pharmacy assistants).	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> How will your staff be trained and upskilled according to their roles in the service? Who will be conducting the training and how much time is required? How will you ensure that new staff can be trained effectively in the future? 	<input type="checkbox"/> Establish how much time your team will need for group or self-training. <input type="checkbox"/> Set a date/time for the group training and/or a deadline for self-training. <input type="checkbox"/> Place learning resources (eg, Initiation Toolkit and disease state toolkit resources) on pharmacy/company education platform, if applicable. <input type="checkbox"/> Future plan: establish orientation for new staff of the chronic disease service as appropriate, to ensure continuity of service implementation.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Chronic Disease Service Implementation Checklist (cont'd)

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PHYSICAL SPACE: Having a designated space for counselling and educating patients during chronic care management services can support integration into your practice while preventing disruption of the day-to-day workflow whilst providing a private, confidential area.

Questions to consider	Checklist	Date to be completed
<ul style="list-style-type: none"> Is there adequate space to have a designated workspace to deliver services? 	<input type="checkbox"/> Ensure the chosen space provides sufficient privacy for the patient interaction (ie, semi-private or private).	<input type="checkbox"/>
<ul style="list-style-type: none"> Does the chosen space have enough room for the patient/caregiver to sit down? 	<input type="checkbox"/> Ensure space for a chair(s) for the patient and/or caregiver, and potentially for your team member (ie, especially for elderly or other patients who may require it). <input type="checkbox"/> Establish a clutter-free, inviting, and easy-to-maintain zone for your team and your patients. <input type="checkbox"/> Ensure appropriate lighting is available for the service.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> Is there space for the tools you believe could support the service (ie, technology, resources)? 	<input type="checkbox"/> Create a list of required technology. <input type="checkbox"/> Create a list of patient education resources/tools. <input type="checkbox"/> Identify an appropriate size space in the pharmacy for the service to house the technology/tools, which will support your service. (See Technology/Tools section.) <input type="checkbox"/> Ensure there is adequate space to store print patient resources, if applicable.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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TECHNOLOGY/TOOLS: Leveraging the right technology and tools can greatly enhance the efficiency and overall experience of the service for both your pharmacy team and your patients.

Questions to consider	Checklist	Date to be completed
<p>Recording data:</p> <ul style="list-style-type: none"> • What capabilities does your prescription dispensing system have for record keeping? 	<ul style="list-style-type: none"> <input type="checkbox"/> Can record medical conditions/allergies <input type="checkbox"/> Can record lifestyle factors <input type="checkbox"/> Can record lab values <input type="checkbox"/> Can upload documents into patient profile (eg, referral letter) <input type="checkbox"/> Access to a consolidated profile or electronic health record 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Appointment booking:</p> <ul style="list-style-type: none"> • What system will you be using to manage scheduling appointments with your patients for the service? • How will patients be reminded about appointments? 	<p>Booking:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual system (ie, physical calendar) <input type="checkbox"/> Dispensing system with capability of booking appointments <p>Reminders:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Manual system by phone <input type="checkbox"/> Dispensing system with capability of sending automated messages (ie, by phone, text, email) 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Virtual appointments:</p> <ul style="list-style-type: none"> • Would your pharmacy be able to conduct virtual appointments with patients, if needed? • Is there a question about the ability of virtual appointments to maintain privacy and confidentiality? 	<ul style="list-style-type: none"> <input type="checkbox"/> Telehealth (ie, phone) <input type="checkbox"/> Video call 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/>

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TECHNOLOGY/TOOLS (cont'd): Leveraging the right technology and tools can greatly enhance the efficiency and overall experience of the service for both your pharmacy team and your patients.

Questions to consider	Checklist	Date to be completed
<p>Communications:</p> <ul style="list-style-type: none"> • What are the preferred methods of communicating with your patients and/or caregivers? • What are the preferred methods of communicating with primary care (ie, prescribers)? 	<p>Communication with patients/caregivers via:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Pharmacy app <p>Communication with primary care (ie, prescribers) via:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email <input type="checkbox"/> Secure fax 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Clinical testing:</p> <ul style="list-style-type: none"> • What health screening tests do you currently do? • What screening tests does your pharmacy have the authority to do in your region/country, but you do not currently offer? 	<ul style="list-style-type: none"> <input type="checkbox"/> Create a list of all of the current tests you offer (ie, CVRM, respiratory). <input type="checkbox"/> Create a list of all potentially valuable tests that you legally have the authority to conduct in your pharmacy, but do not have the equipment/technology to do today. 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/>
<p>Clinical resources:</p> <ul style="list-style-type: none"> • What resources do you currently have (consider both physical and digital references)? • What resources do you not currently have that may be valuable to conduct a chronic disease management service? 	<ul style="list-style-type: none"> <input type="checkbox"/> Create a list of your physical reference books. <input type="checkbox"/> Create a list of your digital reference books. <input type="checkbox"/> Access to drug information service (ie, accessed by phone or digitally). <input type="checkbox"/> Access to peer-to-peer communication platform (ie, where clinical questions can be asked and answered). <input type="checkbox"/> Create a list of resources provided by pharmacy and disease state associations. <input type="checkbox"/> Create a list of resources provided by pharmaceutical companies. 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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OPERATIONS/WORKFLOW: Evaluating your current workflow and day-to-day activities can support effective integration and implementation of the chronic disease management service.

Questions to consider	Checklist	Date to be completed
<ul style="list-style-type: none"> • Is there a current chronic disease service(s) you can consider enhancing with the chronic disease framework and toolkits, or will this service be new to your pharmacy practice? • How can you integrate key components of the chronic disease service into your workflow? Which components will support the most effective use of time and get the best outcomes? 	<ul style="list-style-type: none"> <input type="checkbox"/> List the services you currently offer that positively impact your patients with chronic disease (ie, CVRM, respiratory). <input type="checkbox"/> Evaluate key points in your workflow, and where and when to integrate these 3 steps of a chronic disease service: <ul style="list-style-type: none"> • STEP 1: Recognise and identify patients <ul style="list-style-type: none"> ◦ Print a report of potential at-risk patients ◦ Recognise at-risk patients during the course of prescription filling process ◦ Print of a report of diagnosed patients • STEP 2: Start a conversation and take action <ul style="list-style-type: none"> ◦ Toolkit–use Assessment Tool ◦ Toolkit–use Patient Information Leaflet • STEP 3: Collaborate with primary care <ul style="list-style-type: none"> ◦ Toolkit–use Primary Care Referral Letter <input type="checkbox"/> Complete this document (Chronic Disease Service Implementation Checklist) with input from team members. 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • How much time would each step typically take to be done efficiently and effectively? 	<ul style="list-style-type: none"> <input type="checkbox"/> Evaluate the typical amount of time each step would take for your staff member (ie, STEP 1: ~2 minutes, STEP 2: ~15-20 minutes, STEP 3: ~5-10 minutes). 	<ul style="list-style-type: none"> <input type="checkbox"/>
<ul style="list-style-type: none"> • Based on your current operations and workflow, would you plan the service as: <ul style="list-style-type: none"> a. real-time implementation of the program and/or b. organised events at specific times on specific days on a weekly or monthly basis? 	<ul style="list-style-type: none"> <input type="checkbox"/> Implement an integrated, real-time chronic disease service that occurs during day-to-day business. <input type="checkbox"/> Identify patients and schedule appointments for specific day(s) or run a chronic disease event. 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/>

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SUSTAINABILITY: Chronic disease services will be most effective if they deliver improved patient health and loyalty, team satisfaction, and direct or indirect means to support the business.

Questions to consider	Checklist	Date to be completed
<ul style="list-style-type: none"> • How will your pharmacy team be motivated to engage in the chronic disease service? 	<ul style="list-style-type: none"> <input type="checkbox"/> Review the willingness of pharmacist(s) and expanded team to practise at the top of their license/authority and deliver chronic disease services in the pharmacy. <input type="checkbox"/> Review whether the pharmacy environment allows the pharmacist(s) and expanded team to practise at the top of their license/authority. <input type="checkbox"/> Review the potential positive impact to patient and community health with the full team. <input type="checkbox"/> Identify clear goals for the team to achieve with respect to the chronic disease service. <input type="checkbox"/> Motivate the team through recognition when they achieve collective and individual goals. 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> • What is the potential impact to the business, and can the program be self-sustaining or even generate revenue? 	<ul style="list-style-type: none"> <input type="checkbox"/> Identify any reimbursed services that may be combined with the chronic disease service (ie, medication therapy management in some regions, patient out-of-pocket service fees). <input type="checkbox"/> Calculate the potential business impact on the pharmacy; if patients are more adherent to their medications and there is less waste. 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/>

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DEMAND/PROMOTION: Estimating the market demand for the service and creating demand in the community through promotional activities are essential aspects in implementing a successful chronic disease service.

Questions to consider	Checklist	Date to be completed
<ul style="list-style-type: none"> Can you project the potential patient base that would benefit and be interested in a chronic disease service? 	<ul style="list-style-type: none"> <input type="checkbox"/> Calculate/estimate the number of your patients that would benefit from the service to identify potential demand. <input type="checkbox"/> Calculate/estimate the potential business impact on the pharmacy (ie, if patients are more adherent to their medications, therapeutic plans are optimised). 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> How will you inform and promote the program to your patient community? 	<ul style="list-style-type: none"> <input type="checkbox"/> In-store posters (use the Service Promotion Poster) <input type="checkbox"/> In-store pharmacy team verbal promotion <input type="checkbox"/> Text <input type="checkbox"/> Social media <input type="checkbox"/> Bag-stuffers <input type="checkbox"/> Verbal, electronic, and/or print promotion to support groups 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> How will you inform and promote the program to prescribers in your community? 	<ul style="list-style-type: none"> <input type="checkbox"/> List the top 10 prescribers in your community, with whom the pharmacy shares patients. <input type="checkbox"/> Personalise and communicate to local physicians using the Prescriber Service Promotion Letter template provided with this program. <input type="checkbox"/> Via phone to the prescriber's office, using the Prescriber Service Promotion Letter as a discussion guide. <input type="checkbox"/> Via secure email to the office, using the Prescriber Service Promotion Letter. 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<ul style="list-style-type: none"> How will you inform and promote the program to non-prescribing HCPs and support groups in your community? 	<ul style="list-style-type: none"> <input type="checkbox"/> Via phone to the office <input type="checkbox"/> Via secure email to the office <input type="checkbox"/> Via pharmacy and/or community events 	<ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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COLLABORATION/REFERRAL: Partnering with physicians and/or advanced practice providers will help leverage the collective strengths of the full patient care team to successfully achieve chronic care management goals.

Questions to consider	Checklist	Date to be completed
<ul style="list-style-type: none"> What are the most effective ways to inform and collaborate with your fellow healthcare professionals to get the best outcomes for your patients with chronic diseases? 	<input type="checkbox"/> Prepare your pharmacy team for ongoing and follow-up communication with prescribers in your area about the chronic disease program.	<input type="checkbox"/>
<ul style="list-style-type: none"> Which prescribers in your market do you already have a good relationship with and with whom you can start the program? 	<input type="checkbox"/> Identify 1-2 prescribers with whom you can start the program to gain some experience.	<input type="checkbox"/>
	<input type="checkbox"/> Identify a small list of patients with whom you can gain experience using the toolkit components and how to integrate the components effectively into your practice.	<input type="checkbox"/>
<ul style="list-style-type: none"> How do you typically communicate with and make recommendations for the mutual patients of your local prescribers? 	<input type="checkbox"/> Leverage all of the tools you use to communicate with prescribers and integrate the elements of the chronic disease toolkits to enhance the service as appropriate.	<input type="checkbox"/>
	<input type="checkbox"/> Insert the Primary Care Referral Letter into your workflow and practice.	<input type="checkbox"/>

These materials are created to support pharmacists in their interactions with patients and do not take into account a particular jurisdiction. The role and the responsibilities which a pharmacist can legitimately perform vary from one country to another. If you consider using these materials in full or in part, please ensure you understand and adhere to the legal and regulatory requirements in your country, including but not limited to the National Drug Act, data privacy legislation, professional code of conduct and any other.

If you are interested in receiving a localised version for your country, which is compliant with the local rules and regulations, please contact us.

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This material is intended for pharmacists with an interest in chronic disease management.