**Use Cases for Pharmacist Care Plan (Examples)**

*(1) The community pharmacist meets with the patient and their caregiver after a recent discharge from a hospital for a pulmonary embolism. The patient is diagnosed with hypertension and diabetes. The patient is enrolled in diabetes and anticoagulation OP clinics. The community pharmacist coordinates MTM services (including reconciliation of medications, allergies and indications for medication use) with the PCP and the diabetes and anticoagulation clinics on patient’s medication-related goals. The community pharmacist uses their health IT system to document patient care. The health IT system is then used generate the Pharmacist Care Plan to share the patient/caregiver agreed medication related goals and electronically exchanges the Care Plan with the patient’s personal EHR, PCP EHR, and the OP clinics for chronic care management and care coordination.*

*(2) Patient is scheduled for a hip replacement. The pharmacist under a collaborative practice agreement with the orthopedic surgeon counsels the patient prior to the procedure to assure there are no medication-related problems. After the surgery, the pharmacist coordinates medication-related goals with the patient pertaining to deep vein thrombosis risk and pain management. The community pharmacist uses their health IT system to document patient care. The health IT system is then used generate the Pharmacist Care Plan to share the patient/caregiver agreed medication related goals and electronically exchanges the Care Plan with the patient’s personal EHR, orthopedic surgeon’s EHR, PCP EHR, the home health care agency, and rehabilitation center EHR for care coordination.*

*(3) A patient with behavior health issues and multiple chronic diseases meets with their consultant pharmacist for their yearly comprehensive medication review to meet their Medicare Part D MTM requirement. The pharmacist documents conflicting treatment strategies and medications. The pharmacist recommends strategies/alterations to existing treatment, development of a manageable medication schedule, patient education and outcome follow-up. The community pharmacist uses their health IT system to document patient care. The health IT system is then used to generate the Pharmacist Care Plan to share the patient/caregiver agreed medication related goals and electronically exchanges the Care Plan with the patient’s personal EHR, psychiatrist’s EHR, OP psychiatric clinic EHR, PCP EHR, for chronic care management and care coordination.*

*(4) A patient comes to the community pharmacy to pick up hydrocodone which has been e-prescribed and complaints of constipation. After the pharmacist reviewed the State Prescription Drug Monitoring Program (PDMP) database, the pharmacist discovers that multiple physicians have treated the patient* *for pain. The pharmacist suspects the patient may have an opioid abuse condition. Through patient counseling, the pharmacist discovers the patient is mal-nourished, has 3 chronic care conditions, and complains of constipation and also has no primary care provider (PCP). The pharmacist performs comprehensive medication review and helps the patient identify a PCP. The pharmacist documents conflicting treatment strategies and medications including the need for naloxone. The pharmacist recommends strategies/alterations to existing treatment, pain management, development of a manageable medication schedule, nutritional counseling, patient education and outcome follow-up. The community pharmacist uses their health IT system to document patient care. The health IT system is then used to generate the Pharmacist Care Plan to share the patient/caregiver agreed medication related goals and electronically refers the patient for nutritional counseling and exchanges the Care Plan with the patient’s personal EHR, new PCP EHR, nutritionist EHR, other physician’s EHR treating the patient, out patient drug rehabilitation center EHR; for chronic care management and care coordination.*