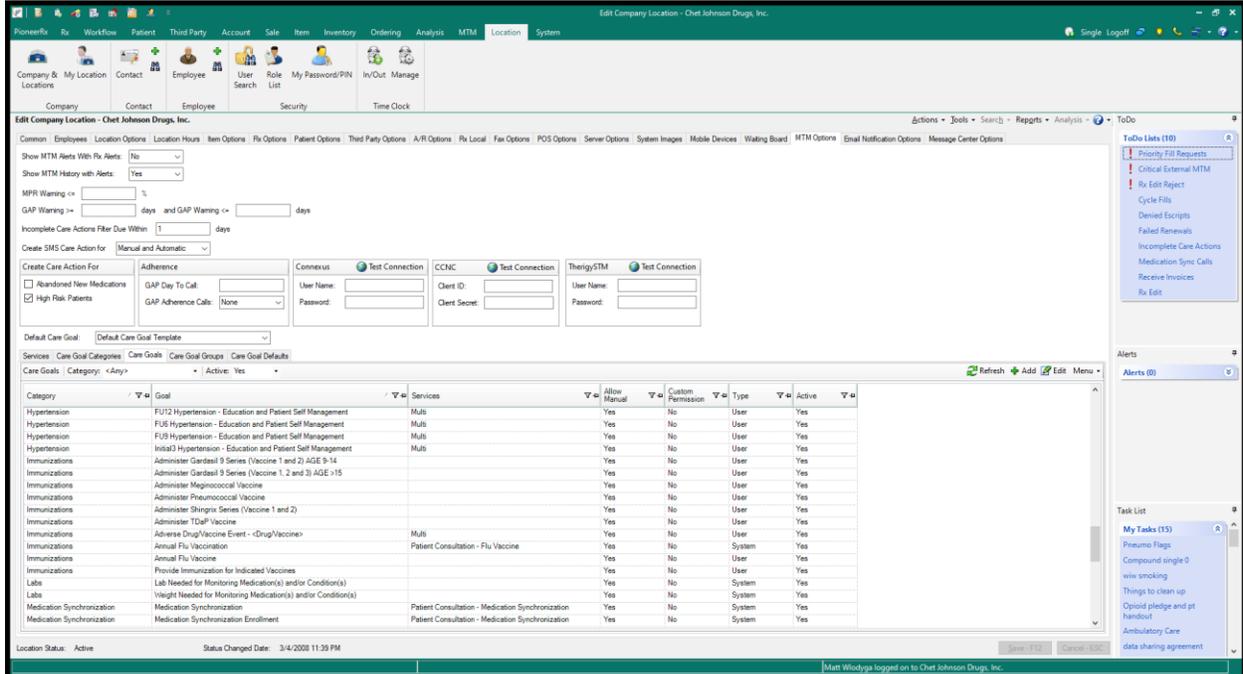This document with go through all the steps needed to have a care plan be automatically added when administering any vaccine.
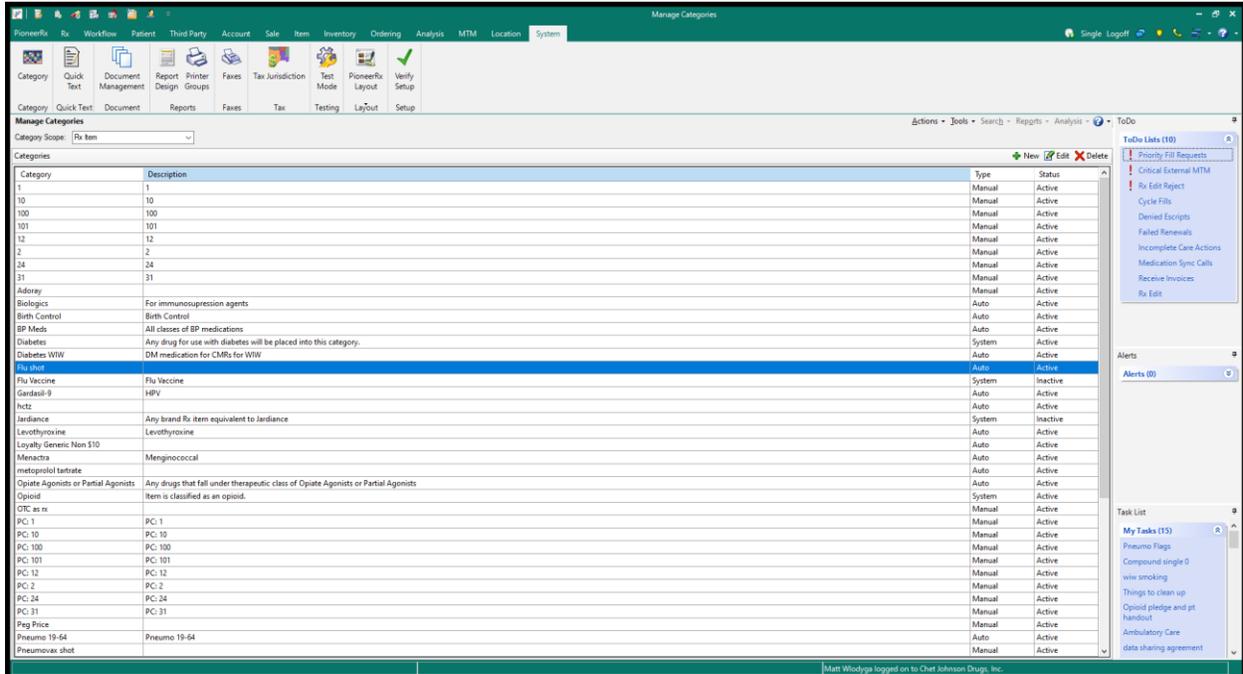
First step is creating the care goal template.

Locations → My Locations → MTM options → Care goals

Here is a currently list of all the vaccines I have added. I created a copy from the flu vaccine as my template, then changed it to fit what immunization I needed. I plan to add Covid-19 vaccine in there as well. To add Covid-19 vaccine, I will copy the Shingrix template and adjust the date for the second shot to equal what is recommended (either 21 or 28 days). See Shingrix example for more information. I will be creating 2 care plans to differentiate 21 vs 28-day interval. Note, I have copied all system care goals, so I am able to edit them and change information to fit what we want to accomplish at our pharmacy. Without doing this, you will not be able to do this setup properly. Make sure to "deactivate" the system level care goal so you do not confuse yourself when you are setting this up.
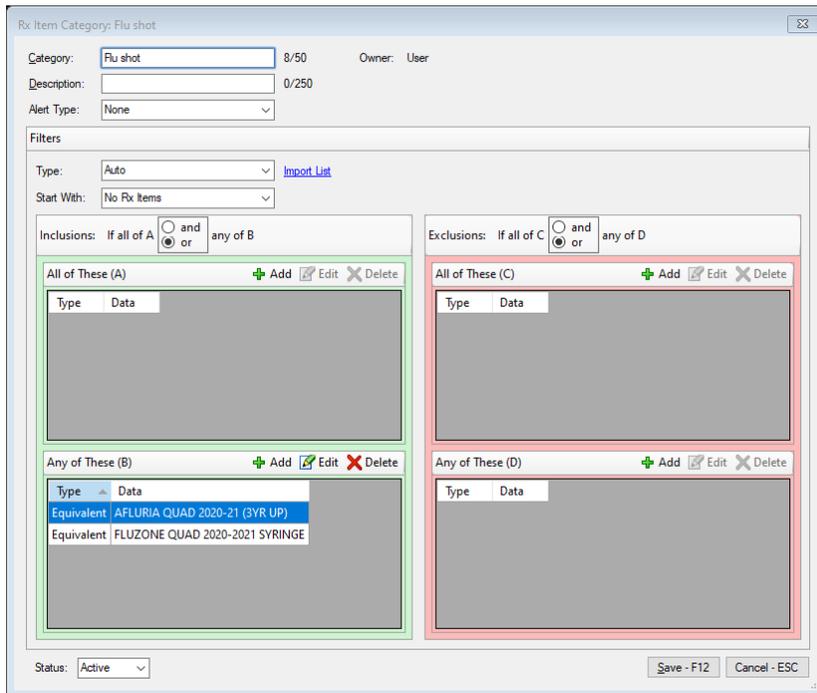
After you have added each vaccine you want to include, you will then need to create a category with the correct immunization.

System → Category → Search "Rx Item"

As you can see here, I created another flu shot drug category, so this portion is editable. I have added one for Flu, TDaP, Shingrix, Meningococcal, etc. I will add a Covid-19 one as well with the specific manufacture (Moderna Covid-19 vaccine). Once we do receive the vaccine, I will add in the appropriate NDC information to be linked to the care plan.

After creating a Rx item, you will need to add the corresponding vaccine to the Rx item.

Click add, change filter to Equivalent and type in NDC of flu vaccine (see next page for example). If you link up all your flu vaccines for a set year, then you do not need to add any additional NDCs. We do not do this, so I have added all NDCs that we used since the start of December. If you miss an NDC and you run a claim for a flu shot, this will not automatically create a care plan. You must enter all NDCs for this to work properly.
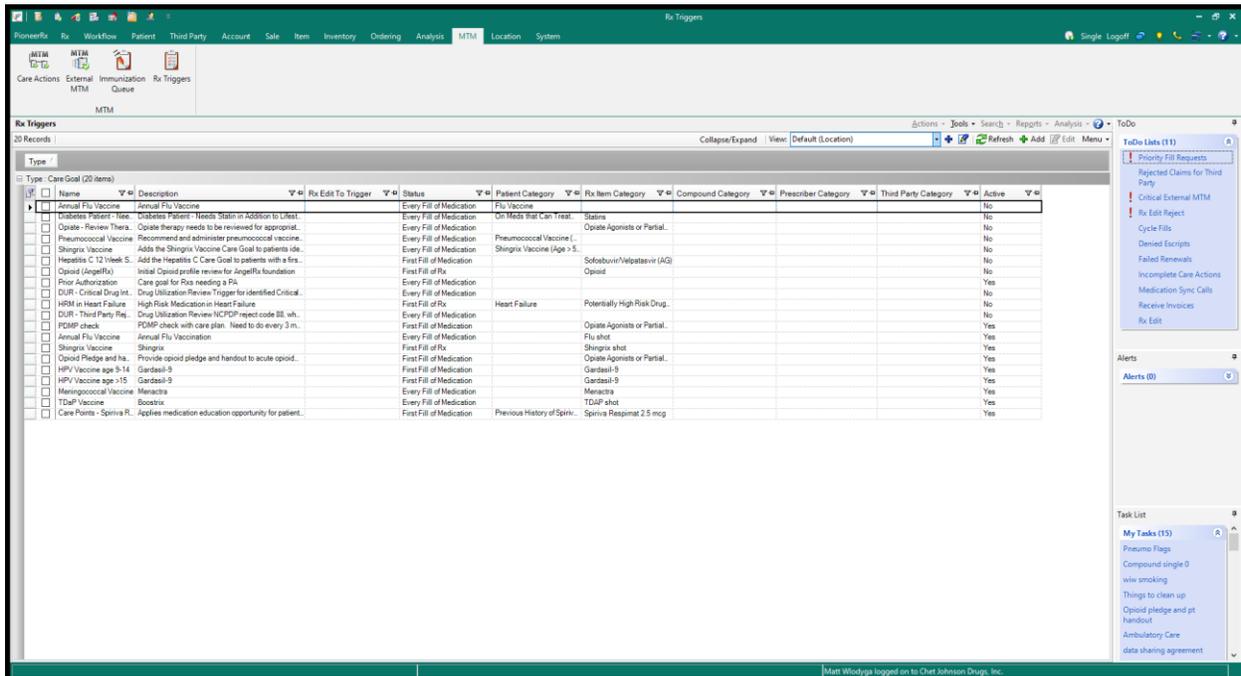
After you have done this with all your different vaccines you will be providing, the next step is to link this to the care goal to have this process be automated.

MTM → Rx Trigger

Once again, I have replaced the system level triggers with editable ones and then made sure to set the active status to "no".

Create a trigger by clicking "add" in the upper right-hand side.

Name Rx trigger

Change to every fill of medication. This will create a new care goal every year a patient comes into the pharmacy for a shot. For multiple shot vaccines such as Shingrix or Covid-19, this should "*first fill of medication*"

This box is your corresponding care goal you want to have automatically triggered on the patient's profile.

This will create a care goal on the patients file when the claim is billed through insurance.

This is your corresponding Rx item.

Saving and close. You have completed all the steps needed to create an automatic trigger. When processing a flu shot the care plan will be created and shown on the patient's profile under the MTM tab when the claim is processed. You can see the care goal if you go under incomplete care actions queue in "To Do lists". As seen below, we currently have 1 care goal that needs to be submitted to CPESN. This can be done as a daily task during the night or during down times in the pharmacy.
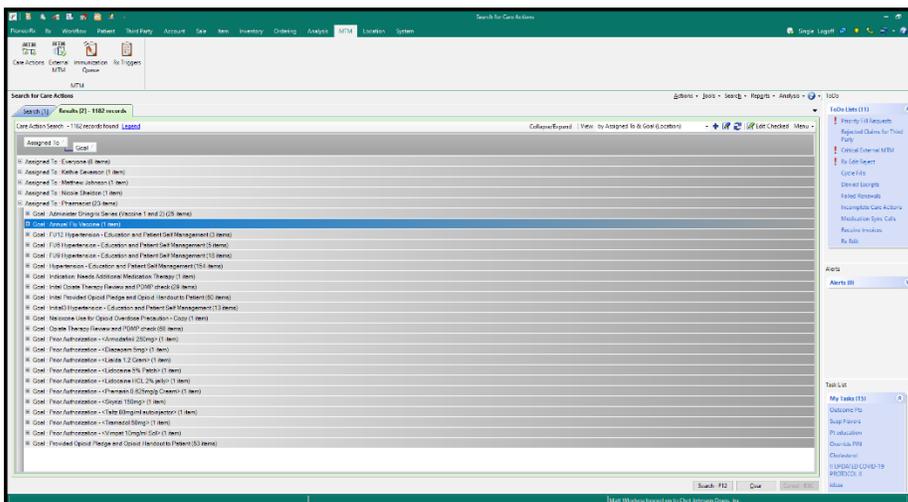
Rx filters

This is a very important field when creating care plans. It will default as shown below. It is important to have an action with a create new. Without this step, a care plan would not be created. This can also be used in multiple ways. I am still learning on how to properly use with category. I will provide an update if I do change how I am using this in the future.
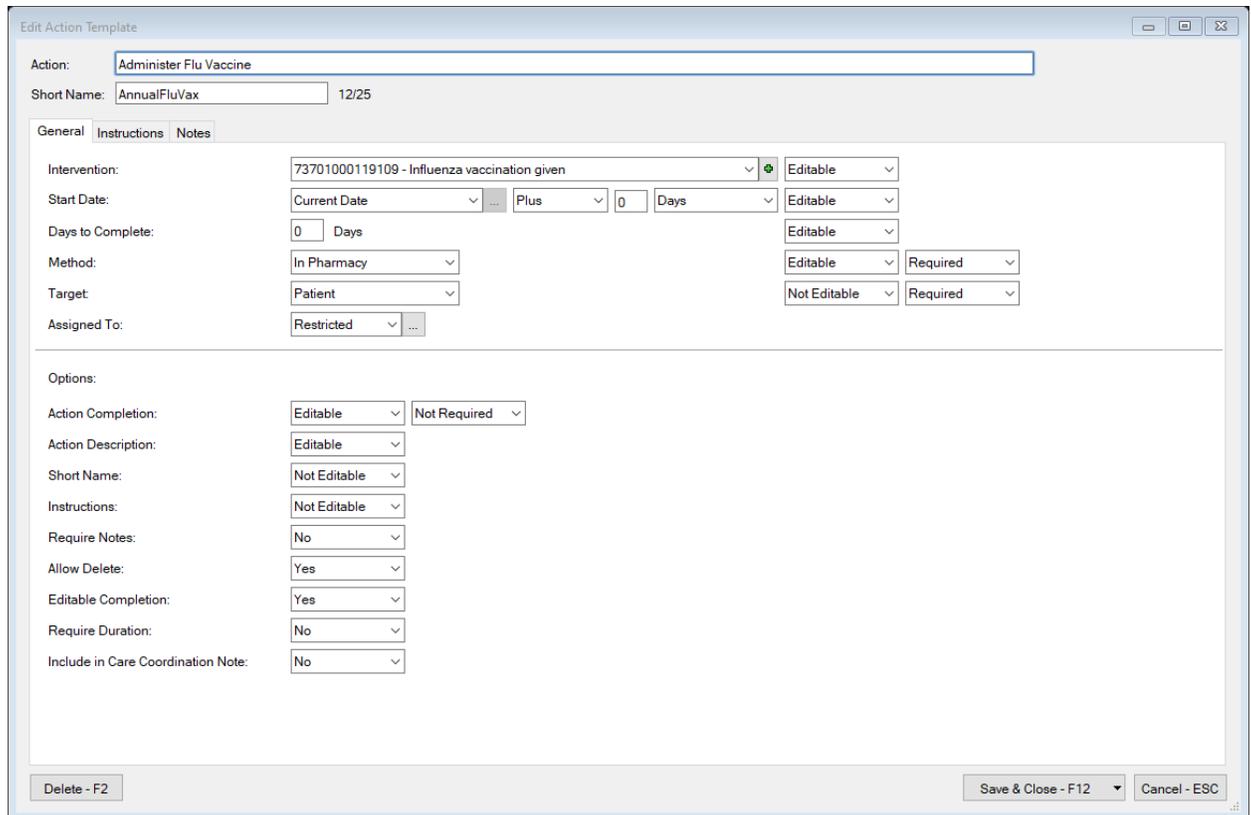
Now for more advance features within care plans. Please note, this is what we have developed at Chet Johnson Drug as our way of handling care plans within workflow; please adapt this do fit your pharmacy needs.

To keep this short, I am going to only bullet point important information and will provide pictures if needed.

- We assign all care plans to pharmacist once it is needed to be completed. As you can see in the most recent picture above. All immunizations and other information are present for the pharmacist to submit.
- We also use this feature for opioid scripts. We have our pledge and PDMP check automatically populate when a pt is filling an opioid for the first time. This helps us know who we need to do a care plan on.

- Please note, If you run a test claim for an immunization, you will NEED to delete the care plan as it will automatically trigger.
- When copying a system level care goal, make sure to change the appropriate information to fit your needs.

If you compare this to the system level care goal, I changed "intervention code" which is just the most appropriate SNOMED code we use, changed "days to complete" to zero (this will allow the care plan to be seen right away in the "incomplete care action" queue. As stated above, assigned this to pharmacist.

- For multiple shot vaccines things are more complicated. For the first shot, we keep everything the same as the flu shot. The second shot care goal has the following changed: days to
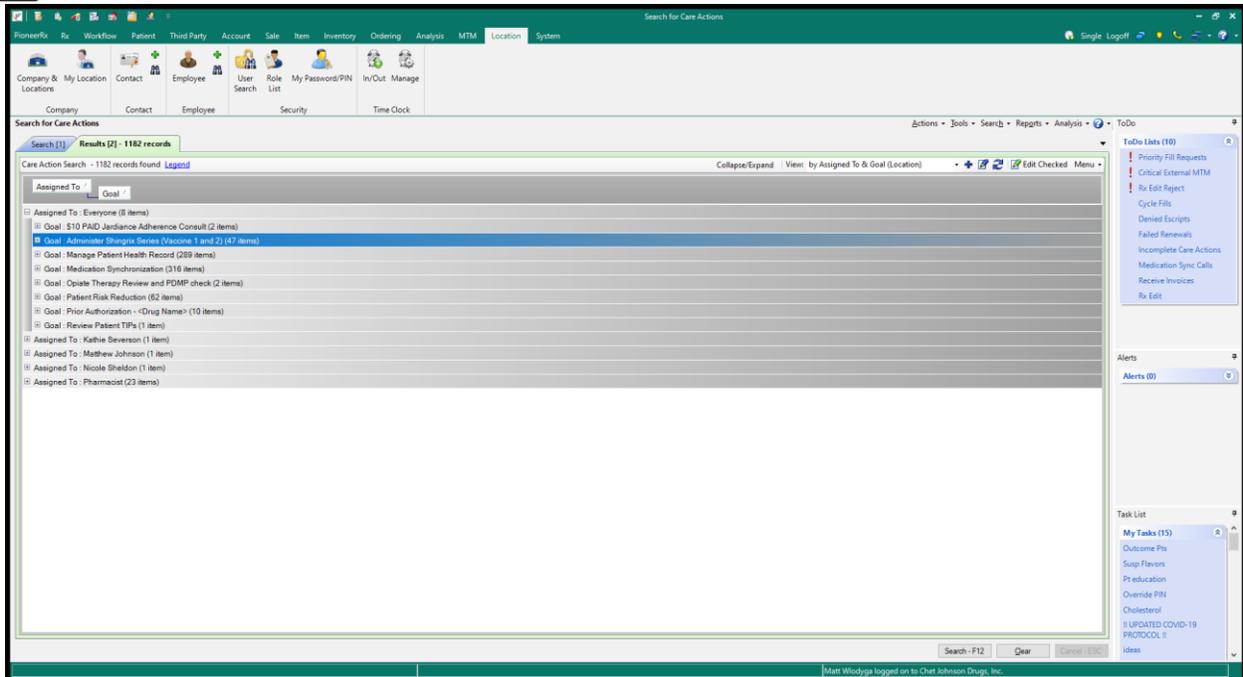
compete set as when second shot is due such as 60 days for Shingrix, Assigned to "everyone".

We keep this care plan assigned to everyone so after 60 days this care plan will automatically pop up in "incomplete care action" queue. We use this as our reminder that the patient is due for the second shot and will call them letting them know. When the patient comes into the pharmacy for their second shot, this will be changed to pharmacist once completed.

To my surprise, we have 47 patients who are due for their second Shingrix shot.

One last tip…

We wanted to be as proactive as possible when we started doing care plans. One limitation we had is how do you manage who needs a care plan and who does not. What we have done with our HTN and chronic opioid patients is create a future care plan when it is do. For example, Our HTN care plans are set up to have a due date of 75 days from the date the care plan is created. This means we will provide the patient the set of HTN questions about every 3 months. Using this process, we were able to create a cleaner more systematic approach.

Courtesy of Chet Johnson Drug

Amery, WI