

# Plan to drive down MRP unit cost

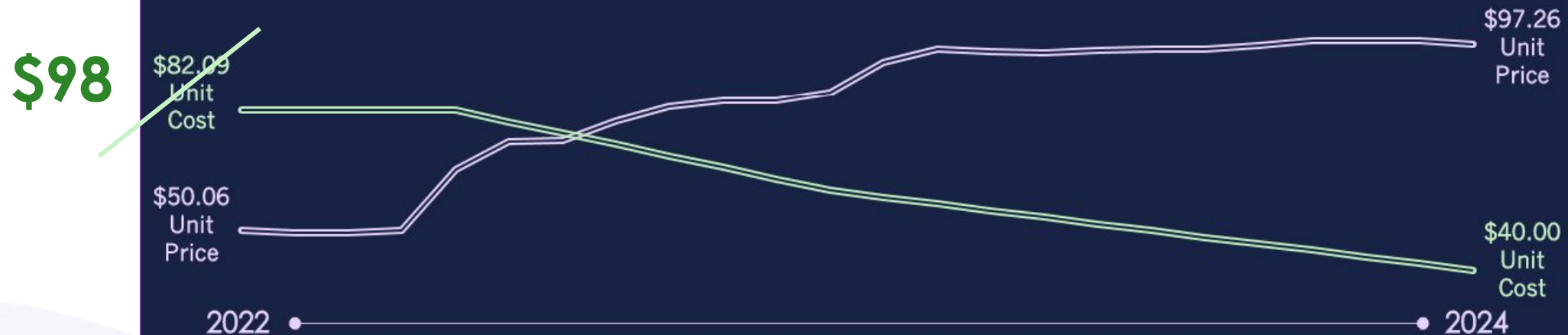
maggie sherrill | june 2022

**2022 Goal: Scale**

# The big picture: charge more for our service, spend less delivering it

Climbing the unit gross margin curve: driving down unit cost by 51% & increasing price by 94% in two years

By leveraging data mastery, tech-enablement, and next best action, we will **optimize service delivery** to reach each patient, at the right time, with the right clinician to provide the most efficient, effective, and holistic medication management services, and **take full financial credit** for the array of positive clinical outcomes we deliver.



# 2022 Goal: Scale

Demonstrate patient visit margin of 40% by, e.g.

- Increasing avg. run rate price to >\$100 while
- **Decreasing avg. unit cost to <\$60**

The purpose of this deck is to outline the strategy and initial plan to decrease MRP unit cost to <\$60 by year end while maintaining high quality clinical service.

|      | Growth                                                                    |                                                |                                                      |                                               | Scale                                                                                                                                                                                                                                                                                           |
|------|---------------------------------------------------------------------------|------------------------------------------------|------------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2022 | \$6.651M Total<br>\$2.849M Clinical Services<br>Maintain Meds360 & Legacy |                                                |                                                      |                                               | Burn <= \$9.486M by adhering to department budgets without overage<br><br>Demonstrate patient visit margin of 40% by, for example: <ul style="list-style-type: none"> <li>• Increasing average run rate price to &gt;\$100 while</li> <li>• Decreasing average unit cost to &lt;\$60</li> </ul> |
|      | <b>Pipeline</b><br>5 times the Opps needed 3 quarters from now            | YTD Revenue                                    | <b>Patient Opportunities</b><br>(per month run rate) | <b>Patient Visits</b><br>(per month run rate) |                                                                                                                                                                                                                                                                                                 |
|      | 170k patient opps                                                         | \$6.709M overall<br>\$2.849M clinical services | 17,000                                               | 8,164                                         |                                                                                                                                                                                                                                                                                                 |
| Q3   | 150k patient opps                                                         | \$3.342M overall<br>\$646k clinical services   | 5,400                                                | 2,844                                         | Implement Q2 project plan                                                                                                                                                                                                                                                                       |
| Q2   | 130k patient opps                                                         | \$2.055M overall<br>\$291K clinical services   | 1,500                                                | 1,000                                         | Develop strategy and <b>project plan</b> to decrease costs per patient opportunity                                                                                                                                                                                                              |



# Cost per Treated Patient per Customer: Today vs. EOY Target

|                           | Today (Q2)<br><i>11 patients / PharmD / day<br/>40 enrollment attempts / CSS / day</i> |                        |        | EOY<br><i>15 patients / PharmD / day<br/>45 enrollment attempts / CSS / day</i> |                        |        | Est.<br>Change<br>in<br>Margin<br>by EOY |
|---------------------------|----------------------------------------------------------------------------------------|------------------------|--------|---------------------------------------------------------------------------------|------------------------|--------|------------------------------------------|
| Customer                  | Price per<br>Treated Pt                                                                | Cost per<br>Treated Pt | Margin | Forecasted<br>Price per<br>Treated Pt                                           | Cost per<br>Treated Pt | Margin |                                          |
| *redacted -<br>customer 1 | \$125                                                                                  | \$92                   | +26%   | \$125                                                                           | \$72                   | +42%   | +16%                                     |
| *redacted -<br>customer 2 | \$40                                                                                   | \$101                  | -152%  | \$100 min                                                                       | \$80                   | +20%   | +172%                                    |
| *redacted -<br>customer 3 | \$65                                                                                   | \$97                   | -49%   | \$90                                                                            | \$76                   | +16%   | +65%                                     |

YOU  
ARE  
HERE

**SALES:** Charge more for  
our service

**PROD & ENG:** Spend  
less delivering it

# Process Analysis

# Figuring out where to start

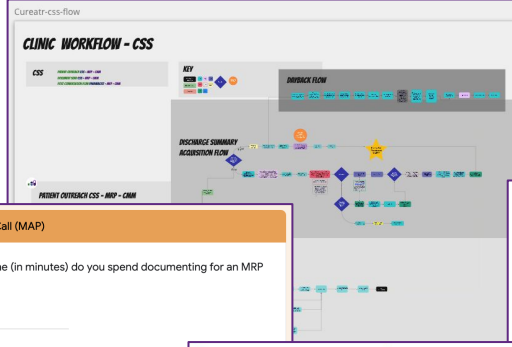
## Gathering data & inputs:

- Cost data & cost model
- Interviewing CSS & PharmD
- Call shadowing
- SOPs on Pharmacist Portal
- Process mapping
- Time Study data
- PharmD survey

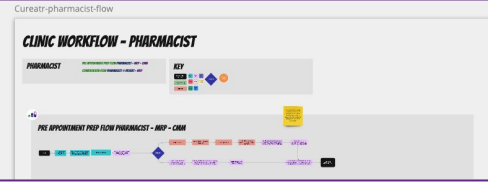


## Initially focusing on PharmDs because:

- PharmD call prep + call + documenting = 60% of total cost of MRP delivery
  - Offers biggest opportunity to hit goal
- Lots of PharmD flows also impact CSS
- Q1-Q2 focus has been on CSS patient acquisition, allowing for Q3-Q4 focus on optimizing workflows & charting to scale



**Clinic Workflow - CSS**



**Clinic Workflow - Pharmacist**

**Documenting the Patient Call (MAP)**

On average, how much time (in minutes) do you spend documenting for an MRP or CMM call?

Your answer \_\_\_\_\_

**Clinic Shadowing & Flow Notes**  
Maggie Sherrill | April 2022

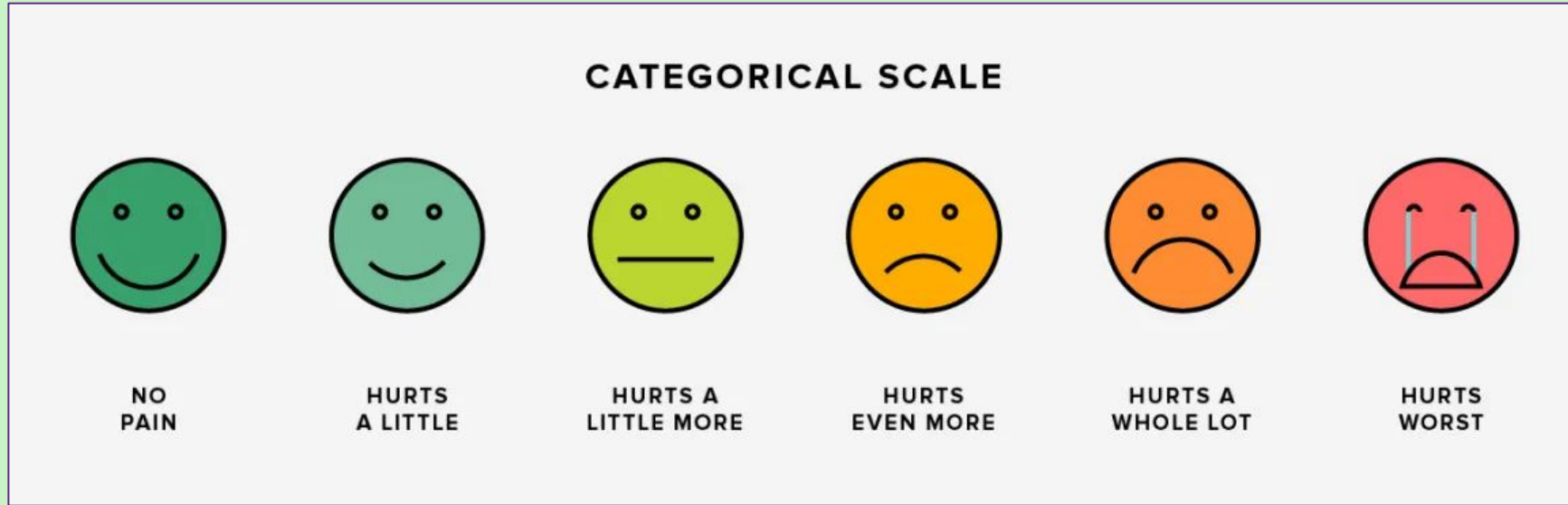
**Reference:**  
Carly CSS Time Study

| MAJOR STEP                                                                                                                                          | EA - Successful (incl. Med List Review & Scheduled Appt)                                                                                                                                                             | EA - Not Successful                                                                                                             | EA - Med List Creation / Documentation                                                                                                                                                                                                                                                                                                                                   | Med List Discharge Summary (CCDA) Acquisition                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| 1. Responsible Role                                                                                                                                 | CSS (note: PharmD does initial outreach for 5 Meds or Less or Readmissions)                                                                                                                                          | CSS (note: PharmD does initial outreach for 5 Meds or Less or Readmissions)                                                     | CSS (note: PharmD does initial outreach for 5 Meds or Less or Readmissions)                                                                                                                                                                                                                                                                                              | CSS (note: PharmD does initial outreach for 5 Meds or Less or Readmissions)                                                           |
| 2. Systems & Tools Used or Referenced                                                                                                               | - Salesforce (+Outback)<br>- Amazon Connect<br>- Meds360<br>- Google Docs Script<br>- Epic (WPH)                                                                                                                     | - Salesforce<br>- Epic (WPH)<br>- Amazon Connect<br>- Google Docs Script<br>- Epic (WPH)                                        | - Meds360<br>- Amazon Connect<br>- Salesforce (if CS updated)                                                                                                                                                                                                                                                                                                            | - Salesforce<br>- Amazon Connect<br>- Meds360<br>- Epic (WPH)<br>- CS for Request Chart<br>- Slack<br>- Google<br>- Google<br>- Kinix |
| 3. Time to Complete - Avg (Approx)                                                                                                                  | 16 min                                                                                                                                                                                                               | 17 min                                                                                                                          | 8 min                                                                                                                                                                                                                                                                                                                                                                    | 40 min                                                                                                                                |
| 4. Eff. Rate (Low, Medium, High)                                                                                                                    | High                                                                                                                                                                                                                 | Medium                                                                                                                          | Low                                                                                                                                                                                                                                                                                                                                                                      | Low                                                                                                                                   |
| 5. Efficiency Rating (1 = highly efficient, 5 = highly inefficient)                                                                                 | 3                                                                                                                                                                                                                    | 2                                                                                                                               | 3                                                                                                                                                                                                                                                                                                                                                                        | 5                                                                                                                                     |
| 6. Mental Load Rating (1 = low, med, not require user thought; 5 = fully reliant on user to remember and/or execute med. steps with system prompts) | 4                                                                                                                                                                                                                    | 1                                                                                                                               | 3                                                                                                                                                                                                                                                                                                                                                                        | 5                                                                                                                                     |
| 7. Easiest Part of this Step (Most Predictable)                                                                                                     | - Clicking on hyperlink to make call                                                                                                                                                                                 | - Updating status & auto creation of Med List                                                                                   | - Finding CS in Clinical Documents tab                                                                                                                                                                                                                                                                                                                                   | - Manually requesting CS from facilities                                                                                              |
| 8. Hardest Part of this Step (Most Unpredictable)                                                                                                   | - Finding the discharge summary<br><br>- Sorting through queue tasks, not always picking top of list (deciding which chart or patient to focus on next)<br>- Users operate off of "Due Date", deciding what needs to | - Bad phone numbers<br>- Challenges of local number (dialing 7)<br>- Unclear where notes go and how they are used in context of | - CCDA documents do not appear consistent patients on Clinical Documents tab<br>- Time it takes for Clinical Documents tab to (some users open multiple patient contact to they could open multiple med. 160 tabs when time taking CCDA data would show up - up CSN included)<br>- CSS leveraging description field to convey whether or not discharge summary was given | - When CS exists in Epic (7)                                                                                                          |

in Salesforce) open on one side, Meds360 on other  
t within SF to speak with patient

attempt #1 due  
rted by most recent discharge date (newest first)

ok for discharge summaries + asks patient  
documents can take 10 minutes - if it's past 7 days  
ally CSS doing it if appointment scheduled by them; if  
hedule 7 days out to have enough time to get the  
t have that) D

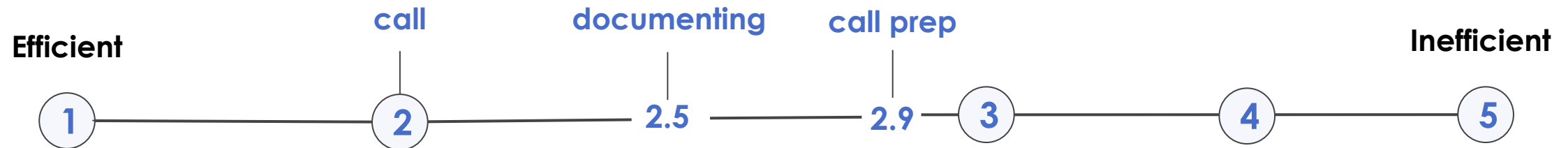


***Poll:* How would you expect our pharmacists to rate our overall patient visit process systems & tools?**

# PharmD Survey: May 2022

Prepping for a call is rated as *least efficient*, however the time to document after the call can take up to 30 minutes!

On a scale of 1-5, how efficient are our systems, data, and tools at helping you...



Time spent preparing for a call

~8 mins (MRP)

~10 mins (CMM)

Range = 2 to 15 mins

Time spent documenting

~14 mins (MRP)

~17 mins (CMM)

Range = 5 to 30 mins

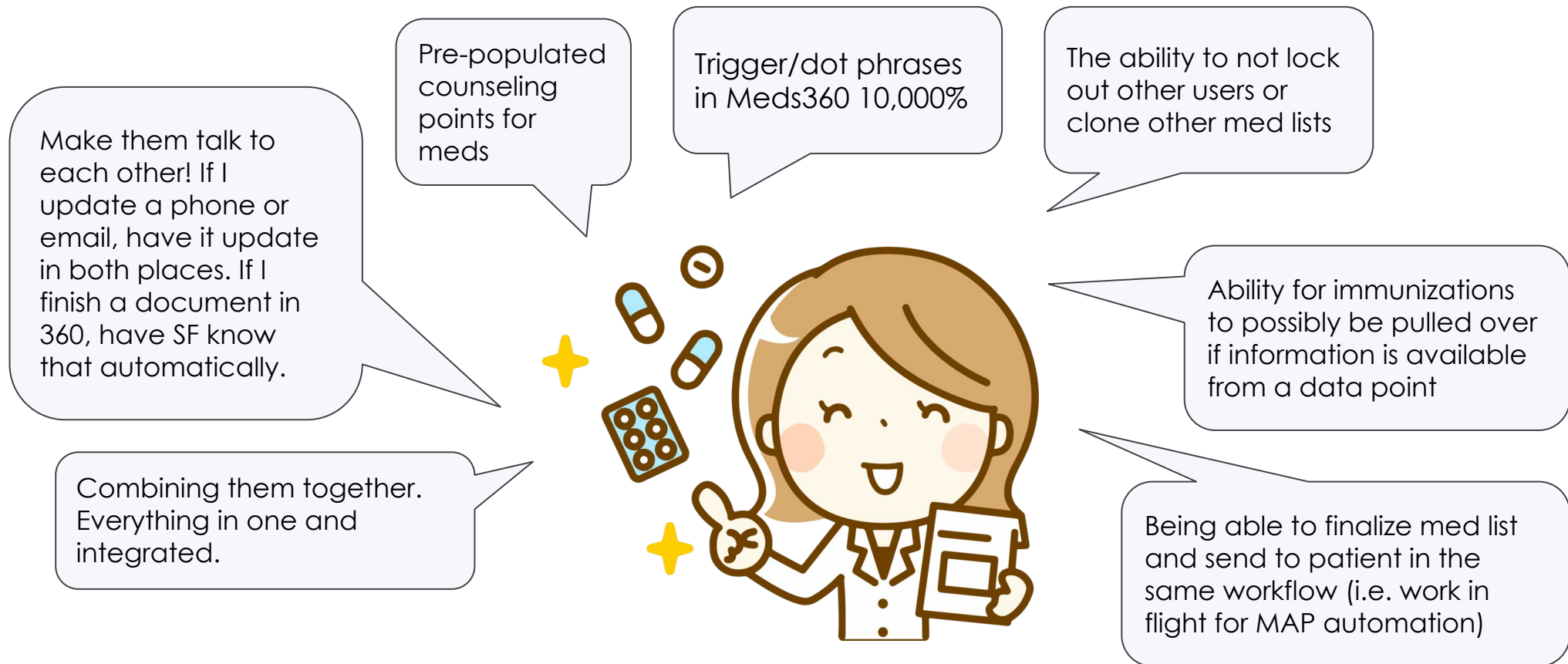
What % of MAPs can you complete while on the phone

~30%

# PharmD Survey: Summary of Findings

| Prep for Call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Call Patient                                                                                                                                                                                                                                                                                                                                                                                   | Document Call                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• <b>Lowest efficiency score</b> likely due to too much clicking, too many places to look for patient info &amp; it being inconsistent</li><li>• Prep can take up to 15 mins</li><li>• <b>CCDA parsing is so slowwwwww</b> &amp; document availability &amp; location within the Clinical Docs tab is seemingly random</li><li>• CSS <b>handoff notes are critical</b> - but could they do more? be more organized?</li><li>• Hesitation to claim a med list before talking to the patient because cannot unclaim it if patient doesn't answer &gt; <b>reason for taking prep notes outside of Meds360</b></li></ul> | <ul style="list-style-type: none"><li>• Most straightforward step and <b>highest efficiency score</b>, likely due to <b>ease of calling patient</b> through Amazon Connect</li><li>• Varied feedback around frustrations, but include connectivity challenges, dealing with patients questioning reason for call, and no shows</li><li>• Vaccination entry is time consuming on call</li></ul> | <ul style="list-style-type: none"><li>• Can take <b>up to 30 mins</b>; and <b>70% of visits requires addtl time to document</b> after the call</li><li>• <b>SmartPhrases rock</b>, but copying &amp; pasting from this doc and other personal docs is time-consuming</li><li>• <b>Vaccination entry is frustrating</b> because nothing auto-populates and is all free-typed</li><li>• PharmDs seem to organize the MAP differently - but mostly by priority and/or disease state</li><li>• <b>Cannot clone another pharmD's MAP</b> leads to so much extra work if need to cover follow-up</li></ul> |

# If you could wave a magic wand, what change would you make to Meds360 or Salesforce today?



# Process Pain Scale

- Least painful =
- High efficiency
  - Low cost
  - Low risk



- Most painful =
- Low efficiency
  - High cost
  - High risk

| Step*               | Enrollment Attempts | Med List Creation | Discharge Summary Acquisition | Call Prep | Patient Visit/ Med Rec Call | Charting / Creating MAP | Patient Issue Follow-Up | MAP QA | MAP Document Send |
|---------------------|---------------------|-------------------|-------------------------------|-----------|-----------------------------|-------------------------|-------------------------|--------|-------------------|
| Cureatr Pain Rating |                     |                   |                               |           |                             |                         |                         |        |                   |
| Efficiency          | Medium              | Medium            | Low                           | Low       | Medium-High                 | Low                     | Medium                  | High   | Low               |
| Cost                | Medium              | Medium            | High                          | Medium    | High                        | High                    | Low                     | Low    | Medium            |
| Risk                | High                | Low               | High                          | Low       | High                        | Low                     | High                    | Low    | High              |

Primarily from pharmD perspective - acknowledge this might be different from CSS view

\*Major steps, not representative of all work by Clinic

# Pt Visit Process Pain Scale

- No part of our process is 0/10 pain free...and no part of our process is a 10/10. Our current systems and tools work to deliver our service (we're seeing patients all day!). However, **we have not optimized them** to help our users be as efficient as possible.
- Most inefficient processes require users to
  - **reference multiple systems**
  - **manually remember** where to go, what to do next & figure out when something is done (high mental load)
  - **do duplicative work**



# What to tackle first?

Because we have limited resources, we have to make some prioritization decisions...

|                     | 1                                                                                                                                                                                                                                                                                               | 2                                                                                                                                                                                                                                                                                                                                          | 3                                                                                                                                                                                                                                          |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2022 Priority Order | MAP Document Send                                                                                                                                                                                                                                                                               | Discharge Summary Acquisition                                                                                                                                                                                                                                                                                                              | Charting / Creating MAP                                                                                                                                                                                                                    |
| Cureatr Pain Rating |                                                                                                                                                                                                                |                                                                                                                                                                                                                                                         |                                                                                                                                                         |
| WHY FOCUS HERE?     | <ul style="list-style-type: none"><li>• A highly-repeatable process begging for automation</li><li>• High PHI risk (downloading MAPs to desktop &amp; sending to wrong patient)</li><li>• Not valuable patient-facing work!! We want our staff to focus upstream talking to patients!</li></ul> | <ul style="list-style-type: none"><li>• Highly unpredictable &amp; inconsistent</li><li>• Timing might be off here with Particle pulls</li><li>• Can require extensive sleuthing &amp; mental energy</li><li>• Very manual process when DS not available</li><li>• Required step for us to perform our service! (the gatekeeper)</li></ul> | <ul style="list-style-type: none"><li>• Lots of extra work (i.e. double documentation)</li><li>• Huge driver of PharmD time &amp; thus costs</li><li>• We want our PharmDs talking to patients, not rewriting notes after calls!</li></ul> |

# Principles

# When Designing Solutions for Pharmacists

We always keep these principles top of mind

01

## Ease of Use

- **Prioritize my actions**, so I can prioritize my patients
- **Reduce** the number of **decisions**/steps I have to make/take

02

## Enhance Efficiency

- **Be my tech concierge**, so I can be a pharmacist
- Make everything easily **accessible** and **obvious**
- **Don't make me re-enter information**
- **Manage tasks** and **information** for me

03

## Elevate Engagement

- Remember **my primary focus is improving & saving lives**
- Our patients are in an **acute, vulnerable** situations
- **Every click/field reduces my ability** to connect with the patient

04

## Empathize

- My **value is not my productivity** it's my ability to relate to patients
- I want to remember my patient as a human, not their MRN
- I am **affected by every patient I interact with**
- I have **pharmacist specific needs** and **varied technology tolerance**

# Decreasing unit cost: impact to Clinic staff

## what it is

- Maintaining a focus on **positive impact** and high-quality service
- **More time with patients**
- **Fewer** clicks
- **Less** typing
- **Minimized** duplicative and administrative work
- **Lessened** mental load
- Finding the right ~reasonable ~ **balance** in your daily schedules
- **Collaborating** closely with Product & Design

## what it isn't

- **Compromising care** of the patient at hand (EVER)
- **Avoiding complicated patients** or those that need more time
- **Eliminating** patient follow-ups
- **Skipping** breaks
- **Cutting** salaries
- **Prioritizing #s** above people
- Product solutioning without Clinic input





We will strive to decrease unit cost by **realizing efficiencies in our processes, systems, & tools**, allowing our clinicians to focus on **top-of-license, patient-focused work** - while *never compromising* on patient care, quality, and clinical standards.



**Moving the needle:  
Draft Plan of attack**

# Approach to reduce unit cost to achieve 20-40% margin by year-end

Two major focus areas for Q3 & Q4:

Streamline  
internal  
workflows

1. **Streamline internal workflows:** automating cross-team, cross-system processes

Reduce  
Charting  
Time

2. **Reduce charting time:** minimizing time to document patient visit

In order to:



Increase # patient enrollment attempts per CSS per day

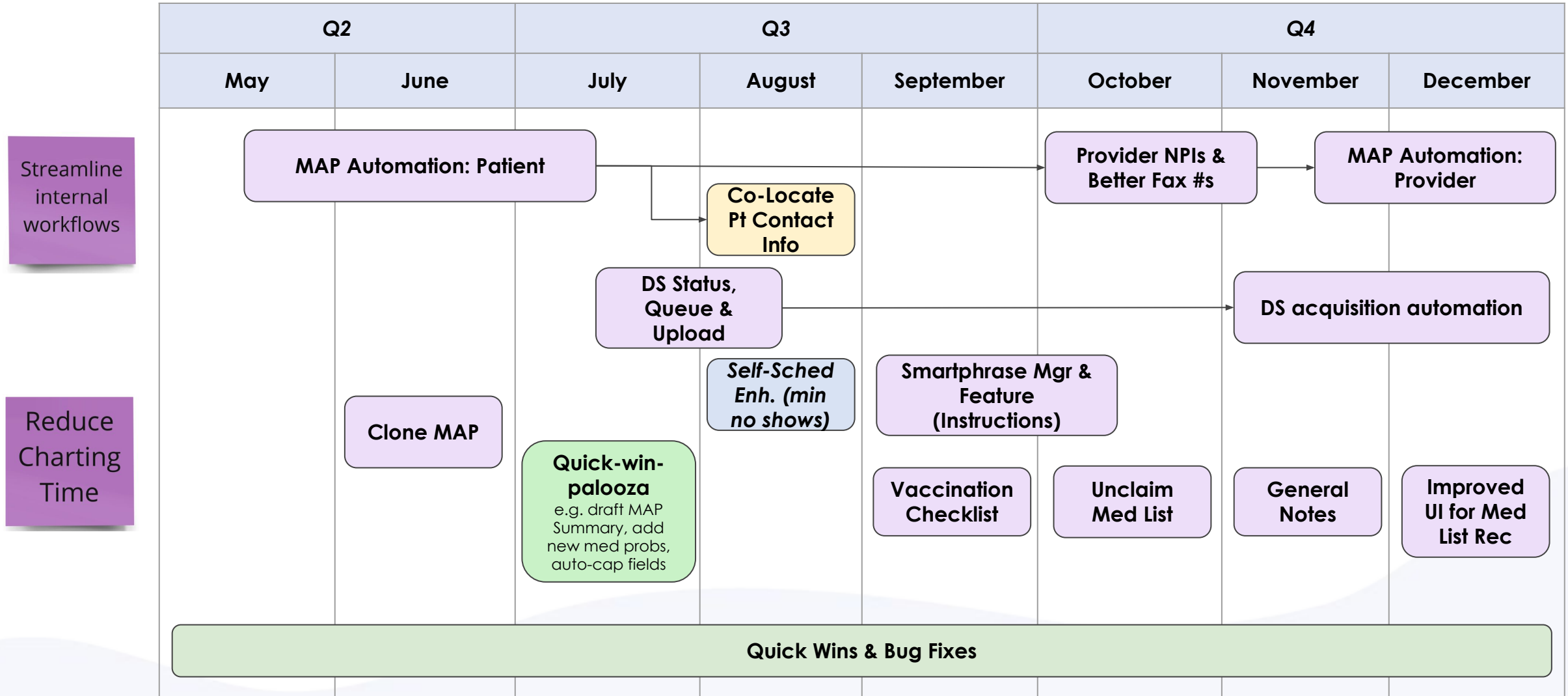


Increase # treated patients per pharmD per day

# High-Level Plan to Reduce Unit Cost by 40%

|                                  | Q2 2022                                                                                                                                                                                   | Q3 2022                                                                                                                                                           | Q4 2022                                                                                                                                                            | EOY 2022 |
|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|                                  | <div>MAP Automation: Patient</div> <div>Discharge Summary Status &amp; Queue</div> <div>Facilitate Pharmacist Handoffs</div> <div>Tackling Patient No Shows through Experimentation</div> | <div>MAP Automation: Provider</div> <div>Embedded SmartPhrases</div> <div>Integrate Checklists</div> <div>Schedule Optimization by Leveraging Pt Attributes</div> | <div>Provider NPI Lookup &amp; Better Fax #s</div> <div>Auto-Parse Discharge Summary Data</div> <div>Addtl Charting Enhancements (General Notes, Pt Summary)</div> |          |
| # Treated Pts per Day per PharmD | 10.5                                                                                                                                                                                      | 12                                                                                                                                                                | 15                                                                                                                                                                 | 15       |
| Est. Savings per Treated Pt      | \$5                                                                                                                                                                                       | \$10                                                                                                                                                              | \$5                                                                                                                                                                | \$20     |

# 2022 MONTHLY ROADMAP



# **Moving the needle: Sample Deep Dives**

# Focus Area Breakdown

## MAJOR AREAS TO TACKLE

### 2022

Streamline  
internal  
workflows

Reduce  
Charting  
Time

Automate  
MAP  
Delivery to  
Patient

Discharge  
Summary  
Acquisition:  
Status, Queue,  
Identification

Auto-  
populate  
MAP Overall  
Summary

Embed  
SmartPhrases  
in Meds360

Immunizations  
Checklist

Automate  
MAP  
Delivery to  
Provider

Co-locate  
Pt Contact  
Info

PharmD  
Handoffs: Clone  
MAP, Unclaim  
Med List, General  
Notes entry

Improved UI  
for Med List  
Creation on  
one screen

Improved  
Med  
Search

*Additional Quick Wins & Pain Point Resolution*

### 2023 & Beyond

Optimize  
Scheduling  
through  
Data

Provide  
Holistic  
Story of Pt

Promote  
evidence-  
based  
treatment  
regimens

Increase  
Accuracy of  
Initial Med  
List

Minimize  
Call Prep  
Time

Tailor MAP  
for Pt &  
Provider

# Automate MAP Delivery to Pt & Provider

Streamline  
internal  
workflows

## WHAT

### LINK TO PLAYMAKER

🌟 **Phase 1** = Automate MAP sending to Patient via integrations with PFL (Direct Mail) and Paubox (Email)

🌟 **Phase 2** = Automate MAP sending to Provider via integration with Kno2

- ✓ Move MAP send flow to Meds360
- ✓ Eliminate log in to Gmail and Kno2
- ✓ Eliminate manual printing & sending
- ✓ Eliminate Document Send Tasks in SF (keep on backend for reporting & billing)

## WHY

- ✓ Streamline internal workflows by eliminating steps, systems & clicks
- ✓ Free up staff for upstream patient-facing work
- ✓ Minimize risk of sending to wrong pt and downloading MAPs to laptop
- ✓ Save ~\$2 per MAP
- ✓ Helps move away from Salesforce

The screenshot shows the Cureatr patient record for Barbara Miller, a 41-year-old female born 01/01/1980 with ID Number RXF00. The interface includes tabs for 'Meds 360', 'Clinical Documents', and 'Med Rec'. A breadcrumb trail reads: 'Back to All Lists > Finalized Med List > Send MAP to Patient > Send MAP to Provider'. Under 'Patient MAP Send Preference', both 'Email' and 'USPS Mail' are checked. The email address is 'originalpatientemail@email.com' and the USPS mailing address is '9837 Prairie Rd, Boise, ID 83714'. Edit icons are present for the email and address fields.



# Discharge Summary Status & Queue

## WHAT\*

### [LINK TO PLAYMAKER](#)

🌟 Status dropdown to indicate if we have Discharge Summary for a patient or not

- ✓ New field for Discharge Summary status
- ✓ New queue for CSS for patients w/o DS
- ✓ Ability to identify appropriate DS for an event and also upload DS manually into Meds360
- ✓ Better at-a-glance visibility in Meds of pt discharge data & facility

## WHY

- ✓ Streamline current workflows by eliminating steps, systems & clicks
- ✓ Eliminate need to enter unstructured free text in Salesforce Description field
- ✓ Provide CSS & PharmD with at-a-glance status
- ✓ Get better data on when we do/don't have DS (to give feedback to Particle)
- ✓ Minimize risk in sharing patient IDs over Slack

Discharge Summary

**Need DS**

Have DS: In CCDA List

Have DS: Patient Has on Hand

Have DS: Uploaded

Need DS

Never Received DS

Cureatr Circuit

Tasks

Tasks

Recently Viewed

6 items

1 CT: Discharge Summary Needed

2 CT: Document Resend

3 CT: Enrollment Attempt #1

# Reduce MAP Creation Time

Reduce  
Charting  
Time

## WHAT\*

🌟 Auto-populate Overall Summary for Patient and Overall Summary for Provider with standard text and summaries from individual meds

✅ **V1 - Populate automatically by Med (Med Name + Med Recommendation)**

✅ **V2/Later - by disease state? other ordering**  
(Need to scope with Clinic based on ideal standard MAP Summary)

## WHY

📊 Streamline current workflows by eliminating steps, systems & clicks

📊 Minimize documentation time to free up pharmacists for patient-facing work

**Medication Problem Notes:**  

Any significant issues or problems the patient is having with this medication

**Recommendation for Patient:**  

Remember this medication was increased from 10 mg once daily to 20 mg once daily to better control your blood pressure.

**Recommendation for Provider:**

Save

**Overall Summary for Patient:**  

LISINOPRIL:

- Remember this medication was increased from 10 mg once daily to 20 mg once daily to better control your blood pressure.

**Overall Summary for Provider:**

\*Initial ideas; pending Clinic input!

# Facilitate PharmD Handoffs

Reduce  
Charting  
Time

## WHAT\*

- ✨ Ability to clone another user's completed MAP
- ✨ Ability to unclaim a Med List claimed by another pharmacist (main reason why pharmacists don't claim a med list until the patient picks up the phone)
- ✨ General Notes area in Meds360

- ✓ Quick win to clone MAP **(DONE)**
- ✓ V1 of unclaim flow - clone without notification of reconciliation and general notes
- ✓ V2 - ability to reconcile new meds found & pull in net new meds as unreconciled + general notes entry area

## WHY

- ✓ Facilitate handoffs from one pharmD to another when schedules change
- ✓ Make spaces for note-taking in Meds360 pre-call
- ✓ Minimize double/documentation time to free up pharmacists for patient-facing work

The screenshot displays the Meds360 interface for a patient's medication list. It includes sections for 'Overall Summary for Patient' and 'Overall Summary for Provider', each with a 'Test overall summary' button. Below these is an 'Export Med List' button. A red arrow points to the 'Clone Med List' button, which is located above a 'Void Med List' button. To the right, the 'Internal Notes' section shows a note from 10/24/21, indicating that notes from the previous medication record are transferred but marked as preexisting with a dashed line.

**Overall Summary for Patient:**  
Test overall summary for patient

**Overall Summary for Provider:**  
Test overall summary for provider

Export Med List

Clone Med List

Void Med List

**Internal Notes** 🗨️

See notes below from 10/24/21  
-----  
These are the notes that were entered in the last med rec before it was cloned, they all transfer over but there is a dash above them to signify that they are preexisting. They can be deleted or added to by the pharmacist.

*\*Initial ideas; pending Clinic input!*

Reduce  
Charting  
Time

# Reduce MAP Creation Time

## WHAT\*

🌟 Integrate Smartphrases into Meds360

- ✅ Auto-fill recommendations for patient when Med List is reconciled
- ✅ New shortcode capability to quickly populate instructions on per-med basis when free-typing

## WHY

- ✅ Streamline current workflows by eliminating steps, systems & clicks
- ✅ Eliminate need to copy & paste from Google Sheets
- ✅ Standardizing MAP language
- ✅ Minimize documentation time to free up pharmacists for patient-facing work

| B                                                              | C                                                                                                                                                                                                                                                                                                      |
|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Medication                                                     | Smart Phrase                                                                                                                                                                                                                                                                                           |
| DHP CCB (Amlodipine / Nifedipine)                              | It is important to take this medication for your blood pressure around the same time recommended by your doctor. For most individuals, the blood pressure goal is less than 130/80 mmHg. Side effects including feeling dizzy/lightheaded, rise slowly if you have been sitting or lying down.         |
| Thiazide Diuretics (Hydrochlorothiazide HCTZ / Chlorthalidone) | This is a medication used to help lower your blood pressure by removing excess fluid from your body. Take at the same time everyday, in the morning if possible. Continue to monitor for any side effects including feeling dizzy/lightheaded. Monitor your blood pressure as directed by your doctor. |
| ACE inhibitors (i.e lisinopril, ramipril)                      | It is important to take this medication for your blood pressure around the same time recommended by your doctor. For most individuals, the blood pressure goal is less than 130/80 mmHg. Side effects including feeling dizzy/lightheaded, rise slowly if you have been sitting or lying down.         |
|                                                                | It is important to take this medication for your blood pressure around the same time recommended by your doctor. For most individuals, the blood pressure goal is less than 130/80 mmHg. Side effects including feeling dizzy/lightheaded, rise slowly if you have been sitting or lying down.         |

**Medication Problem Notes:**

Any significant issues or problems the patient is having with this medication

**Recommendation for Patient:**

.ace

**Recommendation for Provider:**

Save

**Medication Problem Notes:**

Any significant issues or problems the patient is having with this medication

**Recommendation for Patient:**

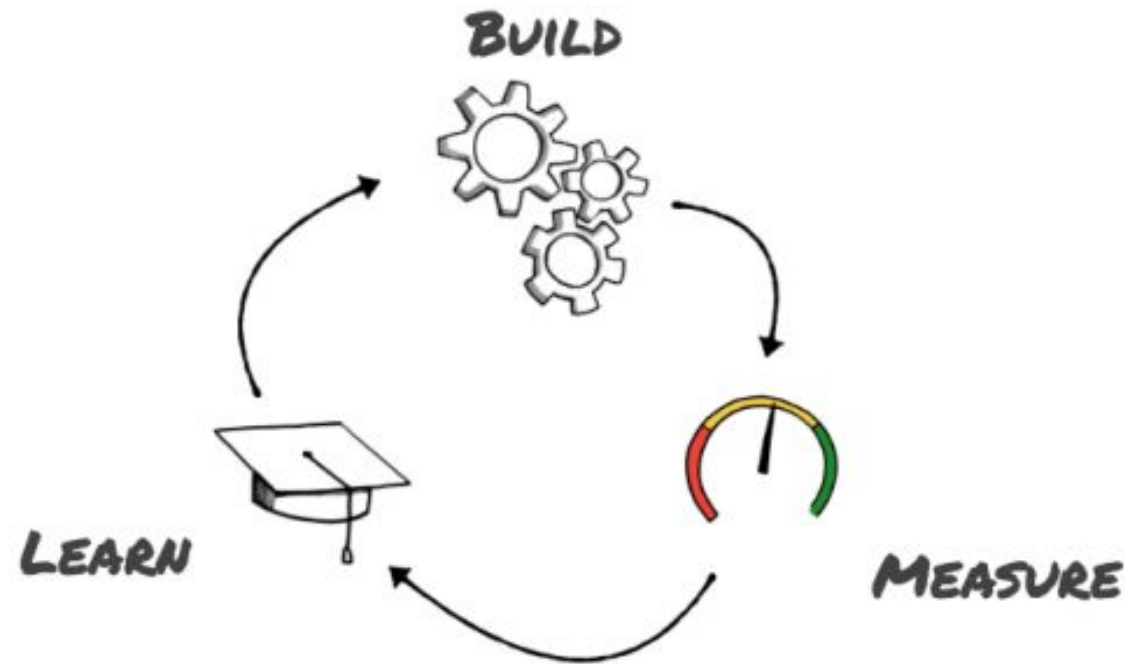
It is important to take this medication for your blood pressure...

**Recommendation for Provider:**

Save

\*Initial ideas; pending Clinic input!

# Even though we have a plan....



we won't let that stop us in  
re-prioritizing if opportunities that  
bring a higher ROI bubble up

we want to be agile & iterative