

Why care about PrescribeCare?

The average patient will see their physician roughly 4x per year, but their pharmacist, closer to 35x per year!

PrescribeCare empowers community pharmacies to create and share care plans electronically, support care coordination, and take advantage of new and emerging payment models. With PrescribeCare, community pharmacists have the tools they need to document enhanced services, produce care plans, and exchange clinical information.

What does PrescribeCare provide?

PrescribeCare makes it incredibly simple to:

- Perform medication reconciliation
- Identify medication therapy problems
- Document medication therapy problem interventions
- Notify physicians
- Streamline documentation
- Document biometrics and labs
- Print patient care plans
- Make and document patient goals and outcomes
- Connect with other members of the healthcare team

What does PrescribeCare mean for my industry?

Pharmacies can more quickly exchange information with other members of the patients' healthcare team. The pharmacist can prioritize patient concerns and goals, incorporate those in the patient record, and share medication-related information.

Is PrescribeCare right for my pharmacy?

We've designed PrescribeCare for independent pharmacies that are moving away from a pill-centric model toward a patient-centric model. This new offering is perfect for pharmacies interested in strengthening relationships with their patients and providing enhanced services. With PrescribeCare, pharmacies can commit to decreasing total healthcare costs for their patients, while improving their overall health outcomes.

What are the components of the Pharmacist eCare Plan?

- Allergy review
- Health concerns
- Interventions
- Goals



- Health status evaluation and outcomes

How does PrescribeCare increase my bottom line?

There are multiple ways in which the pharmacy can be reimbursed for enhanced services.

Pharmacists can have a Collaborative Practice Agreement (CPA) with a physician. When the physician bills the insurance company and receives reimbursement, a previously contracted portion of that payment goes to the pharmacy.

In some states, entire networks of independent pharmacies are contracting with insurance companies. The insurance company establishes a patient rating system and refers high-risk patients for enhanced services. If the pharmacy can prove that the patient's health has improved over a certain period of time through enhanced services, the insurance company will pay the pharmacy.

Insurance companies can also contract with pharmacies on a per-patient-per-month basis. The insurance company still refers high-risk patients to the pharmacy, but no proof of decreased risk is needed. The payer forms this contract from historical proof that the pharmacy's enhanced services have resulted in improved patient ratings and increased health levels.

Lastly, pharmacies that have provider status in their states can bill to Medicaid directly. If a pharmacy has provider status *and* is certified by the insurance company, they can bill the insurance company directly. (A CPA may still be needed)

