



The following information is provided by Monica Akus, PharmD, BCPS, DPLA, who is the Director of Pharmacotherapy Services at Cambridge Health Alliance.

For initial planning I use this metric, then modify to actual volume/need:

- 1 FTE: 10,000 patients on a panel = 8 sessions per week (3.5 hrs care each)

**Pharmacotherapy Department Visit Types: tips for scheduling**

<b><i>Anticoagulation Management Service (AMS) – (warfarin patients)</i></b>	
<i>Visit type</i>	<i>Who to schedule</i>
RX AMS 15 (FU)	Follow up visits (test INR)
RX AMS 45 (EDU)	Initial visit (education and test INR)
<b><i>Diabetes Management Service (DMS) – (diabetes patients, glucometer education, insulin education)</i></b>	
RX DIAB ED 30	Follow up visits
RX DIAB ED 60	Initial visit, glucometer/insulin educations
RX DIABETES ED 45	*Not routinely used; check with clinic pharmacist
<b><i>Other Services – (hypertension, hyperlipidemia, medication reconciliation, COPD rescue pack, inhaler education, travel health(Cambridge Family Health ONLY), etc)</i></b>	
RX CONSULT 15	*Not routinely used; check with clinic pharmacist
RX CONSULT 30	Follow up visits for hypertension, hyperlipidemia
RX CONSULT 45	Initial visits, medication reconciliation visits (initial or follow up), travel health (CFH ONLY)

Some of the pharmacists do a mix of AMS vs. other services and block portions of their schedule for each throughout the day to make scheduling more efficient while others do not need to do that. They do this if they need to accommodate 15 min increments vs. 30 min increments. Some sites do not have an exam room and can't do AMS unless they use the lab (CFH).