

## Member Adherence Calls

**A. Member Name:**

**B. Member Contact Number:**

**C. Medications to Review:**

- 1)
- 2)
- 3)

**D. Call Status:**

Dates Contacted:

- |   |  |
|---|--|
| <input type="checkbox"/> Wrong phone number       | <input type="checkbox"/> Left voicemail                |
| <input type="checkbox"/> Disconnected             | <input type="checkbox"/> Spoke with member/caretaker   |
| <input type="checkbox"/> Ring No Answer/Call Busy | <input type="checkbox"/> Declined/Refuses Conversation |
| <input type="checkbox"/> Missing Phone number     | <input type="checkbox"/> Other                         |

**E. Problem Identified: root (underlying) cause or barrier preventing member from taking their medication.**

- |   |  |
|---|--|
| <input type="checkbox"/> Economic – Can't afford medication(s)      | <input type="checkbox"/> Patient - General illness/hospitalization           |
| <input type="checkbox"/> Economic - Getting fills from VA or clinic | <input type="checkbox"/> Patient - Knowledge deficit - drug or disease       |
| <input type="checkbox"/> Economic – Patient Assistance Program      | <input type="checkbox"/> Patient - Lifestyle                                 |
| <input type="checkbox"/> Economic - Paying cash/discount card       | <input type="checkbox"/> Patient - Member changed dose                       |
| <input type="checkbox"/> Economic - Taking samples                  | <input type="checkbox"/> Patient - Member discontinued medication            |
| <input type="checkbox"/> Economic – Won't fill in coverage gap      | <input type="checkbox"/> Patient - Mental illness                            |
| <input type="checkbox"/> Medication - Delayed Start                 | <input type="checkbox"/> Patient - Physical limitations/Sensory difficulties |
| <input type="checkbox"/> Medication - Drug-drug interaction         | <input type="checkbox"/> Patient - Splitting tablets                         |
| <input type="checkbox"/> Medication - PA needed                     | <input type="checkbox"/> Patient - Transportation issues                     |
| <input type="checkbox"/> Medication - Refill needed                 | <input type="checkbox"/> Patient - Using family/friend's medication          |
| <input type="checkbox"/> Medication - Side effects                  | <input type="checkbox"/> Provider - MD decreased dose                        |
| <input type="checkbox"/> Other - Note required                      | <input type="checkbox"/> Provider - MD discontinued medication               |
| <input type="checkbox"/> Patient - Complex regimen                  | <input type="checkbox"/> Provider - MD placed med on hold                    |
| <input type="checkbox"/> Patient - Forgetfulness                    | <input type="checkbox"/> Provider - MD switched med                          |

**F. Interventions: Action taken or offered in response to the problem identified.**

- |  |  |
|--|--|
| <input type="checkbox"/> Ask caretaker/family member to help | <input type="checkbox"/> Medication reconciliation   |
| <input type="checkbox"/> Auto Refill/Refill Synchronization  | <input type="checkbox"/> Member Follow Up  |
| <input type="checkbox"/> Behavioral coaching                 | <input type="checkbox"/> Member to call pharmacy to fill medication  |
| <input type="checkbox"/> Benefits education                  | <input type="checkbox"/> New/Updated Rx needed   |
| <input type="checkbox"/> Change to 90-day supply             | <input type="checkbox"/> Side Effects addressed  |
| <input type="checkbox"/> Change to cost effective medication | <input type="checkbox"/> Retail to mail switch   |
| <input type="checkbox"/> Contact Pharmacy                    | <input type="checkbox"/> Tools for visually/hearing impaired suggested   |
| <input type="checkbox"/> Counseling/Education                | <input type="checkbox"/> Tools to improve adherence—pill box, medication alarms, pairing with daily activities |
| <input type="checkbox"/> Dose or drug consolidation          |  |

**G. Call Notes:**

**H. Follow-Up (Y/N):**