

Annual Outcome Reporting for National Clinical Pharmacy Specialist (NCPS) Chronic Medication Refill Collaborative Practice Agreements

Outcomes must be reported to the NCPS Committee at least annually. **Reporting period shall include all data from FY Oct-Sept.** Please send all outcomes to CDR John Collins at john.collins@ihs.gov.

Chronic Medication Refill Clinical Outcome Report

Agency	
Clinic Site	
Clinic Manager	
Clinic Manager Email	
Reported Fiscal Year*	

*Fiscal year shall include all data from Oct-Sept

Number of Patients seen within the reported Fiscal Year (FY)	
Total number of Patient Encounters (Visits) within the reported Fiscal Year (FY)	
Number of prescriptions refilled within the reported Fiscal Year (FY)	
Number of laboratory tests ordered and reviewed within the reported Fiscal Year (FY)	
Total number of pharmacist therapeutic interventions (not including medication renewals or lab tests) within the reported Fiscal Year (FY)	
Number of medication refill pharmacist providers	