Transition of Care:
Best Practices for Pharmacy

Saturday, April 25, 2015
ACPE UAN 0128-0000-15-029-L04-P and 0128-0000-15-029-L04-T
1.0 CPE Hour

Christine Jolowsky, MS, RPh, FASHP
Dr. Christine Jolowsky is the Executive Director for Applied and Experiential Education at the University of Minnesota College of Pharmacy. She is an Assistant Professor in the College. She received her BS in Pharmacy and her MS in Pharmacy Administration from the University of Minnesota. She completed a two-year ASHP-Accredited Administrative Practice Residency at the University of Minnesota Hospitals and Clinic. Dr. Jolowsky is the President of ASHP. She has also served on the Board of Directors for ASHP, and has served on many councils, committees and task forces at the local, state and national health-system society level, including president of the Minnesota Society of Health System Pharmacists and as a Minnesota Delegate to the ASHP House of Delegates. Dr. Jolowsky has held pharmacy leadership positions in hospitals and health systems in Minnesota and Texas. Key accomplishments include her roles in promoting technicians, student and residency training, and expanding the roles and scope of practice for pharmacists. She was honored with the Distinguished Service Award for the ASHP Section of Pharmacy Practice Managers in 2009, College of Pharmacy’s Preceptor of the Year for 2005, the MSHP Hugh F. Kabat Award in 2012, and she was the 2005 recipient of MSHP’s Hallie Bruce Award.

Ms. Jolowsky has no financial interests or arrangements that would be considered a conflict of interest for the presentation of this program.
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Jerome Wohleb, PharmD, MBA
Dr. Wohleb has experience in several areas of pharmacy practice over the last 31 years. This experience includes Administrative Management responsibilities for 4 health systems over the last 16 years. Dr. Wohleb graduated from the University of Nebraska College of Pharmacy and completed his Masters in Business Administration from the University of Utah. Dr. Wohleb is a member of the ASHP, the Chair of the NPA Hospital/Health-System Network, and is strongly supporting the Clinical Pharmacy Practice expansion in Nebraska.

Dr. Wohleb has no financial interests or arrangements that would be considered a conflict of interest for the presentation of this program.
Experiential Education and Transitions of Care in the Pharmacy Curriculum

Christene Jolowsky, MS, RPh, FASHP
President ASHP
April 25, 2015

Disclosure

I have no relevant financial relationships that would be considered a conflict of interest for the purposes of this program. This CPE program will not include discussion of non-FDA approved medication use.

About Me ...

ASHP President, ASHP work
University of Minnesota College of Pharmacy
Health System Pharmacy Leader
Appreciate the Opportunity

2016 ACPE Standards

Release Jan 2015
Reflect on-going changes in practice/educational needs for pharmacist training

Part of the Required Curricular Elements – Pharmacotherapy

- Evidence-based clinical decision making
- Therapeutic treatment planning
- Medication therapy management strategy
- Emphasis on patient safety, clinical efficacy, pharmacogenomic and pharmacoeconomic considerations
- Treatment of patients across the lifespan

Key Elements of APPE Rotations

Standard 13 – APPEs

13.1: Patient care emphasis
- Emphasize continuity of care
- Incorporate acute, chronic, and wellness-promoting patient-care services
- Outpatient (community/amb care)
- Inpatient (hospital/health system) settings

13.2: Diverse populations
Key Elements of APPE Rotations

- 13.3: Interprofessional experiences
  - In-depth experience, direct patient care
  - Part of an interprofessional team
- 13.6: Four practice settings
  1. Community pharmacy
  2. Ambulatory patient care
  3. Hospital/health system pharmacy
  4. Inpatient general medicine patient care

APPE Requirements:

- Students have multiple opportunities to perform patient-centered care
- Coordinated with other components of the PharmD curriculum
- Skills: practice skills, professional judgment, behaviors, attitudes and values, confidence, and sense of personal and professional responsibility

Message to Students

Why is the topic of Transitions of Care important

What is it?

- Definition: Patient movement between healthcare practitioners and between settings (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility, self-care, etc.) as their condition and care needs change during the course of a chronic or acute illness.

What is it about?

- Complete and accurate information
- Updated as the patient moves and the patient’s condition changes
- Catch problems related to hand-offs
- Avoid drug-related problems (duplicate, changes, etc.)

Message to Students about Transitions of Care

- Students need to understand the “big picture” of Transitions of Care
- Pharmacists are responsible for care, as patients transitioning in between settings and providers
- Safety issue
- Quality issue
- All care settings
APPE Requirement: Learning Activities – Examples

- Interacting face-to-face with a diverse population of patients
- Optimizing individual patient drug therapy outcomes
- Consulting with and advising patients on self-care products
- Educating patients on the safe and effective use of medications

APPE Requirement: Learning Activities – Examples (cont.)

- Providing pharmacist-delivered education and care
- Delivering evidence-based care
- Ensuring continuity of quality care as patients transition between healthcare settings

Resources for Competencies

- Entry-level competencies needed for pharmacy practice in hospital and health systems

ASHP-APhA Medication Management in Care Transitions Best Practices

- ASHP-APhA Medication Management in Care Transitions Best Practices

Published February 2013

What is Needed for Practice

- Given a real or simulated case of a patient transitioning from one care setting to another, effectively reconcile his/her medications and make appropriate communications to involved pharmacy providers
- Provide in all parts of the curriculum (didactic, skills, experiential)
- Assess in OSCE and observation

Medication Management and Care Transitions

- Effective transitions of care for patients is crucial
  - Hospital to home setting
  - Home setting to hospital for acute care
- Patients vulnerable to critical medication errors resulting in complex care and greater costs
Medication Management and Care Transitions
- Costs of poor medication management surrounding hospital admission and discharge
- Care transitions with focus on medication management known to improve health outcomes
- National Concerns:
  - Preventing costly readmissions
  - Containing health care costs

Student Integration
- Successful MMCT models rely on pharmacists as well as the effective integration of students
- “Pharmacist extenders”
- Training in conjunction with schools of pharmacy
- Important to addressing needs of patients
- Rotations and Residencies

Transitions Model (examples)
- Interns hired part time – to collect admission medication histories
- APPE rotations within health systems
- Students responsible for:
  - Completing admission histories
  - Discharge counseling and education
  - Contacting community pharmacies
  - Clarify home medication list and fill in gaps

Student Roles – High Risk Meds
- Patient education
- Trigger by high-risk medications ordered for patients
- Initial contact within 24 hours of order
- Reinforce key concepts during patient stay
- Minimize overwhelming patient at discharge

Bottom Line ...
- We want to prepare our students to the best of our ability for practice
- Want education to focus on essential skills for practice
- Incorporate these skills into curriculum: Integrate didactic, skills lab and experiential learning
- Transitions is a large focus of practice

My contact information ...
THANK YOU so very much for your time!
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Caveman and rock wheel photo

Photo of the United States

Research and Education Foundation (REF)
ASHPFoundation.org

REF - Useful Resources
- C-suite Tool Kit
- Leadership Resource Center
- Notable Leadership References
- Pharmacy Forecast 2013-2017
- Pharmacy Practice Model Initiative
- Research Resources
- Research Tips
- Sterile Products Outsourcing Tool
- Whitney Award Lectures

PAC (Political Action Committee)
- Legislative Issues
- Provider Status
- Drug Shortages Bill
- Compounding
- Supporting Pharmacy Practice
- ASHP.org Advocacy

ASHP Resident Matching Program 2007-2014 PGY1

2007 2008 2009 2010 2011 2012 2013 2014

2007: 1629
2008: 1713
2009: 1645
2010: 1773
2011: 2413
2012: 2094
2013: 2842

90% fill rate for all PGY1
In 2014, approximately 20% of graduates (2,411) are seeking PGY1 positions. And 5% (129) are graduates before 2014.

ACPE pharmacy graduation trends

Assessment Questions

- List three roles that students can have in an organization related to transitions of care.
- State one competency that a student should exhibit, related to transitions of care.
- Why is it important to understand the concept of transitions of care?

What are your questions...

References


References (cont.)

Transitions of Care
Nebraska Pharmacists Association

April 25, 2015

Transitions of Care
Hospital/Health-System Impact

Jerome Wohleb, Pharm.D., MBA, FASHP
Pharmacy Services Director
Bryan Medical Center

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New Models Will Drive a Fundamental Shift in How We Deliver and Pay for Healthcare Services

<table>
<thead>
<tr>
<th>Element of Change</th>
<th>TODAY</th>
<th>FUTURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare focus</td>
<td>Sick-care</td>
<td>Wellness and prevention, disease management</td>
</tr>
<tr>
<td>Care management</td>
<td>Manage utilization and cost within a care setting</td>
<td>Manage ongoing health and optimize care episodes</td>
</tr>
<tr>
<td>Delivery models</td>
<td>Fragmented/silos</td>
<td>Care continuum and coordination (right care, right place, right time)</td>
</tr>
<tr>
<td>Care setting</td>
<td>In-office/hospital</td>
<td>In-home, virtual (e-visits, home monitoring, etc.)</td>
</tr>
<tr>
<td>Quality measures</td>
<td>Process-focused, individual</td>
<td>Outcomes-focused, population-based</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>Fee-for-service</td>
<td>Value-based (outcomes, utilization, total cost)</td>
</tr>
<tr>
<td>Financial incentives</td>
<td>Do more, make more</td>
<td>Perform better, make more</td>
</tr>
<tr>
<td>Financial performance</td>
<td>Margin per service, procedure, etc.</td>
<td>Margin per life</td>
</tr>
</tbody>
</table>

Redesigning the Health Care Team
Health Care needs a new working model!
Value = Expense + quality
- Patient Satisfaction
- Expense Management
- Quality Measures (Enhanced expectations)
- Pharmacy/Provider Collaboration

New Practice Model

National Governors Association logo

New Practice Model photos
Bryan Medical Center – Medication Reconciliation Project

- Medication reconciliation is a large quality, regulatory, and physician concern for Bryan
- As demands on physicians increase, motivation and resources for medication reconciliation decrease
- Pharmaceutical Care is written into the Pharmacy Scope of Practice rules and regulations.
- Pharmacists are hospital-employed drug experts

Solution:
- Pharmacy owns the medication reconciliation process
- Initiate model with a physician group (hospitalists), expand to the rest of the facility

IPA Pilot Results (Informational Barriers)

The patient does not know their medications or where they are filled
The patient only identifies one pharmacy that they use when they actually fill at 3 or 4
No family is available to give a medication history
The family is available, but cannot provide the information that is needed
The patient provides an outdated list of medications
The patient provides plausible but inaccurate information
The pharmacy the patient uses is closed
The patient’s primary care doctor’s office has an inaccurate or outdated medication list
The patient’s primary care doctor’s office is closed

Goal – Lower Expense, Improve Outcomes

Lessons Learned - Inpt Exp reduced

IPA and Pharmacy partnership –
Lessons Learned

- Admission Medication Reconciliation Pilot (FY14)
  - 50% of information is generally error prone
  - Physicians do not want to own this process (in general)
  - Clinical Pharmacist Scope of practice provides mid-level med management (procedures, renal dosing, various programs)
  - Pharmacy technicians are a less costly labor option (med history only)
  - Quality enhanced (Quest for Excellence Award–NHA)
  - Cost savings (improved inpatient spend/patient)
  - Continuity of Care missing; patient advocate inconsistent (need team approach with physician quarterbacking)

Case Study Options

- Where do you want to make an impact for patients in your Pharmacy?

Transitions of Care

- Hospital
- Clinic?
- Nursing Home?
- Home Health?
- Retail?

What is the big deal?

- 30 Day Readmission Rates figure

Pharmacy Impact

- Pharmacists intervention pie chart
Mission Hospital Discharge Process

Mission Hospital Discharge Process diagram

Program with Retail Partner

Sharp’s Healthcare photos

Consistent Process (Script)

- Mission Hospital photos

Value Based Purchasing

VBP weighting changes

- Efficiency Indicator (MSPB) is weighted heavier
- Bryan had no points in this category in this past performance period
Patient Experience

- Pharmacy Involvement
  - Inpatient Survey (HCAHPs)
    - Medication Side Effects
    - Overall Hospital Satisfaction
    - Patient education/understanding of new Medications
  - Outpatient Survey (Avatar, others)

Clinical Process

- Pharmacy Involvement
  - SCIP
  - Stroke
  - MI
  - PN
  - Ortho
  - Mental Health (soon)
  - Others

Efficiency

- Pharmacy Involvement
  - Cost Management in the Pharmacy
    - Drugs
    - Labor
    - Other Expenses
  - Cost Management outside the Pharmacy
    - Medicare Spend Per Beneficiary (MSPB)
    - Total Performance Score (TPS)
    - Inpatient Prospective Payment System (IPPS) - (see 79, FR 50049)
    - Value Based Purchasing (VBP)

Outcomes

- Pharmacy Involvement
  - Mortality
  - Readmission data
  - Cost

Overview of Total Episode Spending

The everlasting power of relationships...the NPA strength!

"I've learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Maya Angelou photo

Thank you

Maya Angelou
Assessment Question 1
Identify why Transitions of Care are important to Patient Care.
   a) Upon hospital admissions, the patient’s medication list is generally incorrect
   b) Upon hospital discharge, the patient’s medication is reviewed prior to discharge with the patient
   c) Retail pharmacists can have questions with provider identification (who wrote the prescription) during the transition of care from the hospital back home
   d) All of the above

Assessment Question 2
Transition of Care involves which of the following providers?
   a) Retail Pharmacies
   b) Hospitals
   c) Nursing Homes
   d) Other care Providers
   e) Only A & B
   f) Only A, B & C
   g) All transition points of care a patient experiences in health care delivery
   h) This is not a pharmacy concern, this is only nursing and social workers

Assessment Question 3
Which “name” describes best the words associated with MMCT programs?
   a) Medication Management used with Computer Technology programs
   b) Medical Management in Care Transitions
   c) Medication and Medical Management for Centers of Transitions
   d) Medication Management in Care Transitions
   e) Management for Medical Care Transfers

Assessment Question 4
Pharmacists have a critical role in MMCT?
   a) True
   b) False

Assessment Question 5
Pharmacy students do have a role in MMCT?
   a) Yes
   b) No

Assessment Question 6
Quality outcomes are necessary for Value Based Purchasing (VBP)?
   a) Yes
   b) No
Assessment Question 7

A pharmacy managed Medication Reconciliation Program can save money for organizations

a) Yes
b) No

Questions--

References

1) National Governors Survey,
3) Pharmacy Forecast, ASHP Foundation 2014
4) Best Practices from the ASHP-APhA Medication Management in Care Transitions Initiative, Feb. 2013
6) CMS, HRSA website, 2015