

Clinical Pearl- Optimizing the Pharmacist Role in Transitions of Care

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Disclosure

- Nora Sharaya has no relevant financial or nonfinancial relationships to disclose.

Learning Objectives

- Review billing requirements for transitional care services
- Discuss how incorporating a pharmacist into the day 1-2 call can improve patient safety

Community Health Network

- Community Health Network is located in central Indiana with both inpatient and outpatient services
- In 2018, Resources to Evaluate and Advance Comprehensive Health (REACH) clinic was created to improve outcomes for patients who use Community Health Network services but may need more comprehensive care than a traditional primary care practice
- By providing a safety-net for complex patients, REACH strives to reduce hospital readmissions and emergency room utilization while increasing the overall well being of patients served



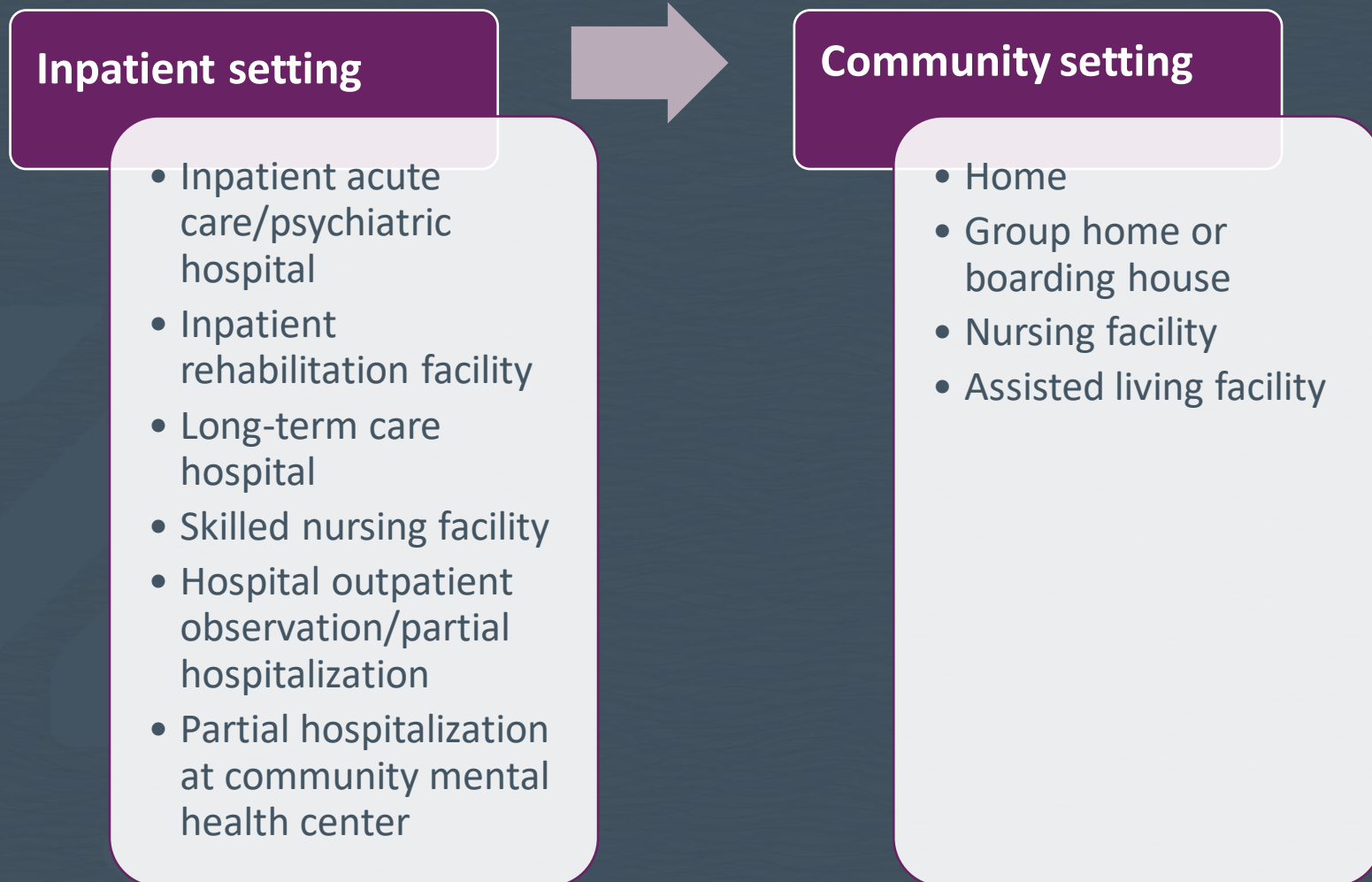
Transitions of Care

Designed to assist patients with transition from an acute setting to a community-based setting over 30 days

Reduce unnecessary patient readmissions

Prepare patients for a successful patient transition home

Transitional Care Management (TCM)



Transitions of Care Billing Requirements

Non-face-to-face services

- Can be completed by any member of the healthcare team
- Interactive communication must be completed or attempted within 48 hours of discharge
- Additional non-face-to-face services can be completed by a combination of clinical staff members in support of continuity of care

Face-to-face services

- Provider visit completed within an appropriate time frame based on complexity
- Medication reconciliation must be completed before or at this visit

Day 1-2 Contact Requirement

- Part of non-face-to-face services
- Must be conversational- not just an appointment reminder
- Any team member can complete this initial contact

REACH TCM Model Pre/Post-COVID

Pre-COVID19 Model

- Day 1 call by Nursing and/or Social Work
- Pharmacy assessment including medication reconciliation, education, and recommendations done immediately prior to provider appointment in office

Post-COVID19 Model

- Moved pharmacy assessment to Day 1 call with ability to pull in other disciplines. Clinic staff make this virtual appointment while on the phone scheduling TCM appointment
- Nursing and Social work assist with non-face-to-face services throughout the 30 days

Clinical Pharmacist Day 1-2 Call

Review of hospital stay and discharge instructions

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graph TD; A[Review of hospital stay and discharge instructions] --> B[Review of medication changes]; B --> C[Review of social concerns including home safety, insurance, transportation]; C --> D[Review of follow up plan]; D --> E[Note routed to provider, nursing, or social work if urgent follow up is needed by any discipline];
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Review of medication changes

Review of social concerns including home safety, insurance, transportation

Review of follow up plan

Note routed to provider, nursing, or social work if urgent follow up is needed by any discipline

What Can Utilizing a Pharmacist Add

Thorough medication review

- Example interventions, including but not limited to:
 - Missing medications from discharge summary
 - Drug interaction that requires medication dose adjustment
 - Patient counseling on administration and side effects
 - Medication cost review

Collaborative practice agreement

- Ability to streamline medication changes needed immediately
- At Community Health Network, our agreement is robust

Example Interventions

Missing Medication

- Patient admitted to the hospital with hyponatremia. Plan per renal provider was to discharge on sodium tablets. Due to swiss cheese effect, renal, attending, and resident didn't send on discharge.
 - This was caught on Day 1 and able to be remedied prior to the provider appointment and/or readmission
- Patient admitted to the hospital with diabetic ketoacidosis. Discharged on insulin vials with pen needles.
 - Caught on Day 1 and new orders were sent- followed up with inpatient provider to correct preference list

Need for dose adjustments

- Patient's baseline renal function changed, but medication doses were not adjusted
 - This was caught on Day 1 and multiple medication changes were made to prevent adverse effects

Example Interventions

Access Concerns

- Patient admitted to the hospital with a pulmonary embolism and started on anticoagulation. Prescription sent to mail order pharmacy.
- Caught on Day 1 and coordinated filling at local pharmacy

Preventing Adverse Reactions

- Patient admitted to the hospital then rehab with bleeding esophagitis.
- Pharmacist med rec on Day 1 discharge from rehab showed that patient was taking an oral bisphosphonate which can contribute to esophagitis. Stopped therapy and coordinated osteoporosis therapy

Administration Concerns

- Patient discharged with a new g-tube, but no instructions on how to administer his home medications

Example Interventions

Optimizing Therapy

- Patient admitted with a COPD exacerbation but no LAMA inhaler on discharge to prevent future exacerbations.
 - Day 1 call allowed to start a LAMA using a free trial and start medication assistance process for future inhalers

Cost Concerns

- Patient with Medicaid unable to obtain medications for the past few months due to the pharmacy receiving a rejection while processing. Upon further review, found patient's Medicaid was changed to Medicare, and the pharmacy needed to use his assigned Part D plan
- Goodrx utilized by inpatient team, but formulation was not adjusted so patient was misquoted by over \$200. Coordinated to adjust formulation for cost.
- Patient with only Medicare Part A (hospital benefit). Worked with clinic social worker to apply as a qualified Medicare beneficiary then apply for Part B and D.

Conclusions

There are multiple pharmacy specific interventions that can be made during transitions of care

Within an underserved clinic, the model of a pharmacist completing the Day 1-2 call for transitions of care provides additional benefit to patients and is a provider satisfier for a review prior to appointment

Community Health Network

- Not all clinics have patients with the comprehensive needs that many REACH patients require
- Nursing staff assist with Day 1 call in most clinics
- Referral to pharmacist can be through case management or during day 1 call with goal for review prior to face to face appointment
 - Patient specific factors
 - Disease state specific factors
 - Medication specific factors
- Currently centralized service with all pharmacists rotating through allowing for ease of scheduling

How Can Your Health System Add This?

Consider pharmacist review prior to discharge

Routing charts to ambulatory pharmacists to review as close to discharge as possible

Utilizing pharmacists as the Day 1-2 call

Prioritizing high risk patients to send to pharmacist for review

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