Academy of Managed Care Pharmacy®

AMCP Webinar Series

Innovative Approaches to Improve Transitions of Care: An update from the Hawaii Pharm2Pharm Initiative

17 September 2014

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AMCP Activities

- Report of the 2013 AMCP Partnership Forum on Electronic Solutions to Medication Reconciliation and Improving Transitions of Care (September 2014 – JMCP)
  - (http://www.amcp.org/JMCP/2014/September/18487/1033.html)
- Key Recommendations for AMCP:
  - Encourage the implementation of electronic solutions to the MedRec processes.
  - Work with MCO stakeholders and hospitals to pilot and measure different approaches to electronic solutions to MedRec.
- Currently - one pilot program in development
  - Will measure: impact on 30-day readmissions, utilization and costs at 3 and 12 months (all-cause ER and hospital visits, adherence, evidence based medications, avoidance of high-risk medications, number and cost of medications)

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AMCP Activities

- Looking for other organizations interested to partner on creating a TOC Pilot Program
- Member survey (those involved in TOC programs)
  - Learn about best practices in care transitions
  - Help encourage implementation of electronic solutions and share best practices
- Access to complete the TOC Survey:
  - https://www.surveymonkey.com/s/LTNJCQK

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Today's Speaker

Karen L. Pellegrin, PhD, MBA

Karen is Director of Continuing Education and Strategic Planning, Founding Director of the Center for Rural Health Science, and senior faculty at the Daniel K. Inouye College of Pharmacy at the University of Hawai`i at Hilo. She is PI & Project Director for the Health Care Innovation Award, funded by the CMS Innovation Center, to implement the Pharm2Pharm model in Hawai`i.

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Today's Speaker

Reece Uyeno, PharmD

Reece is the Hospital Consulting Pharmacist Manager for the Pharm2Pharm project, overseeing the inpatient component of the model state-wide. While at Kona Community Hospital, he enrolled and handed off over 200 patients to a Community Consulting Pharmacist. Reece is a graduate of the Daniel K. Inouye College of Pharmacy at the University of Hawai`i at Hilo.

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Today's Speaker

Francis Chan, MT (ASCP), MPH

Francis is Director of HIE Services for Hawai'i Heath Information Exchange, working with key stakeholders to design and implement the components of HIE architecture needed to facilitate Health Information sharing among providers in the State HIE. He is leading the design and implementation of the HIT to improve the efficiency and effectiveness of the Pharm2Pharm model.

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Today's Speaker

Natalie Pagoria, MD

She contributes a clinical perspective to the operations of the HHIE with particular focus on the Pharm2Pharm HIT program. Natalie earned her Doctor of Medicine degree at Loyola University Stritch School of Medicine in Chicago. After medical school Dr. Pagoria moved to Hawaii and completed an internship year with the Hawaii Residency Program Department of Surgery.

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Karen L. Pellegrin, Ph.D., M.B.A.
PI/Project Director, Pharm2Pharm
University of Hawaii, Daniel K. Inouye College of Pharmacy

The vision of Pharm2Pharm

•Leverage underutilized pharmacist expertise across the continuum of care to achieve the three-part aim of the CMS Innovation Center:

- Better care
- Better health
- Lower total costs

"Pharm2Pharm" = "Hospital Pharmacist to Community Pharmacist" care transition and coordination model focused on medications

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Before there was Pharm2Pharm, there was The Minnesota experience…

- *"Beginning in 1999, Fairview Health Services of Minneapolis/St. Paul implemented the 'Collaborative Practice of Pharmaceutical Care' at 6 of 15 primary care clinics, where pharmacists now play an integral role in the delivery of care"
- *RESULTS:
  - Improvements in clinical outcomes
  - Reductions in cost

*Isetts et al., **Clinical and economic outcomes of medication therapy management services: The Minnesota experience.** *J Am Pharm Assoc.* 2008;48:203-214
http://japha.org/article.aspx?articleid=1043431#Methods

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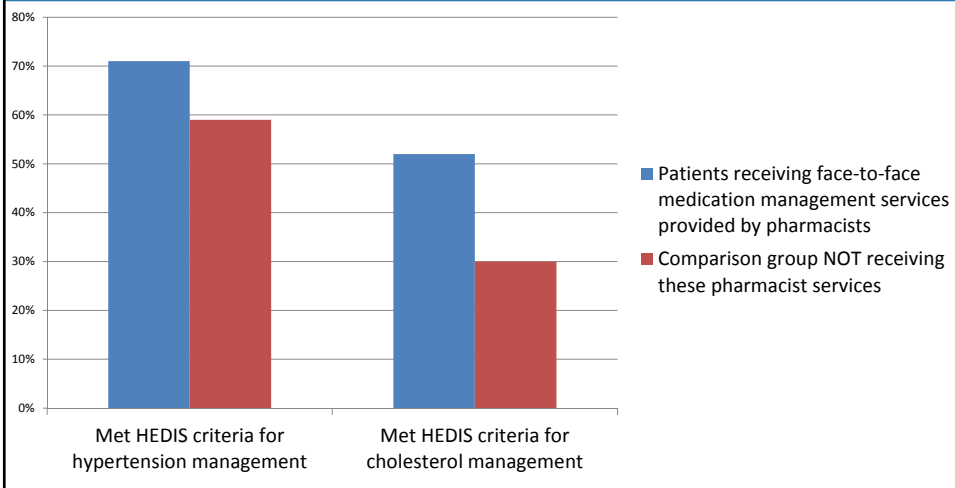
Improved patient outcomes



*Isetts et al., **Clinical and economic outcomes of medication therapy management services: The Minnesota experience.** *J Am Pharm Assoc.* 2008;48:203-214
http://japha.org/article.aspx?articleid=1043431#Methods

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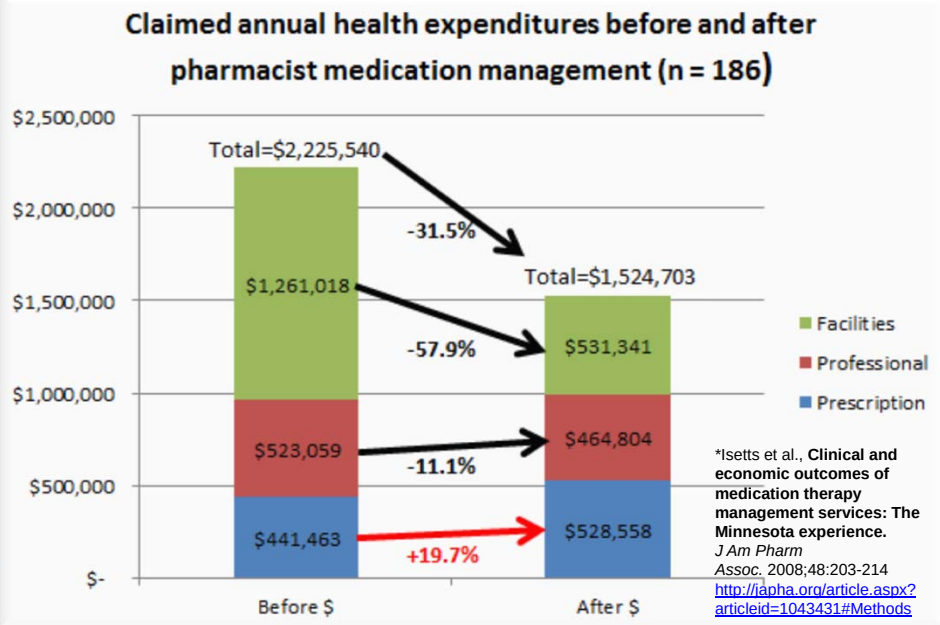
Reduced total cost of care (*even with increase in drug costs*)



*Isetts et al., **Clinical and economic outcomes of medication therapy management services: The Minnesota experience.** *J Am Pharm Assoc.* 2008;48:203-214 http://japha.org/article.aspx?articleid=1043431#Methods

Reece K. Uyeno, Pharm.D.
Hospital Consulting Pharmacist Manager, Pharm2Pharm
University of Hawaii, Daniel K. Inouye College of Pharmacy

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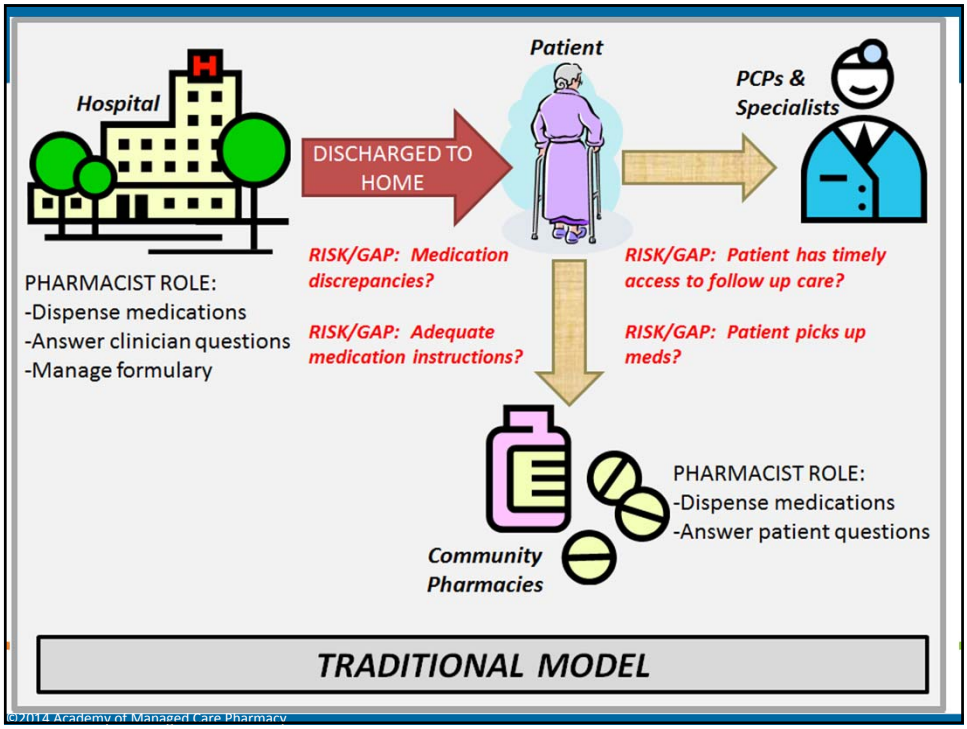
Hospital
DISCHARGED TO HOME
Patient
PCPs & Specialists
PHARMACIST ROLE:
-Dispense medications
-Answer clinician questions
-Manage formulary
RISK/GAP: Medication discrepancies?
RISK/GAP: Adequate medication instructions?
RISK/GAP: Patient has timely access to follow up care?
RISK/GAP: Patient picks up meds?
Community Pharmacies
PHARMACIST ROLE:
-Dispense medications
-Answer patient questions
TRADITIONAL MODEL
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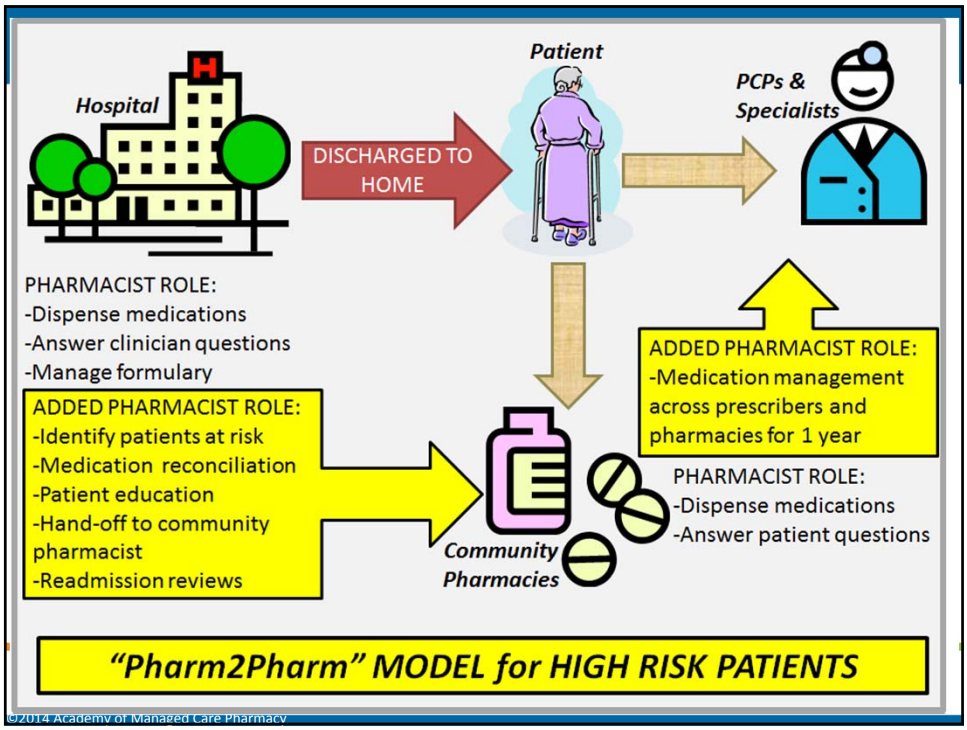
Hospital
DISCHARGED TO HOME
Patient
PCPs & Specialists
PHARMACIST ROLE:
-Dispense medications
-Answer clinician questions
-Manage formulary
ADDED PHARMACIST ROLE:
-Identify patients at risk
-Medication reconciliation
-Patient education
-Hand-off to community pharmacist
-Readmission reviews
ADDED PHARMACIST ROLE:
-Medication management across prescribers and pharmacies for 1 year
Community Pharmacies
PHARMACIST ROLE:
-Dispense medications
-Answer patient questions
"Pharm2Pharm" MODEL for HIGH RISK PATIENTS
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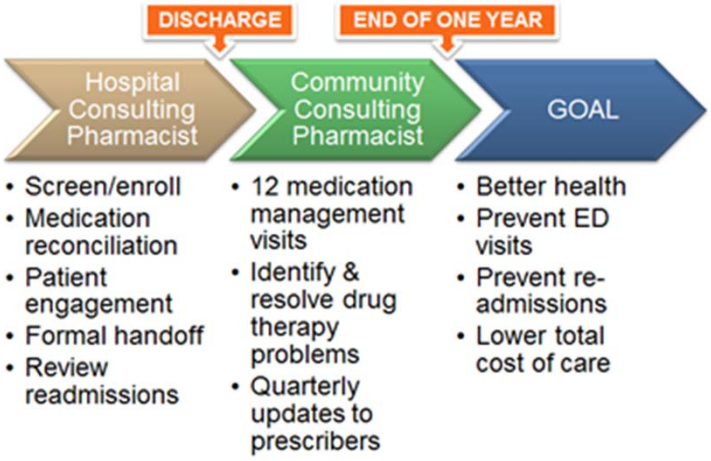
Pharm2Pharm Patient Timeline



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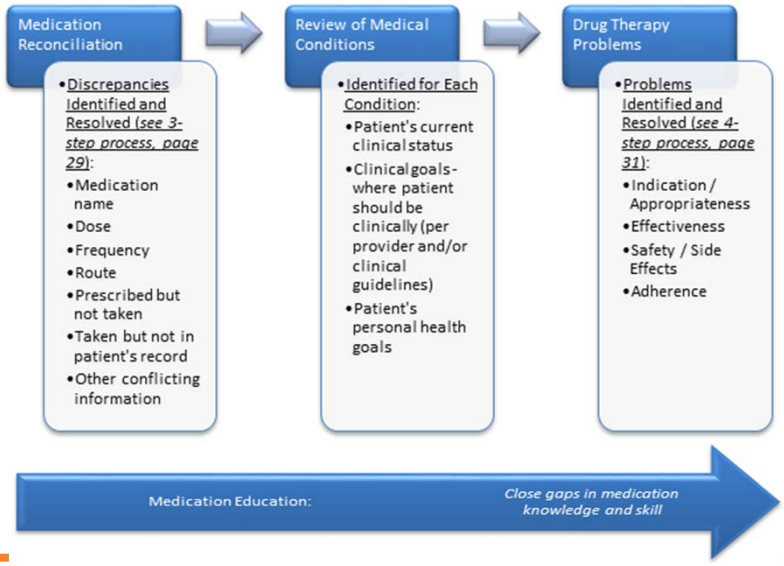
Pharm2Pharm medication processes*



*Adapted from: Pharmaceutical Care Practice – The Patient Centered Approach, Cipolle, Morley, and Strand, 3rd Edition, McGraw Hill, 2012

Model implementation to date

- Launched in 4 counties: Maui, Kauai, Hawaii, Honolulu
- Over 1,500 patients enrolled and handed off to Community Consulting Pharmacists
- Through intensive CQI efforts, implemented and revised
  - Standard Operating Procedures
  - "Toolkit"
  - Training

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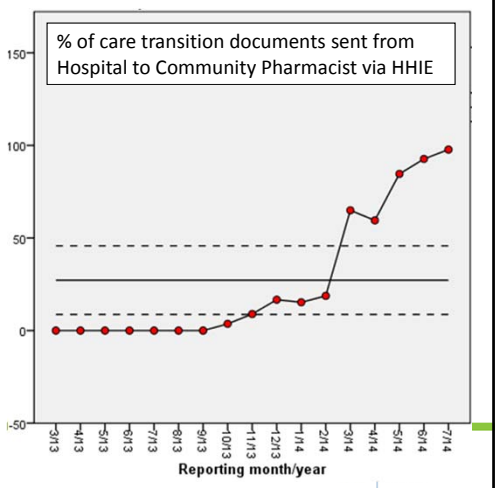
HIT progress via HHIE

- Lab access: Majority of physicians have authorized the Consulting Pharmacists to have access to their enrolled patients' labs via HHIE
- HCS med module: Consulting Pharmacists are now using HCS to conduct preliminary medication reconciliation and maintain accurate medication list.
- Virtual translation service: Now available to Community Consulting Pharmacists, allowing non-English speaking patients to be enrolled

Secure messaging: All care transition documents are now being sent by the Hospital Consulting Pharmacist to the Community Consulting Pharmacist via HHIE's secure messaging system



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Francis Chan, MT (ASCP), MPH
Director of HIE Services,
Hawaii Health Information Exchange

HAWAI'I HIE HEALTH INFORMATION EXCHANGE

Natalie Pagoria, MD

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HCS Medication Reconciliation and Decision Support Tool

- 14+ Robust data sources including but not limited to:
  - PBM's
    - MedCo, Caremark, Catamaran, ExpressScripts, Argus
  - Pharmacies
    - CVS, Walgreens, Safeway
  - Insurance
    - HMSA, Wellpoint, Aetna, Humana
  - Surescripts

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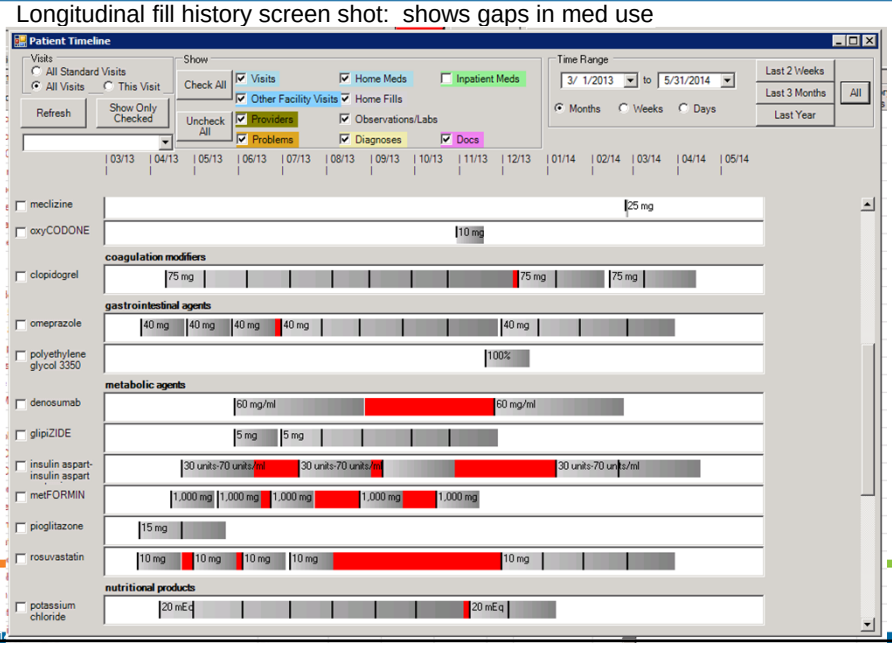
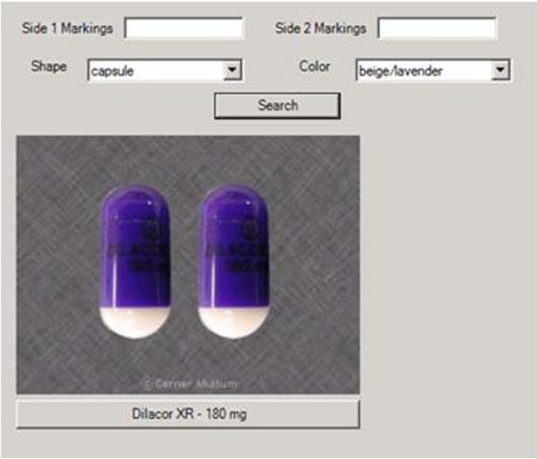
HCS medication module via HHIE

Longitudinal fill history screen shot: shows gaps in med use



HCS medication module via HHIE

Pill Identifier



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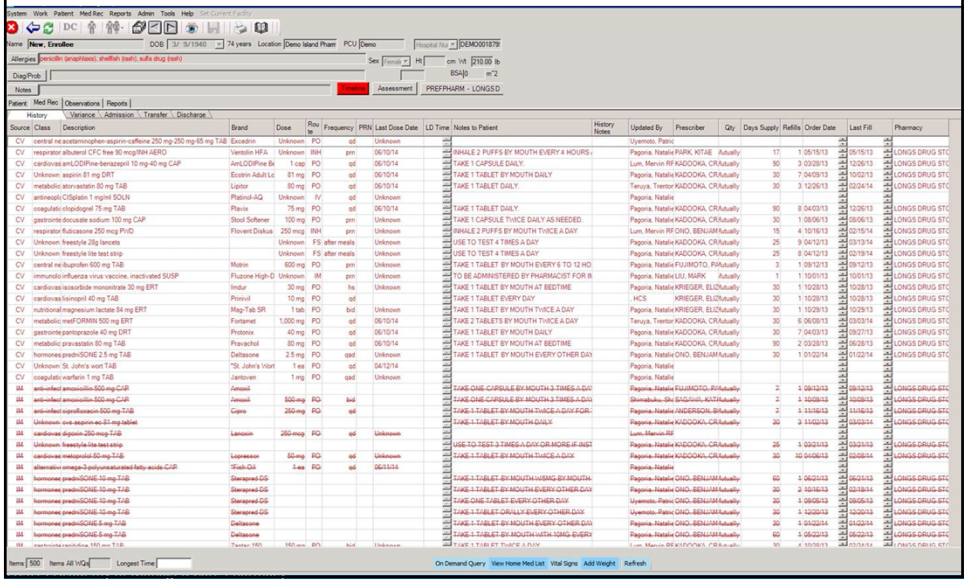
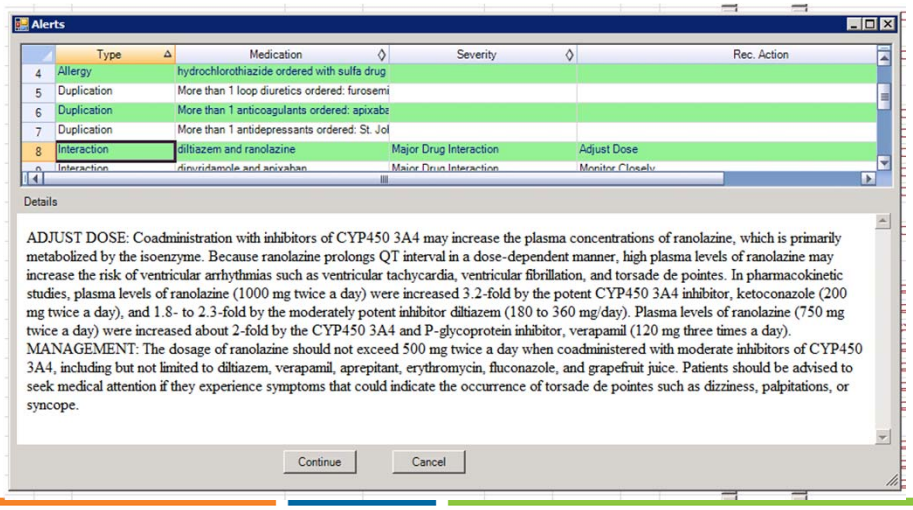
HCS medication module via HHIE

Completed Med Rec Screen Shot: shows “inactivated med’s” (previous doses and regimens), clinician-added OTC’s and herbals



HCS medication module via HHIE

Interaction checker identifies drug-drug, drug-disease, duplicates and drug allergy interactions.



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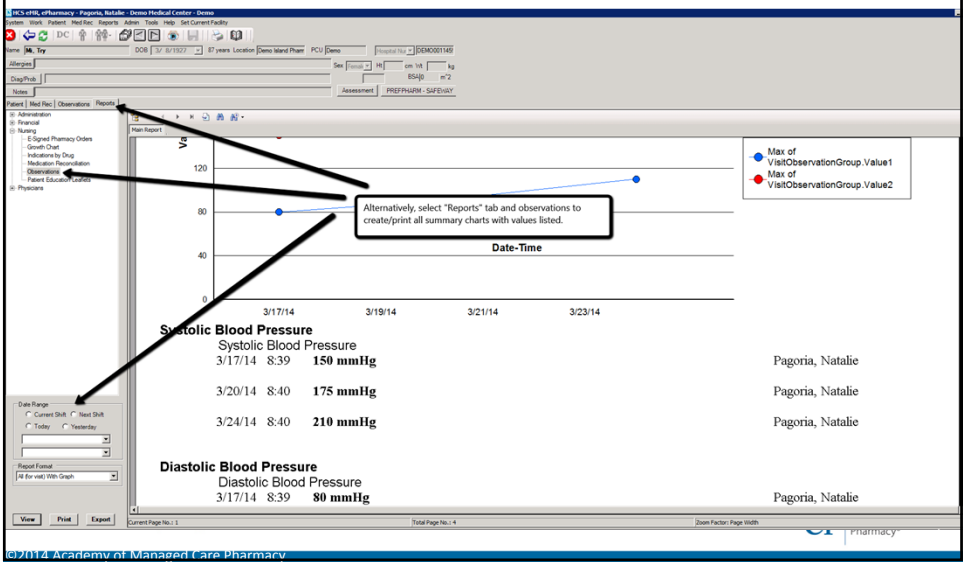
HCS medication module via HHIE

Longitudinal charting of clinical info screen shot: to correlate with med use



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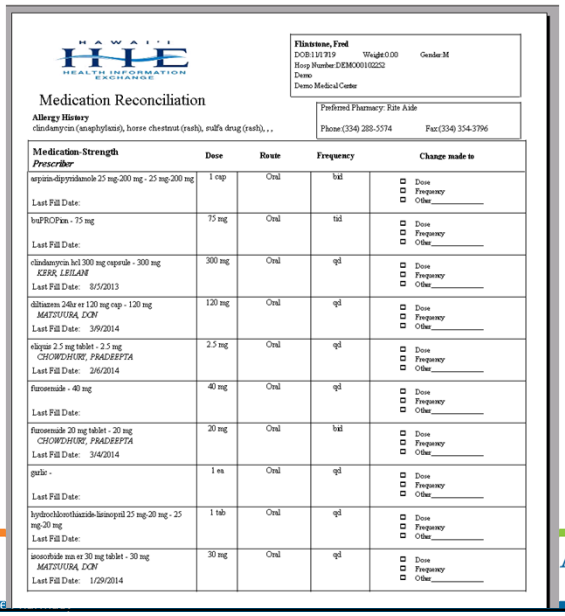
HCS medication module via HHIE

Printable Completed Med Rec: shows dose, route, frequency and recommended changes.



Medication Reconciliation

Flintstone, Fred
DOB:1/1/19 Weight:0.00 Gender:M
Hosp Number:DEM000102252
Demo
Demo Medical Center

Allergy History
clindamycin (anaphylaxis), horse chestnut (rash), sulfa drug (rash), , ,

Preferred Pharmacy: Rite Aide
Phone:(334) 288-5574 Fax:(334) 354-3796

Medication-Strength *Prescriber*	Dose	Route	Frequency	Change made to
aspirin-dipyridamole 25 mg-200 mg - 25 mg-200 mg Last Fill Date:	1 cap	Oral	bid	☐☐☐ Dose Frequency Other_____
buPROPion - 75 mg Last Fill Date:	75 mg	Oral	tid	☐☐☐ Dose Frequency Other_____
clindamycin hcl 300 mg capsule - 300 mg *KERR, LEILANI* Last Fill Date: 8/5/2013	300 mg	Oral	qd	☐☐☐ Dose Frequency Other_____
diltiazem 24hr er 120 mg cap - 120 mg *MATSUURA, DON* Last Fill Date: 3/9/2014	120 mg	Oral	qd	☐☐☐ Dose Frequency Other_____
eliquis 2.5 mg tablet - 2.5 mg *CHOWDHURI, PRADEEPTA* Last Fill Date: 2/6/2014	2.5 mg	Oral	qd	☐☐☐ Dose Frequency Other_____
furosemide - 40 mg Last Fill Date:	40 mg	Oral	qd	☐☐☐ Dose Frequency Other_____
furosemide 20 mg tablet - 20 mg *CHOWDHURI, PRADEEPTA* Last Fill Date: 3/4/2014	20 mg	Oral	bid	☐☐☐ Dose Frequency Other_____
garlic - Last Fill Date:	1 ea	Oral	qd	☐☐☐ Dose Frequency Other_____
hydrochlorothiazide-lisinopril 25 mg-20 mg - 25 mg-20 mg Last Fill Date:	1 tab	Oral	qd	☐☐☐ Dose Frequency Other_____
isosorbide mn er 30 mg tablet - 30 mg *MATSUURA, DON* Last Fill Date: 1/29/2014	30 mg	Oral	qd	☐☐☐ Dose Frequency Other_____

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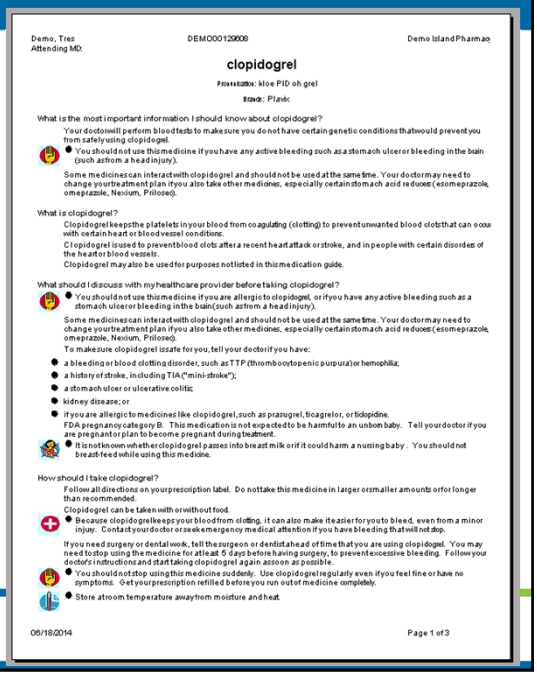
HCS medication module via HHIE

Printable Patient Education Materials



Demo, Tres DEMO00129808 Demo Island Pharmac
Attending MD:

clopidogrel

Pronunciation: kloe PID oh grel

Brands: Plavix

What is the most important information I should know about clopidogrel?

Your doctor will perform blood tests to make sure you do not have certain genetic conditions that would prevent you from safely using clopidogrel.

- You should not use this medicine if you have any active bleeding such as a stomach ulcer or bleeding in the brain (such as from a head injury).

Some medicines can interact with clopidogrel and should not be used at the same time. Your doctor may need to change your treatment plan if you also take other medicines, especially certain stomach acid reducers (esomeprazole, omeprazole, Nexium, Prilosec).

What is clopidogrel?

Clopidogrel keeps the platelets in your blood from coagulating (clotting) to prevent unwanted blood clots that can occur with certain heart or blood vessel conditions.

Clopidogrel is used to prevent blood clots after a recent heart attack or stroke, and in people with certain disorders of the heart or blood vessels.

Clopidogrel may also be used for purposes not listed in this medication guide.

What should I discuss with my healthcare provider before taking clopidogrel?

- You should not use this medicine if you are allergic to clopidogrel, or if you have any active bleeding such as a stomach ulcer or bleeding in the brain (such as from a head injury).

Some medicines can interact with clopidogrel and should not be used at the same time. Your doctor may need to change your treatment plan if you also take other medicines, especially certain stomach acid reducers (esomeprazole, omeprazole, Nexium, Prilosec).

To make sure clopidogrel is safe for you, tell your doctor if you have:

- a bleeding or blood clotting disorder, such as TTP (thrombocytopenic purpura) or hemophilia;
- a history of stroke, including TIA ("mini-stroke");
- a stomach ulcer or ulcerative colitis;
- kidney disease; or
- if you are allergic to medicines like clopidogrel, such as prasugrel, ticagrelor, or ticlopidine.

FDA pregnancy category B. This medication is not expected to be harmful to an unborn baby. Tell your doctor if you are pregnant or plan to become pregnant during treatment.

- It is not known whether clopidogrel passes into breast milk or if it could harm a nursing baby. You should not breast-feed while using this medicine.

How should I take clopidogrel?

Follow all directions on your prescription label. Do not take this medicine in larger or smaller amounts or for longer than recommended.

Clopidogrel can be taken with or without food.

- Because clopidogrel keeps your blood from clotting, it can also make it easier for you to bleed, even from a minor injury. Contact your doctor or seek emergency medical attention if you have bleeding that will not stop.

If you need surgery or dental work, tell the surgeon or dentist ahead of time that you are using clopidogrel. You may need to stop using the medicine for at least 5 days before having surgery, to prevent excessive bleeding. Follow your doctor's instructions and start taking clopidogrel again as soon as possible.

- You should not stop using this medicine suddenly. Use clopidogrel regularly even if you feel fine or have no symptoms. Get your prescription refilled before you run out of medicine completely.
- Store at room temperature away from moisture and heat.

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Pharm2Pharm Challenges and Lessons Learned with Health Information Exchange

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Hardware/Software Challenges

- Hardware Challenges
  - Aging pharmacy equipment for users
  - Limited access to functioning computers
  - Pharmacists with limited computer skills
  - Not all programs supported by all operating systems
  - No one-size fits all solution/product i.e. Scheduling Tool, Patient Registry
- Hardware, Software and Support Process
  - Standardized Acer tablets
  - One-on-one live user training on computer and programs
  - Thorough step-by-step user guides
  - In house program development
- Lesson Learned
  - Test, test and then test again.

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Network Connectivity Challenges

- Network Connectivity Challenges
  - Highly variable internet access and reliability, especially in rural settings
  - No access for Pharmacists while in the field
  - Unsecure, shared connections
  - "Bring your own device": policies at medium-sized Pharmacies
  - Hospital Security Policies and Firewalls
  - Competing health system priorities
- Network Connectivity Solutions
  - Secure mobile Wi-Fi devices
  - Synchronous broadband internet
  - Parallel development of HIE and Meaningful Use Support
- Hardware and Network Lessons Learned
  - Need to have strong community leadership support from the start
  - Get the organizations "Compliance" team involved early
  - Get the organizations "IT Team" involved early

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Policy and Security Challenges

- Policy and Security Challenges
  - State Law prohibits lab from sharing lab results with pharmacist without approval of ordering provider
  - Pharmacists receiving large quantities of sensitive PHI, papers would be sent to pharmacy and sit on fax machine
  - Allowing access to PHI for only "the right patients"
- Policy and Security Solutions:
  - Provider authorization campaign by lab representatives and lab feed into Medication Reconciliation and Decision Support Tool
  - Direct secure email eliminates fax and ensures delivery to appropriate person
  - Strong DSA's and user provisioning process
  - Role based access, procedural control, provider mapping, strict auditing
- Lessons Learned:
  - Thorough legislative review necessary early in planning process
  - Innovation is an iterative process, need to be constantly re-evaluated and revised

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PI/Project Director, Pharm2Pharm
University of Hawaii, Daniel K. Inouye College of Pharmacy

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Medication measures through July 2014…

- 84% of patients' medications were reconciled by the Community Pharmacist within 30 days post discharge
- >2,800 drug therapy problems were identified
- 44% of drug therapy problems identified were resolved by the next patient visit
- In 7% of visits with the Community Pharmacist, the patient reported medication access problems
- 39% of medication access problems were resolved by the Community Pharmacist

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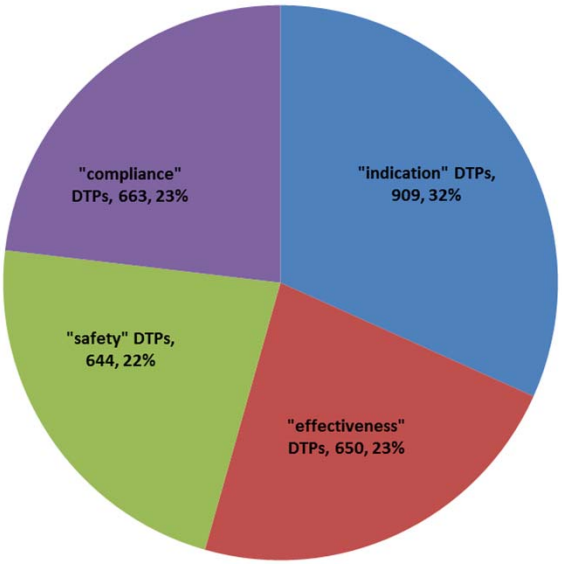
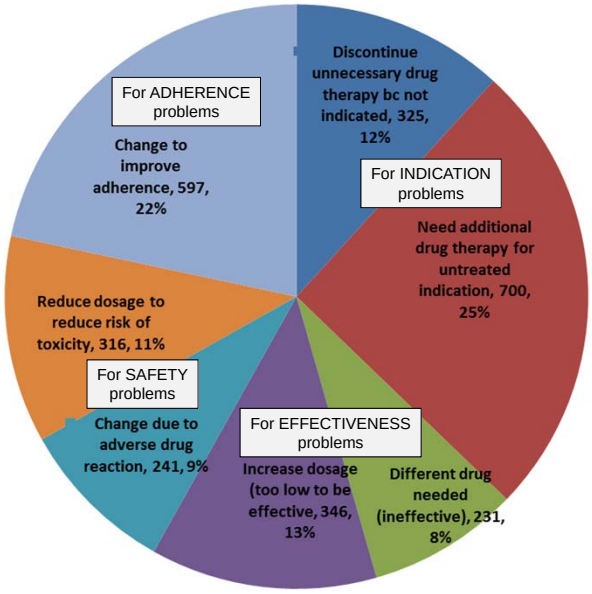
Drug therapy problems by category



Recommendations to prescribers to resolve drug therapy problems (28% implemented)



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Total patients enrolled and handed off through March 2014	**1,157**
Average per patient acute care utilization 365 days prior to their Pharm2Pharm enrollment/hand-off	3.1
Total cost of acute care for these patients 365 days prior to their Pharm2Pharm enrollment/hand-off	$30.6M
Average per patient acute care cost 365 days prior to their Pharm2Pharm enrollment/hand-off	$26,441
% of patients by race/ethnicity	38% White/Caucasian 26% Hawaiian 14% Filipino 13% Japanese 3% Other Pacific Islander 2% Hispanic/Latino 0.7% Black 0.7% Chinese 0.4% American Indian 2% Other/unknown
% of patients by age	5% 18-44 11% 45-54 20% 55-64 32% 65-74 23% 75-84 10% 85+

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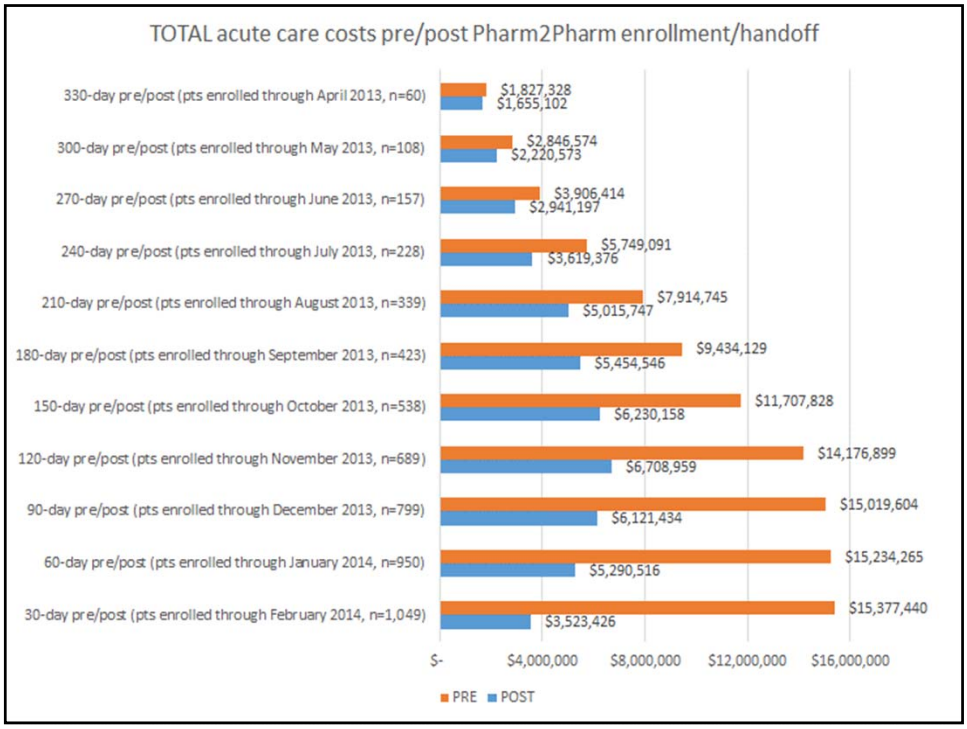
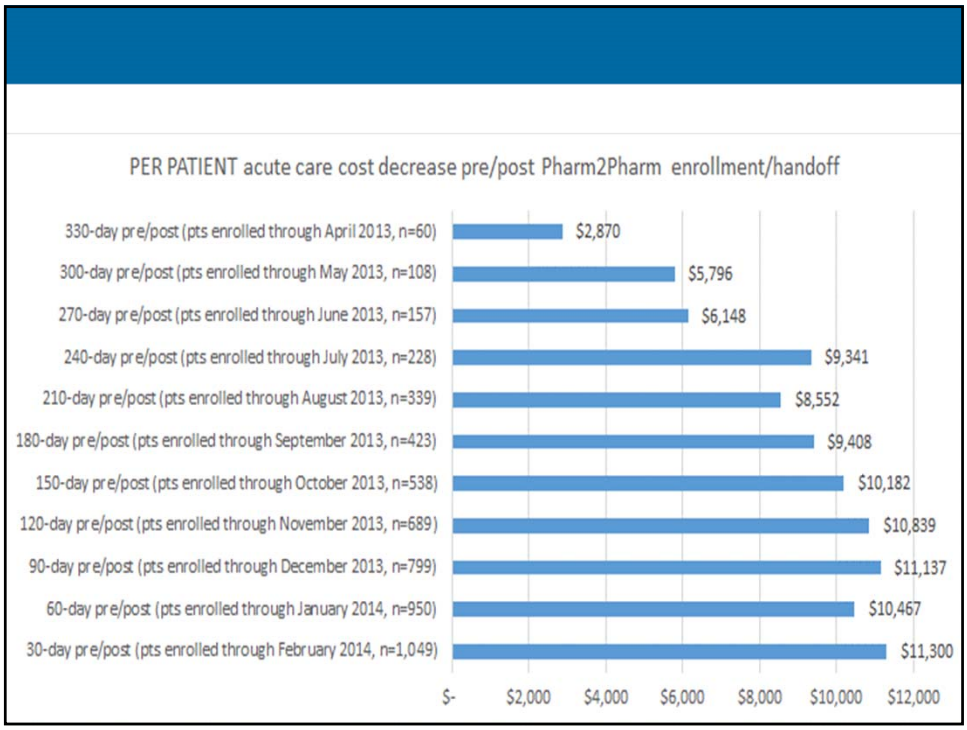

TOTAL acute care costs pre/post Pharm2Pharm enrollment/handoff
330-day pre/post (pts enrolled through April 2013, n=60)
$1,827,328
$1,655,102
300-day pre/post (pts enrolled through May 2013, n=108)
$2,846,574
$2,220,573
270-day pre/post (pts enrolled through June 2013, n=157)
$3,906,414
$2,941,197
240-day pre/post (pts enrolled through July 2013, n=228)
$5,749,091
$3,619,376
210-day pre/post (pts enrolled through August 2013, n=339)
$7,914,745
$5,015,747
180-day pre/post (pts enrolled through September 2013, n=423)
$9,434,129
$5,454,546
150-day pre/post (pts enrolled through October 2013, n=538)
$11,707,828
$6,230,158
120-day pre/post (pts enrolled through November 2013, n=689)
$14,176,899
$6,708,959
90-day pre/post (pts enrolled through December 2013, n=799)
$15,019,604
$6,121,434
60-day pre/post (pts enrolled through January 2014, n=950)
$15,234,265
$5,290,516
30-day pre/post (pts enrolled through February 2014, n=1,049)
$15,377,440
$3,523,426
$-
$4,000,000
$8,000,000
$12,000,000
$16,000,000
PRE
POST


PER PATIENT acute care cost decrease pre/post Pharm2Pharm enrollment/handoff
330-day pre/post (pts enrolled through April 2013, n=60)
$2,870
300-day pre/post (pts enrolled through May 2013, n=108)
$5,796
270-day pre/post (pts enrolled through June 2013, n=157)
$6,148
240-day pre/post (pts enrolled through July 2013, n=228)
$9,341
210-day pre/post (pts enrolled through August 2013, n=339)
$8,552
180-day pre/post (pts enrolled through September 2013, n=423)
$9,408
150-day pre/post (pts enrolled through October 2013, n=538)
$10,182
120-day pre/post (pts enrolled through November 2013, n=689)
$10,839
90-day pre/post (pts enrolled through December 2013, n=799)
$11,137
60-day pre/post (pts enrolled through January 2014, n=950)
$10,467
30-day pre/post (pts enrolled through February 2014, n=1,049)
$11,300
$-
$2,000
$4,000
$6,000
$8,000
$10,000
$12,000

Physician Survey Results

N=51

(surveyed 250 physicians with enrolled patients)

20% response rate

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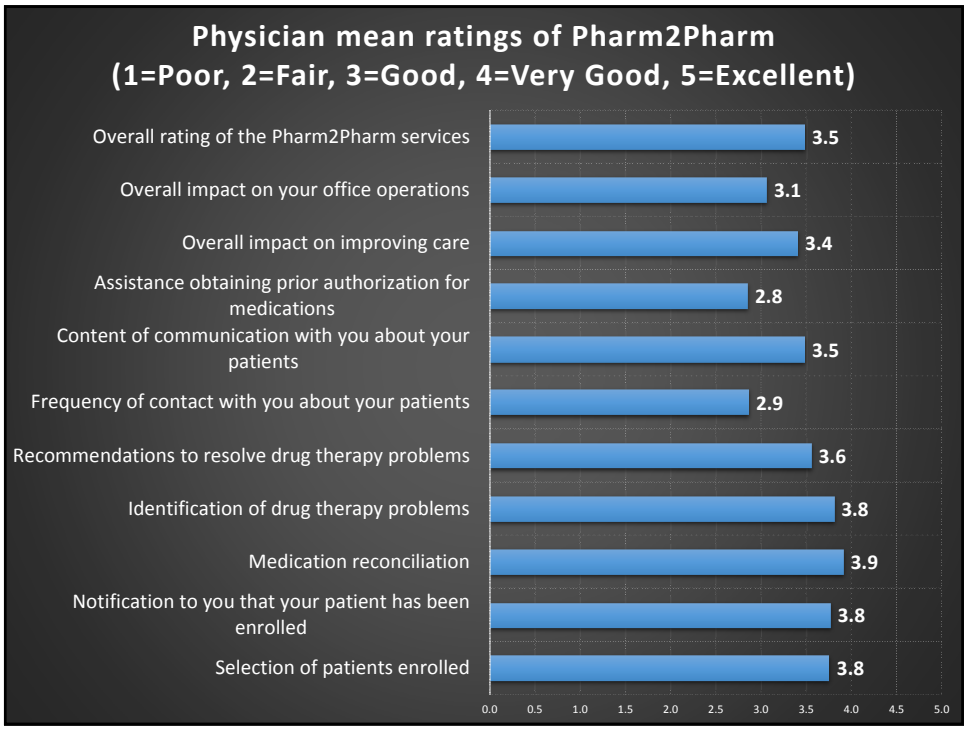

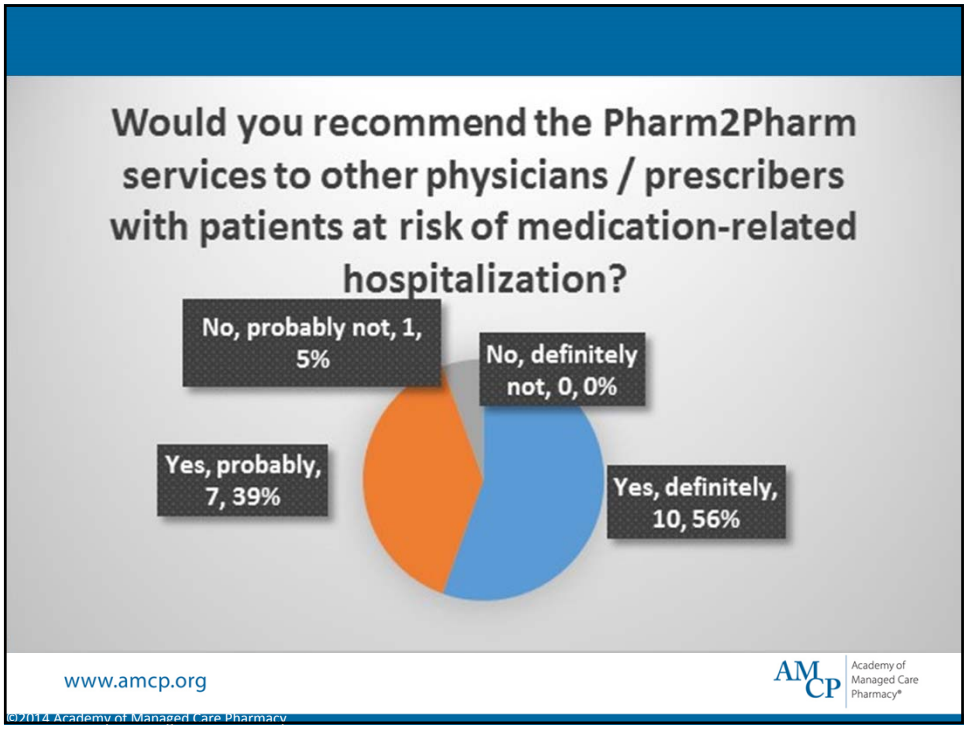

Patient Survey Results

N=79

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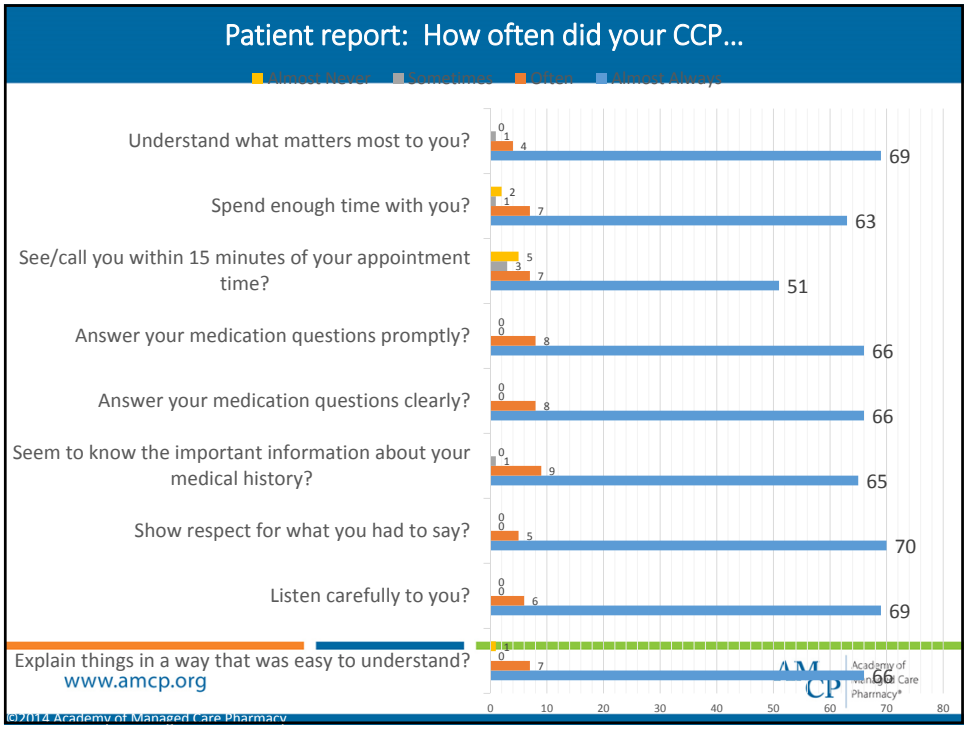
Patient report: How often did your CCP…
Almost Never
Sometimes
Often
Almost Always
Understand what matters most to you?
Spend enough time with you?
See/call you within 15 minutes of your appointment time?
Answer your medication questions promptly?
Answer your medication questions clearly?
Seem to know the important information about your medical history?
Show respect for what you had to say?
Listen carefully to you?
Explain things in a way that was easy to understand?
69
63
51
66
66
65
70
69
66
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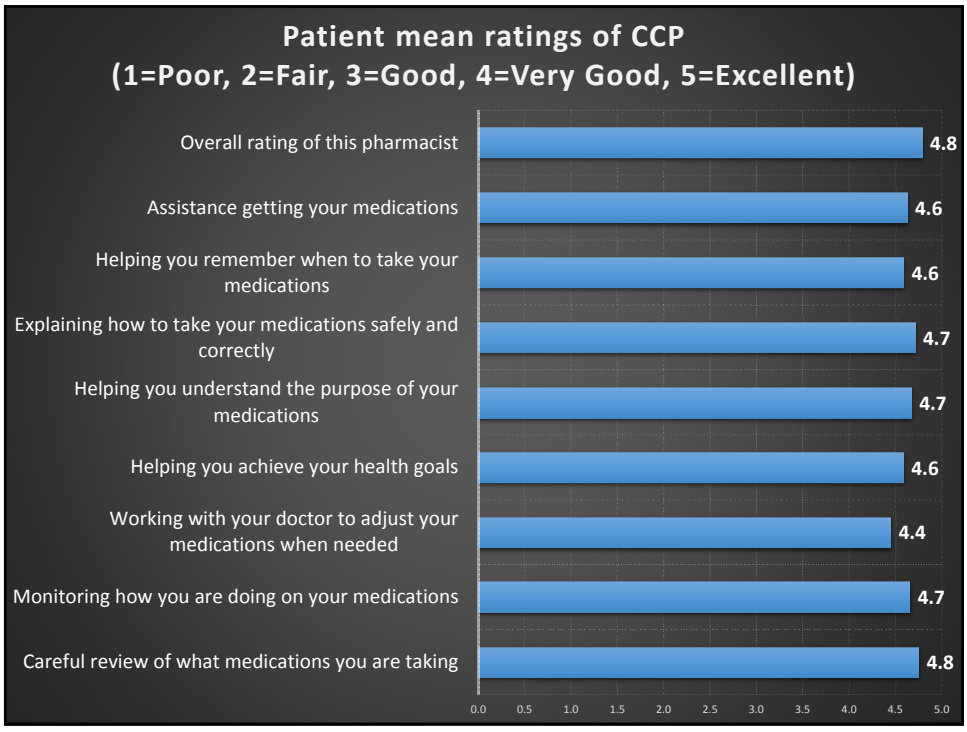
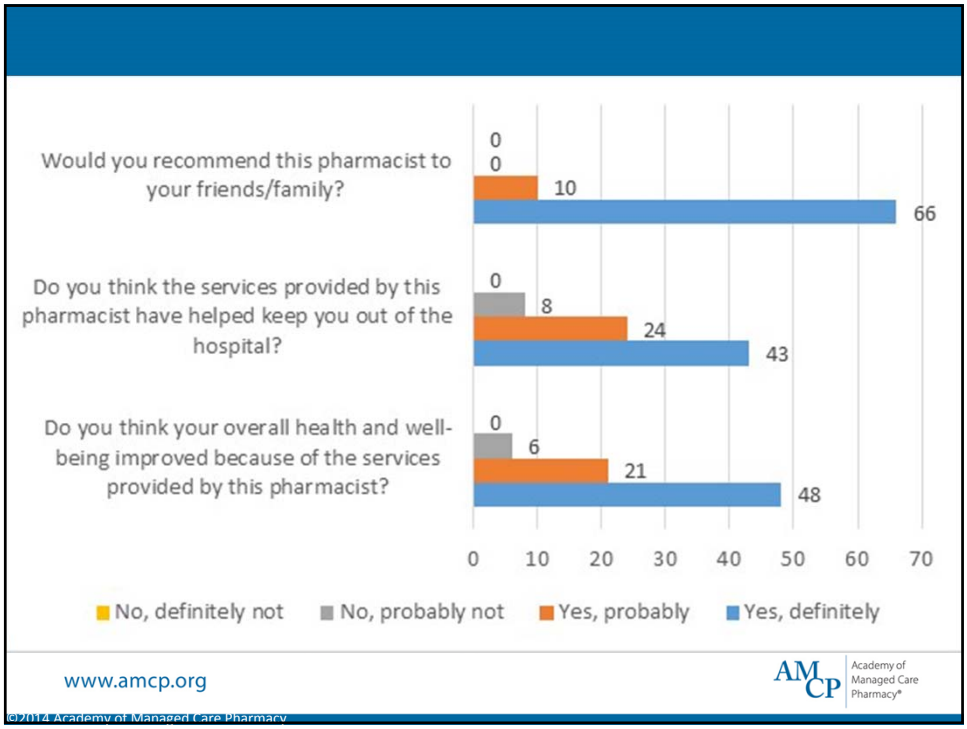
0
10
20
30
40
50
60
70
80


Patient mean ratings of CCP
(1=Poor, 2=Fair, 3=Good, 4=Very Good, 5=Excellent)
Overall rating of this pharmacist
Assistance getting your medications
Helping you remember when to take your medications
Explaining how to take your medications safely and correctly
Helping you understand the purpose of your medications
Helping you achieve your health goals
Working with your doctor to adjust your medications when needed
Monitoring how you are doing on your medications
Careful review of what medications you are taking
4.8
4.6
4.6
4.7
4.7
4.6
4.4
4.7
4.8
0.0
0.5
1.0
1.5
2.0
2.5
3.0
3.5
4.0
4.5
5.0



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- *Too many positive comments to list here, but they include:*
  - **She gave me a print out list of all my meds and dosages. I made copies and now carry that in my purse for emergency. This was incredibly import and valuable. Being called and checked on helped me stay on track**
  - Keeps me on my toes
  - helped a lot by discussing each medication and what it does for you or not
  - **This pharmacist has kept me out of the hospital on at least 2-3 occasions. Kept me out of ER 3+ times… Understanding your meds is so important. They do a super job. Every day counts.**
  - Ever since I met this Pharmacist I became very interested into listening an paying attention to everything she said and I got really interested doing things I never done before. Do not stop this program there's people out there that need this services
  - **We sat down together and explained what each pill does for me. I was so thankful for him to help me back to my old self. I would never "trade" him for any other pharmacist in the world. He's the BEST**
  - My Pharmacist was extremely helpful beyond my expectations.
  - Very professional and knowledgeable. Seemed very interested in my health. I was able to communicate with her very well.
  - **This program has changed my life - I have returned to my old self; I can sleep at night, fear of never waking is gone. No more inhaler and wheezing. Not so many pills and knowing when or when not to take them also the security of knowing I have someone to talk with when I have a question or problem. Thank you for my life back, and I really mean this**
  - A very enlightened program. Pharmacists are underutilized. They have a wealth of experience and knowledge

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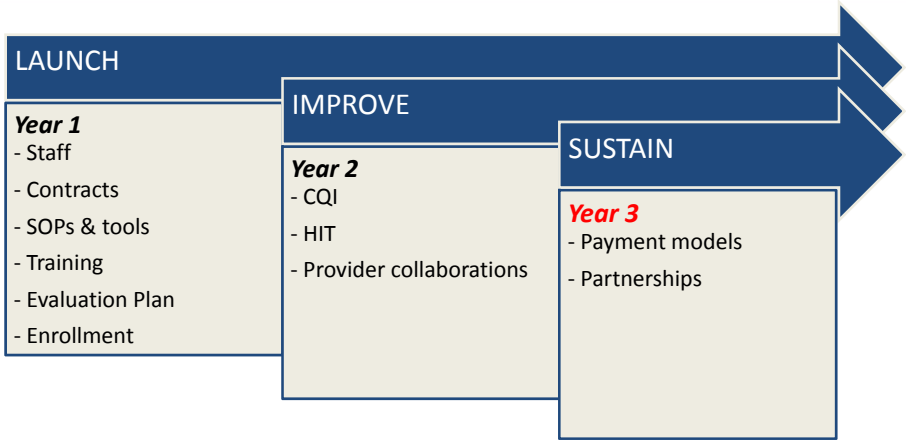
Three-year focus



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Thoughts about PCMH and P2P…

- Recent finding reported in JAMA*:

CONCLUSIONS AND RELEVANCE A multipayer medical home pilot, in which participating practices adopted new structural capabilities and received NCQA certification, was associated with limited improvements in quality and was not associated with reductions in utilization of hospital, emergency department, or ambulatory care services or total costs over 3 years. These findings suggest that medical home interventions may need further refinement.

- *Is medication management the missing link in achieving aims of PCMHs?*

*Friedberg MW, Schneider EC, Rosenthal MB, Volpp KG, Werner RM. Association between participation in a multipayer medical home intervention and changes in quality, utilization, and costs of care. *JAMA*. 2014; 311(8):815-825

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NCQA PCMH standards

3/25/13

- PCMH 1: Enhance Access and Continuity
- PCMH 2: Identify and Manage Patient Populations
- PCHM 3: Plan and Manage Care (includes Element D below)
- PCMH 4: Provide Self-Care Support and Community Resources
- PCMH 5: Track and Coordinate Care
- PCMH 6: Measure and Improve Performance

Element D: Medication Management			3 points
The practice manages medications in the following ways.	Yes	No	Enter Percent
1. Reviews and reconciles medications with patients/families for more than 50 percent of care transitions++	☐	☐	
2. Reviews and reconciles medications with patients/families for more than 80 percent of care transitions	☐	☐	
3. Provides information about new prescriptions to more than 80 percent of patients/families	☐	☐	
4. Assesses patient/family understanding of medications for more than 50 percent of patients with date of assessment	☐	☐	
5. Assesses patient response to medications and barriers to adherence for more than 50 percent of patients with date of assessment	☐	☐	
6. Documents over-the-counter medications, herbal therapies and supplements for more than 50 percent of patients/families, with the date of updates	☐	☐	

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To be the best (i.e., "level 3") PCMH per NCQA

- Need 85-100 points
- Must pass the "must pass" elements
- Element D: Medication Management is NOT a "must pass" element

Points	Standard/Element	Must-Pass = 50% Score
17	**PCMH 3: Plan and Manage Care**	
4	Element A Implement Evidence-Based Guidelines	
3	Element B Identify High-Risk Patients	
4	Element C Care Management	✓
3	Element D Medication Management	
3	Element E Use Electronic Prescribing	

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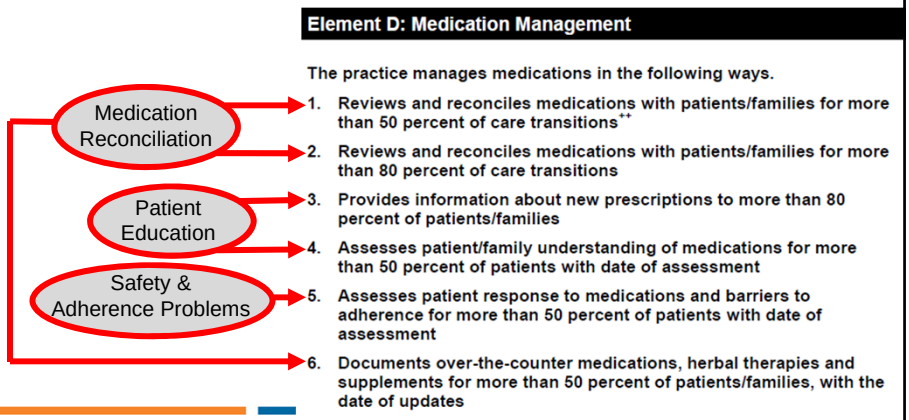
Would "must pass" be enough?

- Current standards are missing two key drug therapy problems:
  - Appropriateness / indication problems
  - Effectiveness problems



Element D: Medication Management

The practice manages medications in the following ways.

1. Reviews and reconciles medications with patients/families for more than 50 percent of care transitions[++]
2. Reviews and reconciles medications with patients/families for more than 80 percent of care transitions
3. Provides information about new prescriptions to more than 80 percent of patients/families
4. Assesses patient/family understanding of medications for more than 50 percent of patients with date of assessment
5. Assesses patient response to medications and barriers to adherence for more than 50 percent of patients with date of assessment
6. Documents over-the-counter medications, herbal therapies and supplements for more than 50 percent of patients/families, with the date of updates

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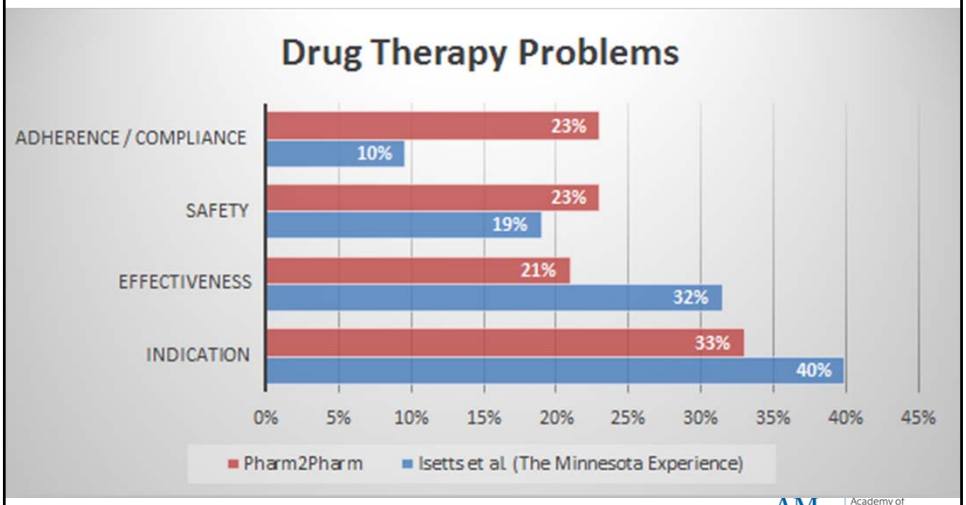
The value of the pharmacist from Minnesota to Hawai`i



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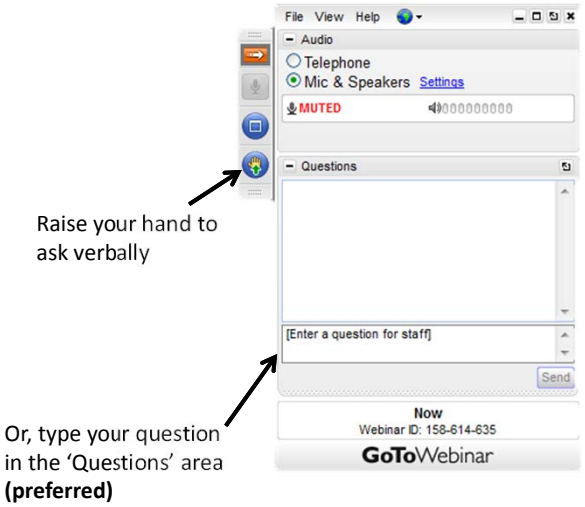
Questions



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Thank You

For questions please contact:

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