

“So...What is it that You Do?”

An Introduction to
Care Transitions Pharmacist Services
Sharp Grossmont Hospital
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Nada Abou-Karam, PharmD
Resident Pharmacist in Transitions of Care
Sharp HealthCare and Touro University California
College of Pharmacy

Objectives

- Define commonly used terms and acronyms relating to care transitions: TOC, HRRP, CCTP
- Explain CCTP Pharmacist services and workflows
- Provide examples of common interventions by care transitions pharmacists
- Describe processes that enhance pharmacist-RN collaboration around discharge

Alphabet Soup Explained

- TOC: Transitions of Care
 - “Movement of patients between health care locations, providers, or different levels of care...as conditions or care needs change”¹
- HRRP: Hospital Readmissions Reduction Program²
 - Part of Affordable Care Act, effective 2012
 - Excessive readmissions for HF, AMI, PNA, COPD and elective hip and knee replacements = significant cuts to hospital reimbursement

Alphabet Soup Explained

CCTP: Community-Based Care Transitions Program



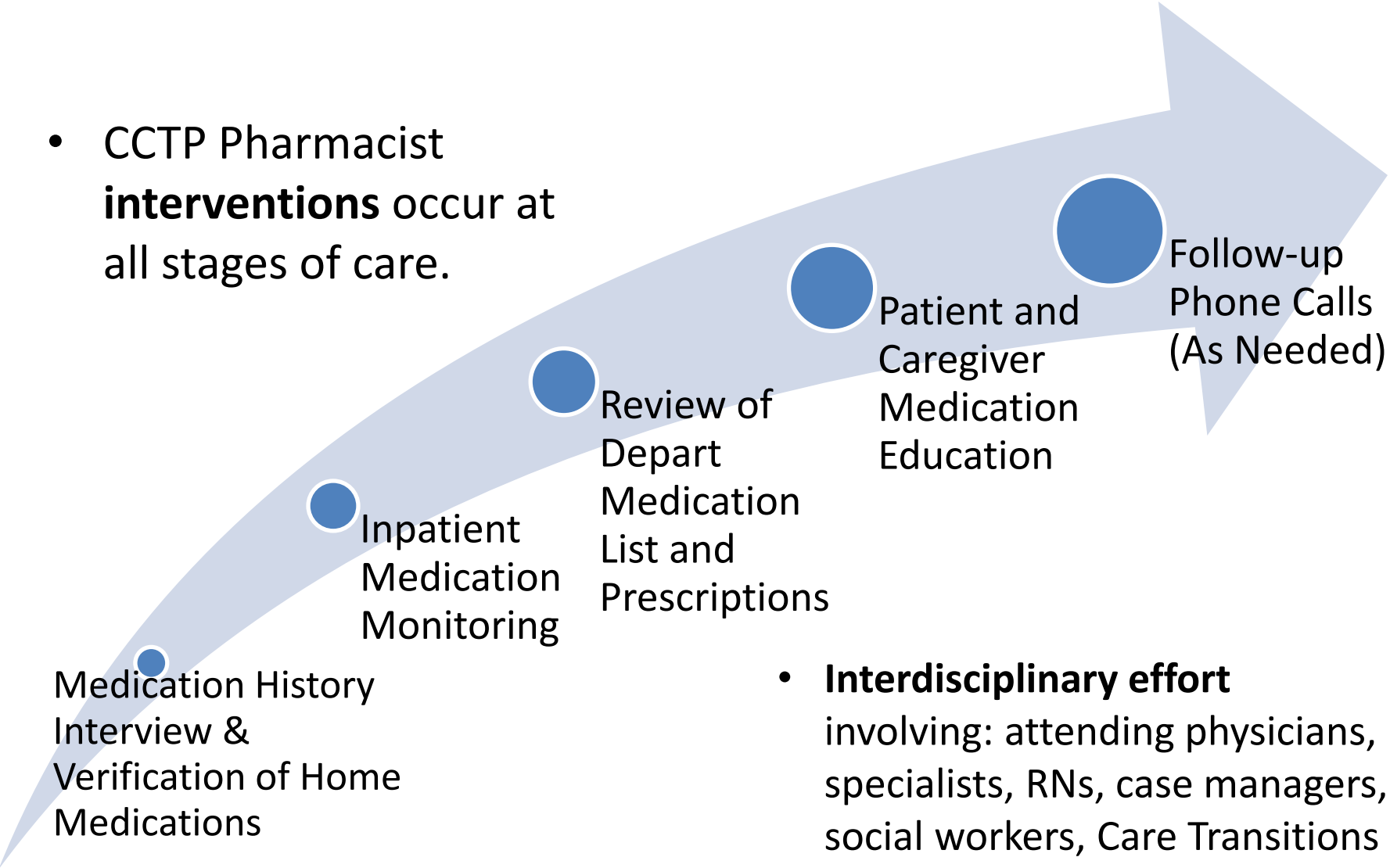
Source: Centers for Medicare & Medicaid Services

Alphabet Soup Explained

- CCTP: Community-Based Care Transitions Program³
 - Goal: Improve care transitions and reduce readmissions for **high-risk Medicare beneficiaries**
 - Multiple components including personal “coaches,” home visits
 - **Medication management is key component**
 - #1 post-discharge complication = adverse drug events⁴

Stages of CCTP Pharmacist Services

- CCTP Pharmacist **interventions** occur at all stages of care.



Medication History
Interview &
Verification of Home
Medications

Inpatient
Medication
Monitoring

Review of
Depart
Medication
List and
Prescriptions

Patient and
Caregiver
Medication
Education

Follow-up
Phone Calls
(As Needed)

- **Interdisciplinary effort** involving: attending physicians, specialists, RNs, case managers, social workers, Care Transitions Coaches

Types of CCTP Pharmacist Interventions

Clinical

- Initiate, discontinue, or modify therapy in collaboration with physicians
- Provide comprehensive discharge medication education

Access

- Anticipate and help address barriers to obtaining medications (insurance coverage, inability to pay copays, transportation issues)
- Make referrals as needed

Adherence

- Provide tips and tools to improve regimen compliance

Other

- Ensure discharge prescriptions are complete, accurate, and match depart

Example Pharmacist Interventions

Continue These Medications:

allopurinol 100 mg Oral DAILY

~~calcium citrate 1 tab Oral DAILY~~

~~clopidogrel (Plavix) 75 mg Oral DAILY~~

lisinopril 5 mg Oral DAILY

niacin (Niaspan ER) 500 mg Oral DAILY

PLTs = 19K ; cardiologist DC'd

Fill New Prescriptions:

metFORMIN (metformin 500 mg oral tablet) 500 mg Oral 2 TIMES A DAY

SGCr = 2.1

Example Pharmacist Interventions

Continue These Medications:

albuterol (ProAir HFA) 2 puffs Inhalation 3 TIMES A DAY as needed for prn

aspirin (Bayer Aspirin) 325 mg Oral DAILY

clopidogrel (Plavix) 75 mg Oral DAILY 30 day

fluticasone nasal (Flonase) 2 sprays each nostril DAILY

insulin lispro (HumaLOG) 5 unit Subcutaneous

irbesartan (Avapro) 150 mg Oral DAILY

lansoprazole 30 mg Oral DAILY

Fill New Prescriptions:

furosemide (Lasix 40 mg oral tablet) 40 mg Oral DAILY

insulin aspart (insulin aspart meal dose) 5 unit Subcutaneous BEFORE MEALS

insulin glargine 10 unit Subcutaneous AT BEDTIME

Example Pharmacist Interventions

Continue These Medications:

ascorbic acid 500 mg Oral DAILY

furosemide (Lasix) 20 mg Oral DAILY

lisinopril 5 mg Oral DAILY 30 day

metoprolol 25 mg Oral 2 TIMES A DAY

omeprazole (PriLOSEC) 20 mg Oral DAILY

tamsulosin 0.4 mg Oral DAILY

warfarin (Coumadin) 10 mg Oral Q TUE AND THU

warfarin (Coumadin) 6 mg

Duplicate Therapy

Fill New Prescriptions:

albuterol (albuterol inhaler) 2-4 puffs Inhalation EVERY 4 HOURS 30 day as needed for shortness of breath or wheezing

fluticasone-salmeterol (Advair Diskus 250 mcg-50 mcg) 1 puff Inhalation 2 TIMES A DAY

furosemide (Lasix 40 mg oral tablet) 80 mg Oral DAILY

Example Pharmacist Interventions

Fill New Prescriptions:

aspirin (aspirin 325 mg oral enteric coated tablet) 325 mg Oral DAILY

carvedilol (Coreg 12.5 mg oral tablet) 12.5 mg Oral 2 TIMES A DAY WITH MEALS

furosemide (Lasix 40 mg oral tablet) 40 mg Oral DAILY

lisinopril (lisinopril 20 mg oral tablet) 20 mg Oral 2 TIMES A DAY

potassium chloride (KDur) 20 mEq Oral DAILY

spironolactone (Aldactone 25 mg oral tablet) 25 mg Oral DAILY

NO MTC









Rx		Prescriber Sign. (X)	Date: 8/1/12	MG of % SOL
ECASA 325mg po qd #30				
Lasix 40mg po qd #30				
Coreg 25mg po bid #60				
lisinopril 20mg po qd #60				
Kdur 20mEq po qd #30				
Spironolactone 25mg po qd #30				
N2O 0.4mg SC q 5min x 3pm CR #20				

Newly Dx w/CHF (EF=19%)

RN-Pharmacist Collaboration

- Pharmacist enters CCTP Cerner Note and RN Task as soon as patient is enrolled into Pharmacy CCTP:
 - Note:
 - Interdisciplinary Documentation → Clinical/Image Notes → Transitional Care Interdisciplinary Note → “Pharmacy CCTP”
 - Task:
 - Misc Nursing Task → Pharmacy CCTP Program
- Pharmacist calls RN on day of enrollment
 - Purpose: Introduce self and gauge from RN patient’s ability to interview, family involvement, etc.

RN-Pharmacist Collaboration

<input type="checkbox"/>	 Blood Glucose Monitoring POC	Discontinued	03/15/15 0:20:00 PDT, once, Stop Date 03/15/15 0:20:00 PDT, On admission to unit
<input type="checkbox"/>	Fall Risk Prevention Program	Discontinued	03/16/15 10:00:42 PDT, Constant Order
<input type="checkbox"/>	 Intake and Output	Discontinued	03/15/15 0:01:00 PDT, Stop Date 03/15/15 0:01:00 PDT, Per unit guide lines of care
<input type="checkbox"/>	 Misc Nursing Task (Nursing to obtain)	Discontinued	Nursing to obtain, 03/15/15 0:20:00 PDT, MD order to discontinue all sulfonylureas: (Glyburide, Glipizide, Glimepiride, Nateglinide, and Repaglinide)
<input type="checkbox"/>	 Misc Nursing Task (Pharmacy CCTP Progr...)	Discontinued	Pharmacy CCTP Program, 03/16/15 10:41:00 PDT, Pharmacy CCTP Program. Please call transition care pharmacist x6335 prior to discharge. R NOT COMPLETE THIS TASK UNTIL...
<input type="checkbox"/>	MRSA Screening	Completed	03/15/15 1:57:40 PDT, Stop Date 03/15/15 1:57:40 PDT Automatic admission/transfer order.
<input type="checkbox"/>	 Notify Provider	Discontinued	03/15/15 0:20:00 PDT, Constant order, patient initiated on corticosteroids or change in steroid dose
<input type="checkbox"/>	 Notify Provider	Discontinued	03/15/15 0:01:00 PDT, Constant order, If RR less than 10/min, shallow or ineffective, or if patient difficult to arouse.
<input type="checkbox"/>	 Notify Provider Laboratory Results	Discontinued	03/15/15 0:20:00 PDT, Blood Glucose > 350, Blood Glucose < 70, Constant Order
<input type="checkbox"/>	 Notify Provider Vital Signs	Discontinued	03/15/15 0:01:00 PDT, T > 101, HR > 110, HR < 50, SBP > 180, SBP < 90, DBP > 110, RR > 24, RR < 10, O2 sat < 92, Constant Order

RN-Pharmacist Collaboration

- If discharge in near future anticipated, pharmacist calls RN to obtain estimated time (if available)
- RN calls pharmacist with significant updates/changes regarding discharge plans
- **Once depart is completed**, pharmacist reviews, contacts physician if needed, and communicates changes to RN
- Pharmacist provides comprehensive medication education at discharge; RN re-emphasizes changes to regimen

CCTP Pharmacist Contact

- Catherine Nguyen, PharmD
 - Transitions of Care Pharmacist, Sharp Grossmont Hospital
 - Phone: (619)740-**6335**
 - Email: Thequynh.Nguyen@sharp.com
 - Current Hours (subject to change)
M-F 0830 – 1900 hours

References

1. National Transitions of Care Coalition. Available at www.ntocc.org (Accessed March 6, 2015).
2. <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Readmissions-Reduction-Program.html>
3. <http://innovation.cms.gov/initiatives/CCTP/>
4. <http://psnet.ahrq.gov/primer.aspx?primerID=11>

Questions?