Patient and Family Engagement
Affinity Group

Medication Management and Readmissions
April 21, 2014
Today’s Speakers

- **Introduction**, Jenifer McCormick, Weber Shandwick
- **Organization Spotlight**, Tom Evans, MD, President/CEO, Iowa Healthcare Collaborative
- **Patient Advocate**, Mellanie True Hills, founder and CEO of StopAfib.org
- **Hospital Spotlight**, Kristi Gullickson, PharmD, FASHP, Director of Pharmacy, Abbott Northwestern Hospital, part of Allina Health
- **Hospital Spotlight**, Tim Brown, PharmD, BCACP, FASHP, Director, Clinical Pharmacotherapy in Family Medicine, Center for Family Medicine at Akron General Medical Center
- **Q & A** (please write your questions in the chat box)
- **PFE Affinity Group Working Group Updates**
Jenifer McCormick
Project Manager
Patient & Family Engagement Contractor
Polling Question

Who is on the call today?

A. Hospital administrator
B. Hospital staff
C. HEN (Director or Staff)
D. QIO
E. Federal Agency Partner
F. Patient / Patient Advocate
G. Other
Links to Previous Master Classes

- Master Classes 1&2: Patient and Family Advisory Councils
- Master Class 3: Shift Change Huddles at Bedside
- Master Class 4: Staff Assigned to Oversee PFE
- Master Class 5: Patients on Governing Boards
- Master Class 6: PFE and Discharge Planning Checklists
- Master Class 7: Engaging the Family Caregiver at the Point of Care
- Master Class 8: Health Literacy and Patient and Family Engagement
Dr. Tom Evans
President/CEO
Iowa Healthcare Collaborative
Mellanie True Hills
Founder and CEO
StopAfib.org
Challenges Patients Face in Medication Management

1. Patient didn’t hear instructions accurately
2. Patient didn’t understand medical jargon
3. Patient didn’t understand rationale behind instructions
4. Patient didn’t trust the decision as they had no input
5. Physician recommendations didn’t consider their lifestyle or needs
6. Patients preferred alternative treatment options
7. Patients had heard horror stories related to their condition
How Can Doctors Improve Adherence?

1. Respect
2. Communication
3. Education and support
4. Personalized care
5. Coordinating care

“Nothing about me without me.”
Thank you!

StopAfib.org
For patients by patients
www.StopAfib.org
mhills@stopafib.org
Patient & Family Engagement in Medication Management: A Hospital Perspective

Kristi Gullickson, PharmD, FASHP
Director of Pharmacy
April 21, 2014
Abbott Northwestern Hospital (ANW), part of Allina Health

- Tertiary referral, community teaching hospital
- 626 staffed beds
- 40,000 admissions annually
- Part of Allina Health
  - 12 hospitals serving Minnesota and Western Wisconsin
  - 57 primary care clinics
  - 23 hospital based clinics
  - 16 retail pharmacy locations
We are all here to help you on your path to better health. Every one of us. Here to care, to guide, to motivate, to comfort, to inspire. The work we do is profound and distinguishes us. But it’s the small things we do every day that will define us.

We believe you are an integral part of the care team. We are here in service to you, from beginning to end. Dedicated to enriching your experience with us – body, mind, and spirit. Whenever, wherever we meet.

On your path with us, we will give you options. We will respect your time. We will use plain language. We will listen with compassion. And speak with purpose. We will applaud your efforts. We will address concerns.

We will be fearless advocates and tireless partners on your path to better health.
ANW Patient & Family Advisory Council

- **Structure & Purpose**
  - **Composition** – 9 community members, patient experience manager, staff
  - Meets every other month
  - Provide recommendations & feedback
    - Strengthen communication & collaboration between patients, family, and care team
    - Bring the patient/family perspective to operations
    - Serve as a resource on a variety of topics
Patient – Pharmacy Partnership in Medication Management

• Admission
  – Complete medication history with patient and/or family
  – Assess regimen for appropriateness and identify drug-related problems

• During hospitalization
  – Patient interview to assess ability to manage and comply with medication regimen
    • Handoff to primary care/clinic pharmacist for follow up
  – Pharmacy technician liaison
    • Proactively problem-solve insurance, high co-pay issues
    • Educate on availability of onsite pharmacy services to ensure patient has discharge medications in hand before they leave

• Discharge
  – After visit summary, education

• Post Discharge
  – Follow up with clinic pharmacist for additional services
Old Discharge Instructions

MEDICINES AFTER DISCHARGE:
START taking these medications
• acetaminophen (TYLENOL EXTRA STRGTH) 500 mg tablet  Take 2 tablets by mouth every 6 hours if needed for Headache, Pain and Temp>101.5F (38.6C). Max acetaminophen dose: 4000mg in 24 hrs.  Refills: 0  Prescription Status: No Print
• HYDROcodone-acetaminophen, 10-325 mg, (NORCO 10-325) 10-325 mg per tablet  Take 1 tablet by mouth every 4 hours if needed for Pain. Max acetaminophen dose: 4000mg in 24 hrs.  Qty: 90 tablet Refills: 0  Prescription Status: No Print
• insulin lispro (HUMALOG) 100 unit/mL injection  Inject subcutaneous 3 times daily before meals. 150 - 199 ... 3 units  200 - 249 .. 5 units  250 - 299 ... 7 units  300 - 349 .... 9 units  350 or > .... 12 units,notify MD  Qty: 10 mL Refills: 0  Prescription Status: No Print
• !! Walker with Wheels  As directed. For home use.  Qty: 1 Device Refills: 0  Prescription Status: Print

Patient Feedback = NEEDS IMPROVEMENT
• “Give me a 7-day plan in writing.”
• “List who to call, for what, and a good phone number.”
• “Remember that I am navigating through a lot of things related to my condition, not just this discharge.”
• “Anticipate what we need. Meds, discharge orders, answer questions, set up home care or home treatments. It’s not like they do this once a year, they do this every day.”
New After Visit Summary

<table>
<thead>
<tr>
<th>Your Home Medicines</th>
<th>Instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>START taking these medicines</strong></td>
<td></td>
</tr>
<tr>
<td>famotidine 20 mg tablet</td>
<td>Take 1 tablet by mouth 2 times daily.</td>
</tr>
<tr>
<td>Commonly known as: PEPCID</td>
<td></td>
</tr>
<tr>
<td>isosorbide mononitrate SR 30 mg Sustained-Release tablet</td>
<td>Take 1 tablet by mouth once daily.</td>
</tr>
<tr>
<td>Commonly known as: IMDUR</td>
<td></td>
</tr>
<tr>
<td>rosvastatin 20 mg tablet</td>
<td>Take 1 tablet by mouth at bedtime.</td>
</tr>
<tr>
<td>Commonly known as: CRESTOR</td>
<td></td>
</tr>
<tr>
<td><strong>CHANGE how you take these medicines</strong></td>
<td></td>
</tr>
<tr>
<td>amLODIPine 5 mg tablet</td>
<td>Take 2 tablets by mouth once daily.</td>
</tr>
<tr>
<td>What changed: dose</td>
<td></td>
</tr>
<tr>
<td>Commonly known as: NORVASC</td>
<td></td>
</tr>
</tbody>
</table>
New After Visit Summary

**CONTINUE taking these medicines**

- *aspirin 81 mg tablet*
  - Instructions: Take 81 mg by mouth once daily with a meal.

- *clopidogrel 75 mg tablet*
  - Commonly known as: PLAVIX
  - Take 75 mg by mouth every morning.

- *fish oil 500-100 mg Cap capsule*
  - Take 1 capsule by mouth once daily.

**STOP taking these medicines**

- *simvastatin 40 mg tablet*

**Where to get your medicines**

These are the prescriptions that you need to pick up, some of which were sent to specific pharmacies. The pharmacy is listed with the medicine in the list below.

**CVS/PHARMACY #8285 - MINNEAPOLIS, MN - 1010 LAKE STREET W**

- 1010 Lake Street West
  - Minneapolis MN 55408
  - Phone: 612-822-1297

- amLODIPine 5 mg tablet
- famotidine 20 mg tablet
- isosorbide mononitrate SR 30 mg Sustained-Release tablet
- rosvastatin 20 mg tablet
Every medication is assessed to ensure appropriate:
- Indication, effectiveness, safety and ability to be taken by the patient as intended

Patients, family members and care givers collaborate
- Establish realistic, achievable goals of therapy

Words of wisdom from patients.* Help Us...
- Describe the intended medical use of each medication
- Set realistic, patient-specific goals of therapy
- Understand unique safety concerns specific to my mix of conditions & medications

*Brian Isetts, Univ of MN College of Pharmacy; Sharon and Edward Jungbauer, North St. Paul, MN
Minnesota Hospital Association PFE Activities

• Statewide approach to advancing the ideal med management system!
• Patient and family advisor consultant
  – 1:1 PFE consultations with hospitals
  – Chairing MHA's Patient and Family Advisory Council
  – Further defining and providing tools for P1-P5 PFE criteria
• Minnesota Alliance for Patient Safety (MAPS)
  – Readmissions focus
  – Using focus groups to develop and test an evidence-based tool for consumers to use at any transition of care to improve safety and prevent harm, including medication safety.
• University of MN College of Pharmacy
  – Resolving Drug Therapy Problems (DTPs) Across Transitions of Care with Comprehensive Medication Management (CMM)
  – 50 patients discharged from Hospital or E.R.
  – CMM visit in primary care clinic within 7 days
  – 100% had 1 or more DTP's identified
Thank You!
Transitional Care Management
A focus on care of the diabetic patient in a primary care office setting

Tim R. Brown, PharmD, BCACP, FASHP
Pharmacotherapy Specialist, Center for Family Medicine
Professor, Northeast Ohio Medical University
Family Medicine Practice Setting

- Family Medicine Residency Program affiliated with Akron General Medical Center
- Diverse faculty
  - Physicians
  - Behavioralist
  - Pharmacist
- Total of 15 residents and 7 attendings
- Total office visits for 2013 were \( \approx 20,000 \)
- Overall practice breakdown
  - 70% private pay
  - 10% self pay
  - 20% Medicare Part A
Inpatient Family Medicine Service

• Round on an average of 8-15 patients a day

• Team consists of Medical and Pharmacy
  • Attendings
  • Residents
  • Students

• Take admissions from 4 different offices

• All connected by EMR but Pharmacy services at only one of them

• Medication Reconciliation is universal

• Focus on TCM only at main office
Family Medicine Rotation

• Site hosts different types of rotators
  • 5 PGY 2 family medicine residents
  • 6 PGY 1 pharmacy practice residents
  • Multiple pharmacy students

• Extends the type and level of integration of clinical pharmacy services within office

• Residents are assigned office hours in preparation for TCM office visits

• Continuity of care since they also round with inpatient team
Transition of Care

Two pathways for diabetes patients

- Inpatient
  - Transitional Care Management (TCM) office visit
    - One time consult/collaboration

- Outpatient
  - Pharmacotherapy Office Hours (POH)
    - Ongoing/Intensive care
TCM: Impact of Pharmacy service

- Allows the pharmacist or rotator to be one of the practitioners seeing the patient after an inpatient stay

- Schedule 20 min prior to PCP visit
  - Utilize rotators to meet the need
  - EMR template for each step of TCM
  - Entire visit must be signed off by medical attending

- Responsibilities and Actions
  - Confirm patient adherence and comprehension
  - Medication reconciliation between care settings
  - Counseling and answering questions posed by patient
  - Impact readmission rates due to medication mishaps
Limitations of TCM visit

• Scheduling stipulations
  • Coordination of visit based on complexity
  • No payment for subsequent office visits within 30 days
  • Space constraints and Increased office time
  • Not all insurances cover (anthem, MM, Cigna)

• Only one entity may report within 30 days
  • Not just primary care

• Not used for post-op (global fees)
• Must wait 29 days to bill and not use other codes
• Does not include assisted living or ER visits
Our Next Steps

• **Create metric tracking system**
  - Readmission rates
  - Disease state measures
  - Patient satisfaction scores
  - Assess educational impact for residents

• **App being developed with publishing house to track pharmacy interventions and relate to reimbursement or return on investment**
Question & Answers

Please write your questions in the chat box.
Affinity Group Updates

• Success Stories/Emerging Best Practices Working Group

• Vulnerable Populations Working Group
Recognizing Best Practices in PFE

• Caregiver Action Network (CAN) is launching a program to identify PFE leaders and programs making a difference in hospitals and healthcare systems across the US

• CAN is accepting nominations in three categories:
  – **Patients and caregivers**: individuals and caregivers who have gone above and beyond to identify collaborations to improve patient care
  – **Hospital staff**: staff who embody PFE attributes and have worked to carry out PFE
  – **Hospital/healthcare leadership**: leaders who have translated patient insights, questions to drive change in the hospital setting by implementing substantial PFE programs and policies

• Nomination forms will be available on CAN’s website ([www.caregiveraction.org](http://www.caregiveraction.org)) and winners recognized in June
Thank You

Please contact Weber Shandwick with any questions:

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