Medication Management During Transitions of Care: Incorporating a Pharmacist Into the Patient’s Care Team

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Objectives

- Describe how the pharmacist can assist with medication management at a patient’s transition from the nursing home and home health care
- Identify patients who can benefit from a Medication Therapy Management (MTM) referral
- Hear practical lessons from a home health agency’s referrals to MTM
- Identify resources to help you connect your patient to a MTM pharmacist
Lake Superior Quality Innovation Network

Coordination of Care Initiative Goals

- Improve quality of care for Medicare beneficiaries who transition among care settings
- Reduce 30-day hospital readmission rates and admission by 20% by 2019
- Increase the number of days at home
- Establish sustainable, transferrable transition practices across the spectrum of care
Coordination of Care Communities

- 10 communities
- 940+ participants
- 30+ workgroups

- 367+ organizations
  - 20 assisted living facilities
  - 25 clinics
  - 61 home health agencies
  - 11 hospice programs
  - 70 hospitals (39 PPS; 28 CAH; 2 Acute LTC; 1 VA)
  - 121 nursing homes
  - 62 pharmacists
  - 28 community organizations/government groups
### Focus Areas

- Medication-related issues – 12
- Advance Care Planning – 5
- Communication - 5
- Discharge processes - 4
- Care Pathways – 2
- Mental health/chemical dependency/homelessness - 2
- Care Transition Education
- Exacerbation of Chronic Conditions (CHF/COPD)
- Health Literacy
- Lack of resources/pt engagement
- NH Capabilities
- Social support
- Risk Identification across the Continuum
- Transition of Care
- Treat in place
- Discharge readiness

### Interventions

- Advance care planning
- Care Teams
- Consistent Care Path
- Consistent CHF care guidelines
- EMR read-only access
- Medication education to consumers
- Medication reconciliation by pharmacists
- Medication therapy management (MTM) expansion
- Nurse to nurse handoff
- Care Partner ID in EMR
- Pharmacist f/u calls
- SBAR communication for change in condition
- Standard hospital to SNF referral form
- Teach back
- Use of home care med list with hospital med rec process
- Facility capabilities
What is Medication Therapy Management (MTM)?

- A comprehensive review of a patient’s medications to assess for:
  - Appropriateness
  - Efficacy
  - Safety
  - Convenience

Med Rec vs. MTM

- Medication Reconciliation involves creating a list of medications the patient is taking
- MTM involves medication reconciliation, but takes it a step further to assess the medications for appropriateness, efficacy, safety and convenience
- During MTM, the pharmacist works with other health care professionals to adjust medication problems that are found during the assessment
Why is it important?

- Medications are involved in 80% of all treatments of diseases
- Drug-related morbidity and mortality costs exceed $200 billion annually in the U.S.
  - Medicare beneficiaries with multiple chronic illnesses see an average of 13 different physicians and have 50 different prescriptions filled per year

Who benefits from MTM?

- Those who have not reached or are not maintaining the intended therapy goal
- Those who are experiencing adverse effects from their medications
- Those who have difficulty understanding and following their medication regimen
- Those in need of preventive therapy
- Those who are frequently readmitted to the hospital
One study looked at hospital readmission among 895 elderly home health patients. The patients received a minimum of 2 MTM phone calls within 30-days of hospital discharge. Patients at low-risk of readmission had a 6-fold risk reduction within 30 days and a 3-fold risk reduction within 60 days.

Another study assessed hospital readmission rates in 90 primarily elderly patients discharged to home. Patient received MTM at 72-hr, 2 weeks and 30-days after discharge. Patients participating in MTM had a readmission rate of 7% compared to 20% in patients that did not meet with the pharmacist.
Who does MTM and how do patients get an appointment?

- Many community pharmacies provide this service
- Most health systems have pharmacists that provide this service

### Referring to MTM

<table>
<thead>
<tr>
<th>Health System</th>
<th>MTM Scheduling Line</th>
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<tbody>
<tr>
<td>Patient's Preferred Pharmacy</td>
<td>Call to Schedule - Number in Patient Record or check online</td>
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<tr>
<td>Allina Health System</td>
<td>Internal Referral Only</td>
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<tr>
<td>CentraCare</td>
<td>River Campus IM</td>
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<tr>
<td></td>
<td>320-252-5131</td>
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<td>Northway Clinic FM</td>
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<td>Essentia Health</td>
<td>218-576-0130</td>
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<td>Fairview Health</td>
<td>612-672-7005</td>
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<td>1-866-332-3708</td>
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<td>First Light</td>
<td>320-225-6030</td>
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<td>Health East</td>
<td>651-326-5650</td>
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<td>HealthPartners</td>
<td>952-967-7969</td>
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<tr>
<td>Hennepin County Medical Center</td>
<td>612-873-2195</td>
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<td>Mayo Health System</td>
<td>1-800-266-5311</td>
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<td>North Memorial</td>
<td>763-581-2153</td>
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<tr>
<td>Olmsted Medical Center</td>
<td>507-535-1974</td>
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<tr>
<td>Park Nicollet</td>
<td>952-993-8488</td>
</tr>
<tr>
<td>Ridgeview Medical Center</td>
<td>952-361-2450</td>
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What is the cost for a visit?

- Required benefit for Medicare Part D patients
  - Most plans provide this for no charge to the patient
  - Contact the clinic the patient is seen at for costs

MTM at Successful Patient Transitions

- Post Discharge from a Skilled Nursing Facility Transitional Care Unit
- Home Care Referral
References


Questions?

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