

Surviving MI

AN ACC QUALITY INITIATIVE

Meds to Beds
Tuesday, August 30, 2016



Quality Improvement
for Institutions

How this webinar is organized

Time	Topic
12:00pm	Welcome and Introductions
12:10pm -12:50pm	"Meds to Beds"
	Ohio State University Medical Center <i>Columbus, OH</i>
	St. Vincent's Medical Center <i>Bridgeport, CT</i>
	Fairview Hospital <i>Cleveland, OH</i>
12:50pm	Q&A
12:57pm	Wrap-up and Next Steps



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Moderator



**Craig J. Beavers, PharmD, FAHA, AACC, BCPS-AQ
Cardiology, CACP**

Clinical Pharmacy Coordinator, Cardiology and
Cardiovascular Clinical Pharmacist
UK Healthcare



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Ohio State University Medical Center, Columbus, OH



Danielle Blais, PharmD, BCPS-AQ Cardiology
Cardiology Specialty Pharmacist



Megan Marchal, PharmD
Clinical and Educational Outreach Coordinator

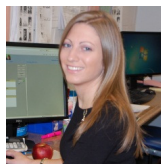


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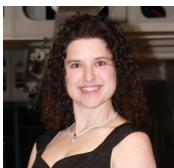
St. Vincent's Medical Center, Bridgeport, CT



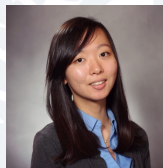
Marit Planton, BSN, RN
RN Care Coordinator
Cardiology Navigator



Gina Mozzicato, PharmD
Clinical Staff Pharmacist



Amy Kurzatkowski, RPh
Outpatient Pharmacy Manager



Yeo Jung (Sally) Lee, PharmD
PGY1 Community Pharmacy Resident



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Fairview Hospital, Cleveland, OH



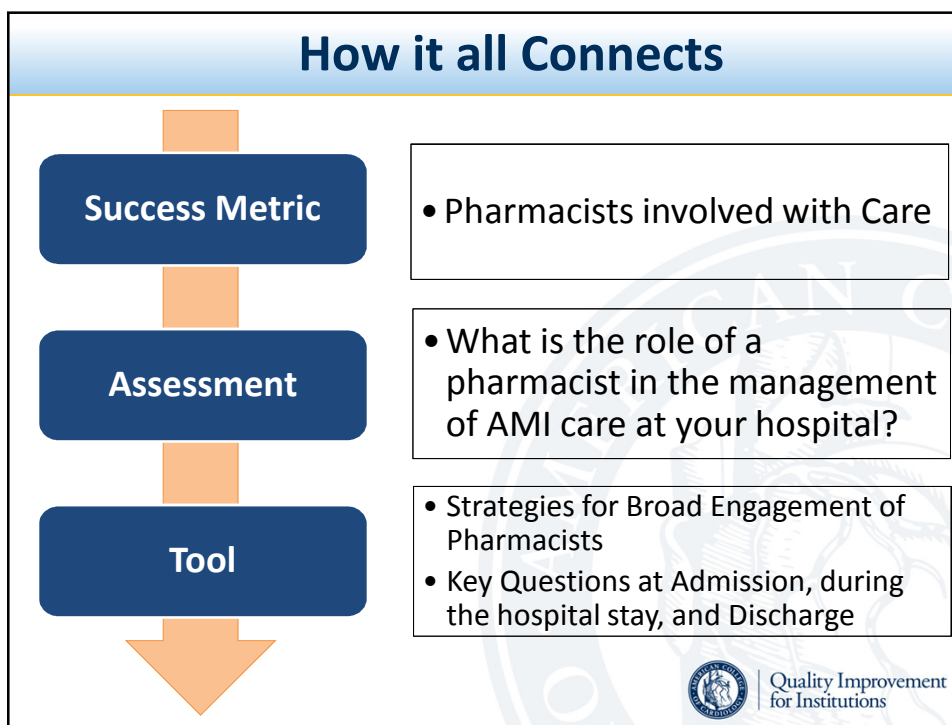
Anthony Kitchen, RPh
Fairview Ambulatory Pharmacy Manager



Michael R. Hoying, R.Ph., M.S.
Director of Pharmacy



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Medication Adherence Post-MI is of Paramount Importance



From: Assessing the Impact of Medication Adherence on Long-Term Cardiovascular Outcomes
J Am Coll Cardiol. 2016;68(8):789-801. doi:10.1016/j.jacc.2016.06.005

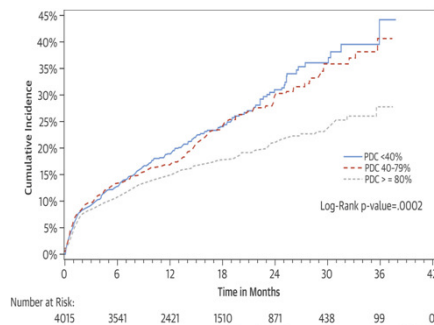


Figure Legend:

Post-MI Primary Outcome Kaplan-Meier Curves
Kaplan-Meier curves for major adverse cardiovascular events (MACE) according to adherence categories in the post-MI cohort. Abbreviations as in Figure 1.

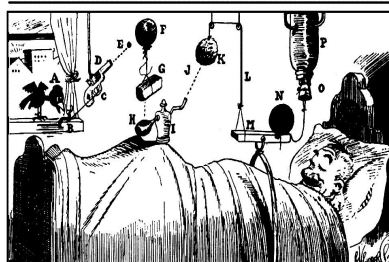


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Why Bedside Delivery Service and Pharmacist, Especially CV Pharmacist, Involvement?

- Healthcare transitions are complex problem
 - It is the ultimate Rube Goldberg machine (a complex machine designed to do a simple task)

Simple Alarm Clock



The early bird (A) arrives and catches worm (B), pulling string (C) and shooting off pistol (D). Bullet (E) busts balloon (F), dropping brick (G) on bulb (H) of atomizer (I) and shooting perfume (J) on sponge (K). As sponge gains in weight, it lowers itself and pulls string (L), raising end of board.



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Why Bedside Delivery Service and Pharmacist, Especially CV Pharmacist, Involvement?

- One piece of this machine, leading to success or failure, is the ability of the patient to actually get their medications and understand the regimen:
 - Reasons for this include:
 - Long wait times at pharmacy
 - High medication cost
 - Difficulties with getting to pharmacy
 - Issues understanding new regimen
 - Discharge time in combination with travel lead to getting to home town after pharmacy has closed
 - Surprised at cost

Circ Cardiovasc Qual Outcomes. 2010; 3(3):261-266
Mayo Clin Pro. 2008; 83(5):529-535



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THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Acute Myocardial Infarction Meds 2 Bed Program

Danielle Blais, PharmD, BCPS-AQ Cardiology
Megan Marchal, PharmD

Objectives

- **Provide an overview of OSUWMC Pharmacy Services**
- **Discuss the impetus for pursuing a Meds 2 Bed Program for the Acute Myocardial Infarction (AMI) population**
- **Describe the Meds 2 Bed Program**
- **Identify barriers to Meds 2 Bed**



OSUWMC Pharmacy Services

~ 400 employees

- 156 pharmacists (including 26 pharmacy residents)
- 30 Student Interns

Established Inpatient, Ambulatory, and Outpatient Pharmacy Services

One Outpatient Retail Pharmacy Location (Opened 10/2014)

- Provide Meds 2 Bed
- Closed-door Pharmacy
- Specialty Pharmacy Services
- *Onsite Pharmacy to Open 12/2016!*

Cardiovascular Pharmacy Resources

- 6 Specialist FTEs, 4 Staff Pharmacist FTEs, 7 technicians
- 2 PGY2 Cardiology Pharmacy Residents



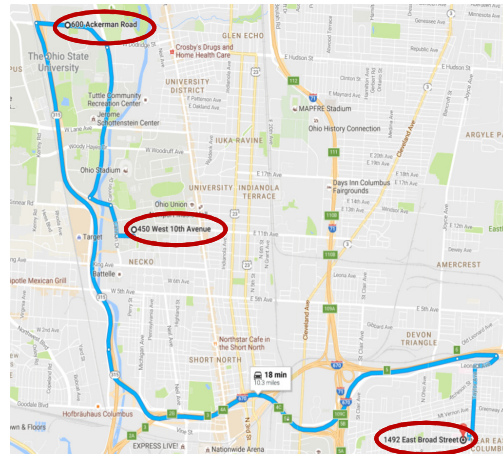
OSU Campus

Two Different Locations

- Main Campus
- University Hospital East (UHE)

Distance between Outpatient Pharmacy

- Main Campus 2.4 miles
- UHE 7.1 miles



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AMI at OSUWMC

~1300 PCIs performed annually

Multi-disciplinary approach

- Inpatient pharmacy services performing medication reconciliation and Protect Your Stent Counseling
- Case management
- Transition Nurse

Readmission rates higher than like hospitals/CMS targets



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Readmissions Rates at OSUWMC

AMI 30-day risk standardized readmission (July 2014 – June 2015 for CMS)

- 17.5 % (OSUWMC) vs 16.8% National Rate

Readmissions for AMI occurred on 18 services

- Teaching services with interns/residents
- Hospitalist services (attending only)
- Physicians/licensed independent practitioners (e.g. NPs)

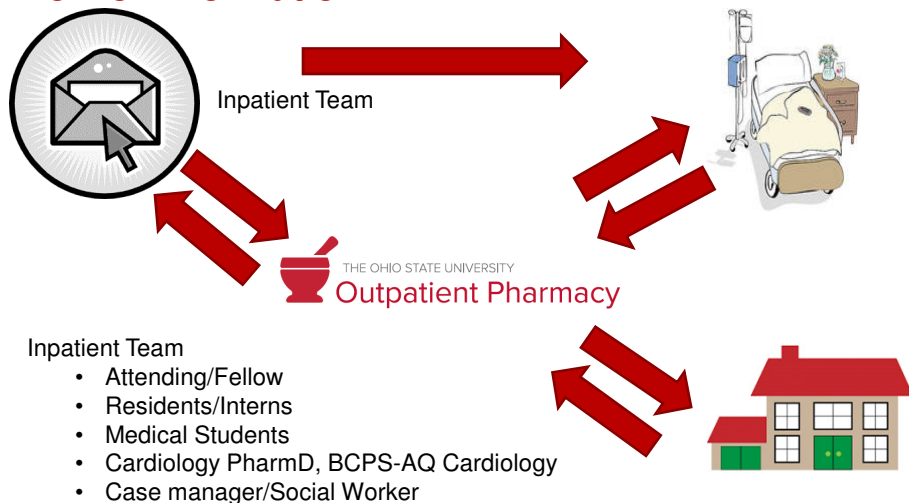
Handoff from Outpatient to Inpatient Pharmacist

- Started in November 2015 for AMI patients
- Inpatient PharmD is assisting with preparing the discharge medication list to ensure:
 - Accuracy
 - Compliance with ACTION and Cath-PCI registry measures
- Outpatient and inpatient pharmacist reconcile the medications
- Inpatient Pharmacy Services provide initial Protect Your Stent Counseling

Meds 2 Bed Progress (November 2015 – June 30, 2016)

- **32 patients with AMI**
 - 30-day Readmission Rate ~10% compared to 17.5%
- **43 patients with other diagnoses (e.g. Unstable Angina, Pulmonary Embolism, and Heart Failure)**
 - 30-day Readmission Rate ~ 10%
- **15 Outpatient PCIs have Meds Prior to leaving**

Flow of Information



Value of Outpatient Pharmacy

Benefits Verification

- Insurance
- Proactive verification of cost of medications
- Assess prior authorization or medication change
- Manufacturer copay cards
- Work with Medication Assistance Program Coordinator
 - Grants
 - Free medication
 - Copay assistance

Outpatient Pharmacy

Counseling on discharge medications

- Flowsheets
- SmartPhrases

Payment collect

- Check
- Credit Card

Delivery to Satellite Pharmacy

- Specialist
- Pharmacy technician delivers to patient

Transitioning to Outpatient Care

Day 9 and Day 25 Follow Up Phone Calls

- Use of SmartPhrases
 - Medication Reconciliation
 - Day 9 Follow Up
 - Day 25 Follow Up
- OSU College of Pharmacy APPE Rotation Students

Purpose

- Assess for adverse side effects
- Keeping appointments with follow up
 - Cardiology/Cardiac Rehab
- Refill reminders and script management
- Answer questions from DC day
- Evaluate disease state management

Barriers

- Physical location of OSU OP
- Payment
- Competing Metrics
- Patient acceptance of OSU OP service
- IT solutions
- Education of inpatient and outpatient teams
- Identification of points of contact
- Resources



Thank You!

wexnermedical.osu.edu



Meds to Beds

Tuesday, August 30, 2016
12pm – 1pm



St. Vincent's Medical Center (SVMC)



The American Heart Association recognizes this hospital for achieving 85% or higher compliance with all Get With The Guidelines® Heart Failure Achievement Measures and 75% or higher compliance with four or more Get With The Guidelines® Heart Failure Quality Measures for two or more consecutive years to improve quality of patient care and outcomes.



- Member of Ascension
- 473-bed urban community, teaching, and referral hospital
 - avg. MI population: 25-35 patients/mo
- Level II Trauma Center
- ACC Patient Navigator Program
- NCDR Cath/PCI, ACTION, GWTG-HF, STS/ACC TVT, ICD Registries
- Mission Lifeline
- STEMI Accelerator Project



Core Values

SVMC is called to serve its communities by integrating into our daily work these Core Values:

- **Service to the Poor** - Generosity of spirit, especially for persons most in need
- **Reverence** - Respect and compassion for the dignity and diversity of life
- **Integrity** - Inspiring trust through personal leadership
- **Wisdom** - Integrating excellence and stewardship
- **Creativity** - Courageous innovation
- **Dedication** - Affirming the hope and joy of our ministry



St. Vincent's Outpatient Pharmacy



- Opened September 2012
- Meds to Bed program implementation
- PGY1 Community Pharmacy Residency program implementation



A focus in quality-based healthcare

- Affordable Care Act of 2010
 - HCAHPS, star ratings, 30-day unplanned readmissions
- Transitions of care (TOC):
 - "...a set of actions designed to ensure the coordination and continuity of healthcare as patients transfer between different locations or different levels of care within the same location"¹
 - hospitals, sub-acute/post-acute nursing facilities, patient's home, PCP offices, specialty offices, assisted living, LTCFs



1. Coleman EA, Boulton C. Improving the quality of transitional care for persons with complex care needs. J Am Geriatr Soc 2003;51:556-7. doi:10.1046/j.1532-5415.2003.51186.x


Root Causes of Ineffective TOC	Communication breakdowns	Different expectations
		Lack of promotion in culture
		Inadequate time
		Lack of standardized procedures
	Patient education breakdowns	Conflicting recommendations
		Confusing medication regimens
		Excluded from planning of TOC
		Lack of understanding/knowledge
	Accountability breakdowns	No one person is responsible
		PCPs are not identified
		Limited discharge planning and risk assessment

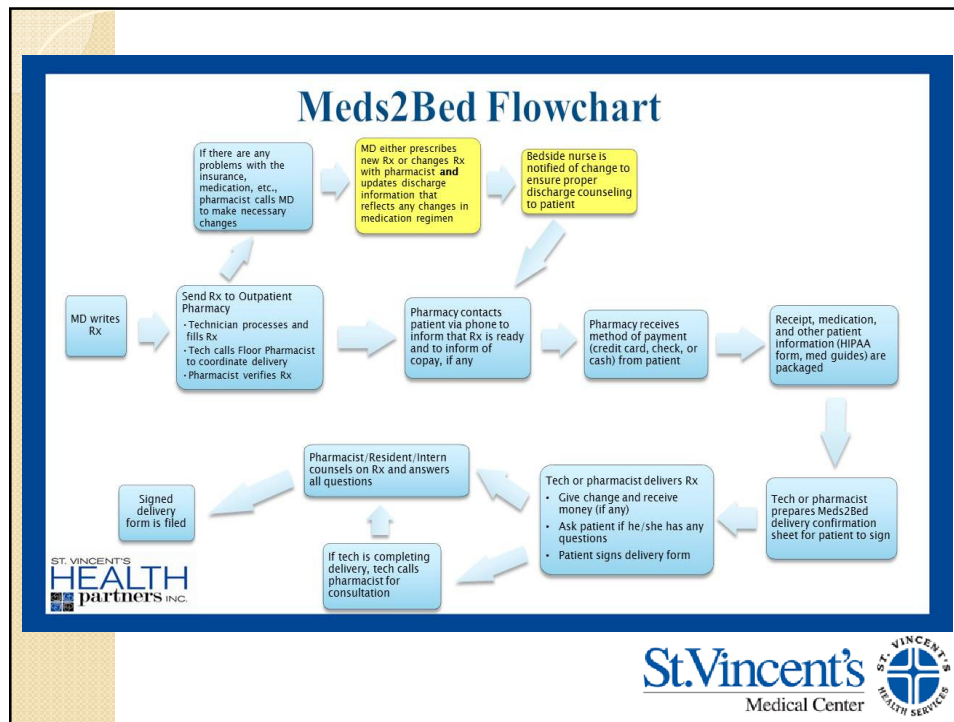
Adapted from The Joint Commission: *Hot topics in health care: transitions of care: the need for a more effective approach in continuing patient care, 2012*. http://www.jointcommission.org/assets/1/18/Hot_Topics_Transitions_of_Care.pdf Accessed August 10, 2016.

Meds to Beds

- Purpose: to facilitate patient discharge by delivering prescription medications to the bedside
- Benefits to hospital and patient
- Residency goals:
 - Update policy
 - Research project
 - Educate

St. Vincent's Medical Center





Follow-up Telephone Calls

- **1st Follow-up Call:** 24-48 hours post-discharge
 - Assess medication adherence and knowledge of indication(s)
 - Check to see if there are any changes to medication regimen
 - Inquire about side effects, adverse reactions, allergies, etc.
 - **Confirm next MD apt and phone follow-up dates**
- **2nd Follow-up Call:** 10-14 days post-discharge (after follow-up MD appointment)
 - Confirm that patient went to scheduled MD appointment
 - Inquire about any changes to medications or therapy

Benefits of Meds to Beds



- Ease of discharge process for the patient
 - Bedside delivery
 - Patient satisfaction
- Improved multidisciplinary communication & continuum of care
- More complete medication reconciliation
- Assurance that medications are filled and counseled on
 - Reduce non-adherence and readmissions
- Time-saving when there are insurance issues
 - Prior authorization
 - Medication-related issues
- No additional cost to the patient
- Improved HCAHPS scores and star ratings



Barriers

REJECTED
INSURANCE
CLAIM



- Insurance denials
- High copays or unable to pay
 - In-person pickup at the outpatient pharmacy
- Inadequate time to prepare
- Not enough staff
 - Transportation/delivery
 - Consultation
- Logistics
 - Receiving the prescriptions
 - Prescription issues



Logistics \$\$\$



- Resource utilization
 - Staffing- incorporated into our current workflow
- Paying for pharmacy resources
 - Clinical pharmacist on the floor, pharmacy residents, pharmacy interns/students, technicians
- 30-day medication supply
 - Currently do not provide free 30-day supplies
 - Billed through insurance
 - Copay savings programs and coupons
 - May be a “charity case patient” or referred to the Dispensary of Hope for free services



Pharmacist Experience



- 82 y/o male with systolic CHF and EF of 30%
- Worsening HF symptoms on carvedilol, valsartan, and furosemide
- Cardiologist to start pt on Entresto™ (sacubitril/valsartan)
 - Not covered by insurance without prior authorization
- Helped pt receive 30 day free supply through manufacturer coupon
- Worked with outpatient pharmacy to get medication for pt next day
- Delivered medication to pts bedside and provided patient education
- Able to ensure patient was able to go home with this medication
 - Documented improvement by cardiologist with addition of Entresto™ (sacubitril/valsartan)



Challenges

Education/Communication/Marketing

- Unaware of Meds to Beds service
- Patient, prescriber, other healthcare professionals

Culture

- A healthcare provider may be used to providing all the discharge information with little-to-no help from the pharmacy
- A physician may not request help during medication reconciliation
- Little-to-no promotion or encouragement of Meds to Beds service

Timeliness

- Discharge times are not clearly stated
- Prescriptions may be requested for Meds to Beds right before discharge

Staffing issues

- Pharmacist unavailable



Looking forward...



- Prospective results and goals to achieve with Meds to Bed
- Education, promotion, and research of TOC are needed
- Good metrics to evaluate service effects
- Promotion of completing HCAHPS surveys to patients
 - Currently only 23% of eligible patients completed the survey¹

1. Centers for Medicare & Medicaid. (n.d.). *Hospital Compare*. Retrieved from <https://www.medicare.gov/hospitalcompare/details.html?msrCd=prnt1grp1&ID=078&stCd=CT&stName=Connecticut>. Accessed August 19, 2016.



Summary

- Shift towards value-based healthcare and transitions of care
- Meds to Bed
 - Patient satisfaction and smoother discharge process for the patient
 - Improved multidisciplinary communication and continuum of care
 - Assurance that medications are filled and counseled on
 - Reduce non-adherence and readmissions
 - Improved HCAHPS scores and star rating
- Still many obstacles to overcome



Inpatient Discharge Prescription Delivery Service

Anthony Kitchen, RPh
Pharmaceutical Care Manager
Fairview Hospital Health Center Pharmacy



Fairview Hospital

Cleveland Clinic - Fairview Hospital

- 500-bed community teaching hospital in Cleveland, Ohio
- Level II trauma center
- CMS 5-star rating
- 4th ranked hospital in Ohio
- Pharmacy services in retail ambulatory and inpatient.



Inpatient Discharge Prescription Delivery Service

- Objective – Provide continuity of medication therapy from inpatient stay through discharge
- Patient receives their medicine with pharmacist consultation to improve adherence and reach health treatment goals.



Inpatient Meds to Beds Impact on Patients

- Effective and timely navigation of prior authorizations – timely access to medications (physicians on site)
- Clear communication on current medication plan – “discard medications at home”
- Smoother discharge process – prescriptions in hand
 - Improved HCAHPS scores
- Medication cost concerns addressed – alternative product selected – assuring patient access to medications
 - Decreased 30-day Readmissions



What the Patient Has Said About the Service

“Loved getting my prescription from the Fairview Pharmacy before I left. Very nice to not have to make a stop... I just wanted to get home. A staff person actually took my prescription to get filled. I just had to pick it up. It was awesome!”



Ways to Promote the Inpatient Discharge Delivery Service to Patients

- Television – welcome communication promoting inpatient prescription delivery service
- Pharmacy students – interacting with new admits promoting service
- Retail pharmacist attends nursing unit staff meetings
- Increase awareness of discount programs
- Inpatient pharmacists promoting service before discharge
- Dedicated Discharge Pharmacy Technicians
 - Interface with “Bed Control”

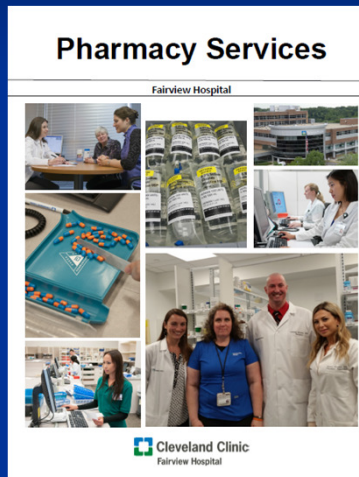


Tools Used by Discharge Pharmacy Technicians

- Brochures
 - Explains how the Service works and how the Service benefits the patients



Brochure to Promote to Patients and Internal Customers



Brochure to Promote to Patients and Internal Customers

Inpatient Pharmacy Services

The pharmacy staff at Fairview Hospital are committed to putting our patients first.

Our focus is to provide valuable pharmacy services that result in ideal medication outcomes. We are dedicated to meeting the needs of our patients in a manner that promotes quality care, respect, and continuous improvement.

The pharmacy department can provide the following services:

- Medication education including
 - Medication purpose
 - Medication side effects
 - Medication information at discharge
- Helping the healthcare team provide optimal pharmaceutical care, which includes the selection and monitoring of medication therapies

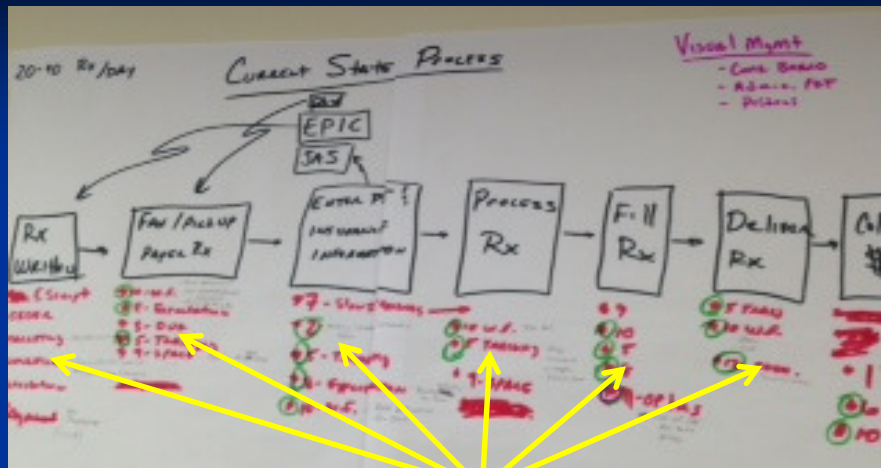
Some of the pharmacy personnel you may interact with are:

- **Pharmacist**
Medication expert, on whom the healthcare team relies on to optimize and oversee the medications you need.
- **Pharmacy Technician**
Works under the supervision of a licensed pharmacist to prepare and deliver medications.
- **Student Pharmacist**
Performs the duties of a pharmacist under the supervision of a licensed pharmacist.

If you or a family member have any questions or concerns about your medications, please call Extension 27177 or ask your nurse to help schedule a visit with the pharmacist. These services are provided to you as a part of your hospital stay.



Remember to Optimize Service: Plan-Do-Check-Act



Some of Our More Impactful Changes

- Ensure staff have defined roles
 - Optimize the Discharge Technician's role in securing business rather than filling prescriptions
- Inpatient staff knowledge and engagement in the program
- Fan the torch – keep talking up the service to internal customers
- Revenue enhancement is more fun than cost containment.

Tools to Help the Health Care Providers

- Lists for the Top Prior Authorization Medications and the Coupon Program for some of the prescribed medications
- Start prescription discharge earlier to allow for the processing of prior authorizations
- Patient Assistance programs - compliance
 - Virtual Vouchers
 - Co-Pay Assistance



Lists of Top Prior Authorization Medications and Coupon Program

Ambulatory Pharmacy Services

Looking forward to going home? If you are going home weekdays between the hours of 9:30 a.m. and 4:30 p.m. and have new prescription medications, call us at Extension 37057. We will have a member of the Fairview Hospital Health Center Pharmacy Staff stop at your bedside to discuss your prescription needs.

Several payment assistance programs are available to make it easier for you to get the medications you need. Weekend services are available through the Cleveland Clinic Main Campus Pharmacy from 9 a.m. to 5 p.m. at (216) 636 - 0760.

Brand Name	Generic Name	Sample Voucher	CoPay Assistance	Other
Accu-Check®	blood glucose monitor	X		
Advair®	fluticasone/ salmeterol			X
Aerospan®	flutisolid		X	
Anoro Ellipta®	umeclidinium/ vilanterol			X
Apriso Solostar®	glutamine insulin	X	X	
Aptomi®	eslicarbazeptine	X		
Arcapta®	indacaterol			X
Asmanex®	mometasone furoate 220 mcg	X	X	X
Atrovent®	ipratropium			X
Axiron®	testosterone topical	X	X	
Beconase	beclomethasone nasal			X
Breo Ellipta®	fluticasone/vilanterol			X
Brintell®	lacosagrel	X	X	
Bydureon®	exenatide ER	X	X	
Byetta®	exenatide	X	X	
Cialis®	tadalafil			X
Combivent®	ipratropium/albuterol		X	X
Daliresp®	roflumilast	X	X	X
Duacort®	mometasone/ formoterol	X		X
Efficent®	prasugrel	X	X	
Elquis®	apixaban	X	X	
Entresto®	sacubitril/valsartan	X	X	
Exjade/Jadenu®	deferasirox	X	X	
Farydak®	dasagliflozin	X		
Farydak®	panobinostat	X		
Flovent®	fluticasone			X
Glyxambi®	empagliflozin/ linagliptin	X	X	
Humalog®	insulin lispro	X		
Humalog® 50/50	insulin lispro protamine/ insulin lispro	X		
Humalog® 75/25	insulin lispro protamine/ insulin lispro	X		



Lists of Top Prior Authorization Medications and Coupon Program

Brand Name	Generic Name	Sample Voucher	CoPay Assistance	Other*
Humira®	adalimumab	X	X	
Humulin®	insulin regular	X		X
Incoruse Ellipta®	umeclidinium	X		
Invokana®	canagliflozin	X	X	
Janumet®	sitagliptin/metformin	X	X	
Janumet XR®	sitagliptin/metformin ER	X	X	
Januvia®	sitagliptin	X	X	
Jardiance®	empagliflozin	X	X	
Jentaduo®	linagliptin/metformin	X		
Kombiglyze XR®	saxagliptin/metformin ER	X	X	
Lantus Solostar®	insulin glargine	X	X	
Linzess®	linaclotide	X	X	
Mekinist®	trametinib	X		
Movantik®	naloxegol	X		
Myrbetriq®	mirabegron	X		
Nucynta®	tapentadol	X	X	
Nuvring®	ethinyl estradiol/etonogestrel	X	X	
Onyssa®	saxagliptin	X	X	
Oralair®	allergy extract	X		
Pradaxa®	dabigatran	X		
ProAir HFA®	albuterol	X		X
ProAir Respiclick®	albuterol	X		
Proventil HFA®	albuterol sulfate	X	X	
Pulmicort®	budesonide	X		X
Quair®	beclamethasone dipropionate	X	X	X
Remicade®	infliximab	X		
Serevent®	salmeterol	X		X
Simponi®	golimumab	X	X	
Spiriva® Respimat	tiotropium bromide	X		
Spiriva®	tiotropium	X		X
Suboxone®	buprenorphine/naloxone	X		
Symbicort®	budesonide	X	X	X
Symin®	pramiride	X	X	
Tafinlar®	regorafenib	X		
Tasigna®	nicotinib	X	X	
Toujeo Solostar®	insulin glargine U-300	X	X	
Tradjenta®	linagliptin	X	X	
Ventolin HFA®	albuterol	X		X
Vytroin®	ezetimibe/simvastatin	X	X	
Xarelto®	rivaroxaban	X	X	
Zetia®	ezetimibe	X	X	
Zypora®	abiraterone acetate	X		

*Other includes programs for patients who have no insurance, are underinsured or who are insured under Medicare Part D.
 **Medications equity and offers are subject to change. Programs only valid for qualifying patients, subject to eligibility. If you previously participated in one of the above assistance programs, you will not qualify.

Cleveland Clinic
 Fairview Hospital

Where the Inpatient Discharge Prescription Delivery Service is Now

- We have developed an Inpatient Discharge Prescription Delivery Service Team
 - Nurses, Bed Control, Pharmacists, Case Managers, and Physicians
- We are concentrating on three patient care areas (expansion 9/12/2016)
 - These areas are led by nurse managers
 - Increases in prescription volume since the development of the Inpatient Discharge Prescription Delivery Team.

Cleveland Clinic

Inpatient Discharge Prescription Delivery Service

- Overall, the Inpatient Discharge Prescription Delivery Service has and will continue to provide great pharmaceutical care for our patients.
- This service is how the Cleveland Clinic puts “Patients First”.



Every life deserves world class care.

Thank You

Surviving MI

AN ACC QUALITY INITIATIVE

*Please submit your questions for the
moderated question and answer session.*

SurvivingMI@acc.org
CVQuality.ACC.org/SurvivingMI



Quality Improvement
for Institutions



Quality Improvement
for Institutions

The Quality Improvement for Institutions program combines
the ACC's NCDR data registries with toolkits and proven
hospital-based quality improvement initiatives like
Hospital to Home, the D2B Alliance and Surviving MI.

Simple Solutions. Big Impact. CVQuality.ACC.org.



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