A New Spin on Transitions of Care: Bridging the Gap between Inpatient and Outpatient Settings

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Objective

1. Describe the process of establishing the pharmacists’ role in transitional care by linking the inpatient and outpatient settings.
Background

• High risk of **negative outcomes** during care transitions

• Multidisciplinary healthcare teams are **complex and can contribute to confusion**
  o Important to have a “point person” (i.e. RN transitional care manager)

• **Benefits of adding a pharmacist** to the transitional care team are well-established in the literature
  o Decreased readmission rates / increased time to readmission
  o Improvement in chronic disease states
  o Identification and resolution of medication-related problems

• Currently there are **no standard workflow processes or defined roles** for pharmacists within the transitional care team
Key Steps

**Why**
- What is the goal of the service?
- Inpatient, outpatient, or both?

**Where**
- Which patients will receive pharmacist services?

**Who**
- What does the day-to-day workflow look like?
Step 1: “WHY are we doing this?”

1. Return on investment
   - Decrease readmissions
   - Increase contact with PCP
   - Improvement in disease-specific outcomes

2. Goals of leadership at your institution

3. Provider-identified needs

4. Financial incentives

5. Patient-centered, high-quality, care
Step 2: “WHERE does the Pharmacist fit in?”

**Inpatient:**
- Medication reconciliation
- Discharge counseling
- Assist with patient access to medications

**Outpatient:**
- Follow-up on items deferred during admission
- Provide additional counseling/education
- Optimize medication regimen to prevent readmissions

What if we could have a pharmacist that does both?

OR AND

**Step 3: “WHO receives Pharmacist services?”**

**Considerations:**
- Available, validated, risk-assessment tools:
  - HOSPITAL score
  - LACE score
  - MEDCOINS score
- Medicare high-cost readmission diagnoses
- Feasibility:
  - Number of patients pharmacist can intervene on consistently
  - Tools already built into your electronic medical record (EMR)

**Individualized factors:**
- Who are:
  - Your most at risk populations?
  - Your highest-utilizers?
  - The patients that fit within your overall goal?
Step 4: “HOW is this model going to look?”

Pharmacist’s role on our TCM team:

- Approximately 50% of time is dedicated to TCM services
- Interdisciplinary rounds 2x/week
- Initial contact with patients
- Identify/resolve access barriers
- Discharge co-visits with providers:
  - Follow-up on “loose-ends” from admission
  - Provide counseling/education
  - Optimize medication regimen
- Provide continuity and consistency for patients by serving as “links” between the inpatient and outpatient settings.
Process of Continuous Improvement

Design

Communicate goals and the plan to achieve them

Implement

Communicate what’s working and what’s not

Re-Evaluate

Communicate results and any needed changes
Conclusions

• Incorporating a pharmacist onto the transitional care team improves overall health outcomes and increases quality of care.

• Following a stepwise process helps with successful integration of a pharmacist into the transitional care setting.
  • Allows for tailoring of individual components based on site-specific needs

• Frequent communication and re-evaluation of processes are key

• Positive outcomes seen after short period of time / small # of patients
  • Improvement in disease-specific outcomes
  • Increased continuity of care
  • Decreased readmissions